



PATIENT

Misty Blue Norman

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

14 Years

WEIGHT

20.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer
DVM

HOSPITAL NAME

Pulse Pet Ultrasound
Services

REFERRING VET

Dra. Cinthia Vega

INVOICE

15213

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to elevated hepatic enzymes. Px originally visited rDVM due to episodes of vomiting. No diarrhea, lethargy, or inappetence reported as per owner. Px is currently taking Samesyllibin.

Abnormal PE/Chem/CBC/UA Results: Radiographs attached below for your reference

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 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 measured 3.8 cm. The right kidney measured 4.6 cm.

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 measured 5.5 mm at the cranial pole and 5.1 mm at the caudal pole. The right adrenal gland measured 5.8 mm at the cranial pole and 4.4 mm at the caudal pole.

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. 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 and a small amount of freely moveable echogenic sludge. The wall is very mildly thickened at 1.9 mm and is continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is mildly distended with normal ingesta. The gastric wall is 3.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance. There is an 8.0 mm round, well circumscribed homogenous structure, which does not exhibit blood flow on doppler interrogation located in the body of the stomach near the pylorus.

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 duodenum wall measured 5.3 mm wall width. The jejunum wall measured 4.1 mm wall width.

The visible portions of the colon (1.4 mm) are of normal thickness with intact wall layering. The ileocecal junction is normal.

Pancreas

The right limb of the pancreas is hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mottled right pancreas with steatitis typical of chronic pancreatitis.
- Diffusely hyperechoic liver typical of a nonspecific or reactive hepatopathy.
- Round nonvascular structure within the gastric lumen.

SECONDARY FINDINGS

- Splenic myelolipomas which are an incidental finding in a dog.
- Very slightly thickened gallbladder wall without evidence of associated inflammation making cholecystitis unlikely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas would support a diagnosis of chronic pancreatitis. A serum pancreatic marker may be helpful in further evaluating the significance of this finding, and in determining whether it is responsible for the dog's recent vomiting.

The thickening in the gallbladder wall is very mild and in the absence of associated inflammation, it seems unlikely that this is the reason for the patient's elevated alkaline phosphatase. The appearance of the liver is more typical of a benign reactive hepatopathy than cholangiohepatitis, although sampling would be needed to completely rule out this possibility. Additional recommendations for the liver include:

- ❖ screening for hyperlipidemia with a fasted triglyceride level is recommended, if not already performed
- ❖ testing for Cushing's disease is recommended only if clinical signs support the diagnosis, otherwise a false positive result may be obtained. The appearance of the adrenal glands does not support a diagnosis of Cushing's disease, but this does not completely rule it out.
- ❖ Serial chemistry screens, at 3-6 month intervals, are recommended. As long as all other liver laboratory values are normal, then a clinically significant hepatopathy is highly unlikely. However, if ALT or TBili become elevated, then bile acid testing, liver support supplements such as SAME, milk thistle and ursodiol, as well as recheck ultrasound would all be recommended.



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The origins of the round structure in the stomach are unclear. Although a polyp or mass is possible, no clear communication with the gastric wall is seen and the lack of blood flow on color doppler makes this less likely. This may represent ingesta and is not typical of a foreign object as it does not cast a shadow. Focal recheck ultrasound in several days could be considered to determine if the structure is still there. If it is, then surgical exploratory or endoscopy may be needed to definitively determine its significance via biopsy.





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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)

info@SonoPath.com