

**PATIENT**

Chloe Corte

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

11.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Vincent Ravancho,  
CVT

**HOSPITAL NAME**

Kenilworth AH

**REFERRING VET**

Dr. Mansour

**INVOICE**

36396

**DATE**

3/27/26

**PRESENTING CLINICAL SIGNS**

Chronic Diarrhea and Seizure

Current medications - Metronidazole, Phenobarbital, Apoquel

Abnormal PE/Chem/CBC/UA Results: Globulin 4.4, AST 108

**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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 cm.

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). The left kidney is 3.9 cm in length. The right kidney is 4.0 cm in length.

*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 6.3 mm at the cranial pole and 5.4 mm at the caudal pole. The right adrenal gland height is 5.6 mm at the caudal pole.

*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*

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The gallbladder wall is focally thickened with small focal polypoid lesions, with no evidence of rupture. The cystic and common bile ducts are normal / not visible.

*Gastrointestinal*

The stomach is moderately distended with ingesta. The gastric wall is 2.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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.



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The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is not visualized.

***Pancreas***

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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.

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Shih Tzu

***Free Abdomen***

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Spayed Female

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 Years

**Primary Findings**

- Diffusely hyperechoic liver, consistent with nonspecific hepatopathy

**WEIGHT**

11.5 Pounds

**Secondary Findings**

- Gallbladder polypoid hyperplasia, which is an incidental finding in the older dog

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no apparent explanation for the patient's chronic diarrhea on today's ultrasound. The changes in the liver are nonspecific, but are most typical of a benign process, such as a reactive hepatopathy secondary to other abdominal disease. Bile acid testing could be considered to further evaluate liver function, and if elevated, liver biopsies should be considered.

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Additional recommendations for the investigation of ongoing diarrhea might include:

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- Fecal parasite testing and empiric fenbendazole treatment
- Probiotic therapy
- Bland diet

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- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.

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- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.

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- Ultimately, gastrointestinal biopsies may be necessary for a definitive diagnosis, although it is unusual for significant pathology to be present without sonographic changes. Additionally, the pelvic colon cannot be visualized, and so colonoscopy may be necessary to exclude disease in this location.



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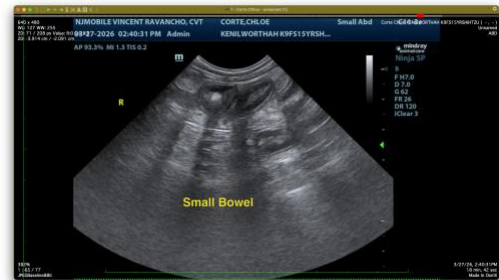
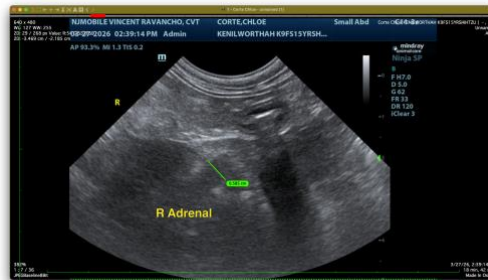
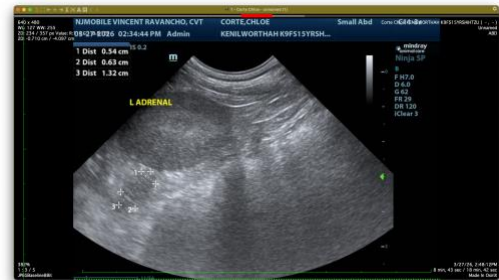
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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