



PATIENT

Maggie Hauer

SPECIES

Canine

BREED

Mini Poodle

SEX

FS

AGE

4 years

WEIGHT

10.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

11796

DATE

4/25/2026

PRESENTING CLINICAL SIGNS

Presented to rDVM 4/22 for vomiting and lethargy starting at 3:30am, followed by anorexia. Was acting totally fine the day prior. rDVM performed diagnostics, concerned for GI foreign body, went for exploratory surgery (negative for FB, concern for necrotizing pancreatitis). Transferred for ongoing care. Patient has remained inappetent, painful abdomen, vitals have been mostly stable.

Painful abdomen, ventral midline abdominal incision is c/d/i with moderate bruising, mentation varies from dull to QAR to BAR.

Abnormal PE/Chem/CBC/UA Results: HAEC 4/22: PCV/TP: 46/9 EPOC: Lactate (3.43) BUN (6) Glucose (162) K (3.3) USG: 1.038 Pancreatic Lipase: 918 4/23 Day: PCV/TS: 50%/8.6 EPOC: NSF Radiograph: NG tube in appropriate location in stomach, gastric distention noted, loss of detail in cranial abdomen and likely effusion typical for post-op 4/24 O/N: Chem: BG 162 (H), BUN 3 (L), ALP 369 (H) CBC: RBC 5.47 (L), HCT 33.8 (L), HGB 12.2 (L), Retic 6.6 (L), Retic HGB 19.8 (L), WBC 12.93 (WNL), Neut 8.66 (WNL), Imm Neut 0.98, Lymph 0.67 (L), Mono 1.71 (H) VCM: CT 494 (H) EPOC: pH 7.335 (L), BG 158 (H), BUN <3 (L), BE (ecf) -6.2 (L), BE (b) -5.6 (L) NIBP: 156/99 (113 BG: 133, 147 PCV/TS: 38%/8.6 USG: 1.018 PT/PTT (6:20am): 17.8/114.1 (PT very mildly elevated, PTT normal).

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 2.0 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). Left kidney measures 4.9 cm, and the right kidney measures 5.2 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. Left adrenal measures 5.6 mm at the cranial pole and 4.9 mm at the caudal pole. Right adrenal measures 3.3 mm at the cranial pole and 4.2 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 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.

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 hypoechoic fluid. The gastric wall is 2.4 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.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

The left and right limbs of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

Free Abdomen

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

PRIMARY FINDINGS

- Hypoechoic pancreas with severe steatitis and scant free fluid, consistent with acute pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted. Panoquel-CA1, a newer, novel injectable treatment for canine pancreatitis, is recommended if available.
- A highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- Complications such as hypoalbuminemia, hyperglycemia and hypokalemia should be managed as they arise.
- If the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.



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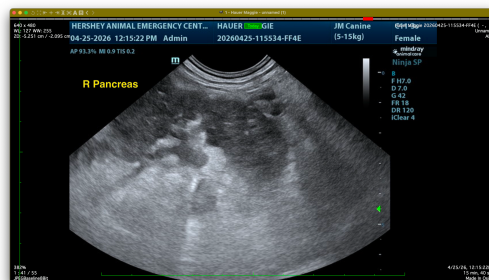
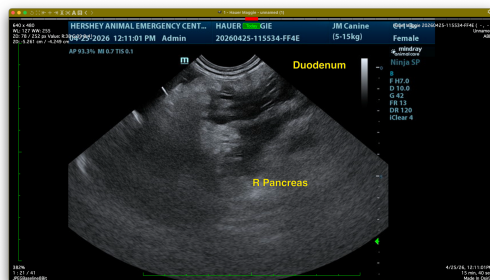
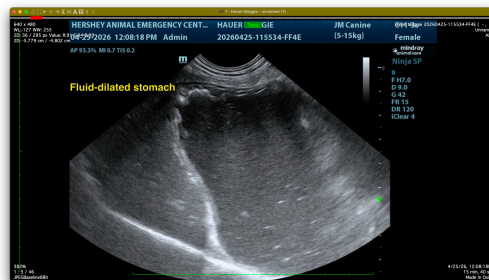
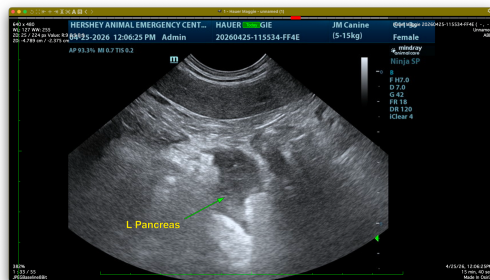
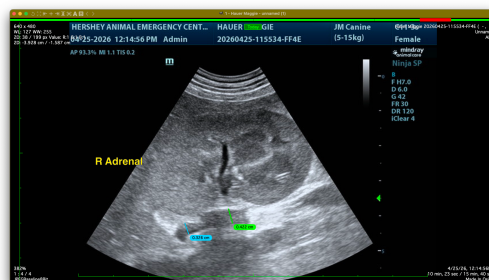
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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