

**PATIENT PRESENTING CLINICAL SIGNS**

Hank Schmidt History: Vomiting and diarrhea for past 48 hours. Passed pieces of plastic and a string in his feces. Low appetite. BW unremarkable

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible. No masses, calculi or mucosal irregularities are noted.

BREED

Poodle Mix

The visualized portion of the prostate is normal.

SEX

Intact Male

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible. The left kidney is 5.1 cm in length. The right kidney is 5.2 cm in length.

AGE

8 mos

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.1 mm at the cranial pole and 3.9 mm at the caudal pole. The right adrenal gland height is 7.0 mm at the cranial pole and 5.8 mm at the caudal pole.

WEIGHT

8.6 lbs

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal.

**INTERPRETED BY**

Tam Mengine, DVM,  
DABVP (canine/feline  
practice)

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Dr. Stan Gira

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

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**Gastrointestinal**

The stomach is moderately distended with normal ingesta. The gastric wall is 4.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

**REFERRING VET**

Dr. Chmielinski  
Sabadilla AC

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is diffusely corrugated. The duodenal wall measures 5.8 mm. The jejunal wall measures up to 3.6 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

**Pancreas**

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

DATE

2.5.23



**PATIENT**

Hank Schmidt

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.0 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Full stomach without evidence of obstruction

**BREED**

Poodle Mix

**Secondary Findings**

- Reactive mesenteric lymph nodes

**SEX**

Intact Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While the stomach is distended in this patient, the pyloric outflow tract appears unremarkable. Thus, if the patient was fasted for this scan, there may be a component of delayed gastric emptying. Additional recommendations include:

**AGE**

8 mos

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

**WEIGHT**

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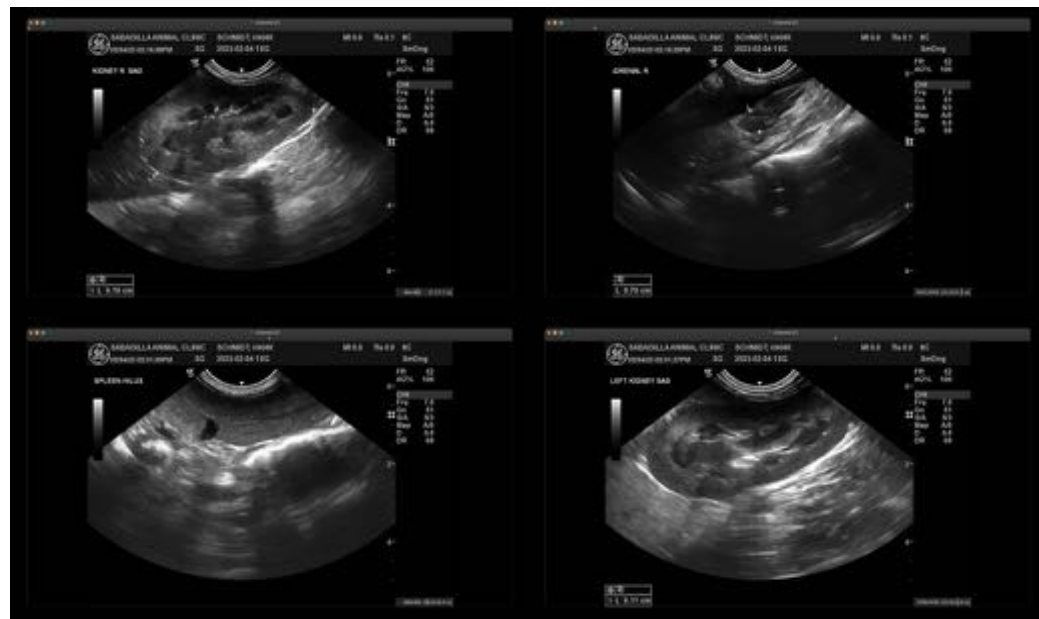
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**PATIENT**

Hank Schmidt

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Intact Male

**AGE**

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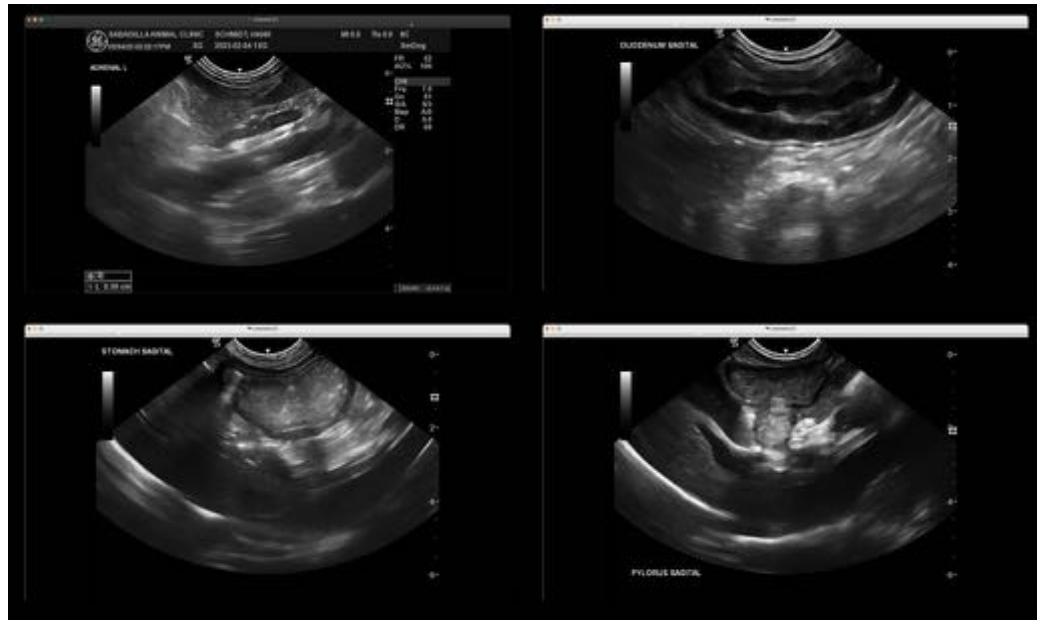
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Tam Mengine, DVM, DABVP (canine/feline practice)** info@SonoPath.com