



PATIENT

Summit Gerken

SPECIES

Canine

BREED

Smooth Coat Collie

SEX

Neutered Male

AGE

4

WEIGHT

29.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Natasha Stanley

HOSPITAL NAME

Viking Veterinary
Hospital

REFERRING VET

Dr. Natasha Stanley

INVOICE

72783

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Not eating since Thur am, vomited once Thur afternoon, diarrhea developed in house. Pyrexia 104.2 at home, 103 here. After Unasyn temp 101.4. In training for herding, around sheep. June 2025- Valley Fever-lameness, 6 months on fluconazole, tested neg and stopped. On IV fluids, Cerenia, Unasyn, SamELQ currently

Abnormal PE/Chem/CBC/UA Results: Liver, elevated WBC, see attached Lepto and Valley Fever titers pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The prostate is not distinctly visualized, likely due to its intrapelvic location.

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 (normal). Left kidney measures 6.5 cm. Right kidney measures 6.3 cm.d

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 4.7 mm at the cranial pole and 4.6 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

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.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is moderately distended and entirely filled with a large amount of immobile sludge, which in some views appears to show subtle striation. The wall was thin but could not be traced in its entirety. The cystic and common bile ducts are normal / not visible. There is scant free fluid and steatitis in the region of the gallbladder neck.

Gastrointestinal

The stomach is mildly distended with gas and ingesta. The gastric wall is 4.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is not seen.

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.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the liver and gallbladder. The associated omentum and intra-abdominal fat are hyperechoic. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Hypoechoic liver with steatitis, consistent with cholangiohepatitis
- Steatitis and scant free fluid at the neck of the gallbladder, which contains organized sludge (some views appear to show striation), consistent with cholecystitis +/- mucocele formation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are consistent with acute cholangiohepatitis / cholecystitis. I am unable to confirm the integrity of the gallbladder wall - there are segments in the cranial aspect where the wall cannot be traced in any view. Given the associated inflammation and free fluid, abdominal exploratory for cholecystectomy and liver biopsy, for histopathology and culture, would be recommended, provided coagulation profiles are normal.

Given the patient's young age, leptospirosis is one possible explanation for acute cholangiohepatitis / cholecystitis, so until the pending testing results are back, empiric treatment for leptospirosis and appropriate zoonotic precautions are recommended.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)

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