



PATIENT

Bogey Silvelva

SPECIES

Canine

BREED

Viszla

SEX

Neutered Male

AGE

5 Years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Schacher

HOSPITAL NAME

Emergency Vets of
Idaho, LLC

REFERRING VET

Dr. Michael Schacher

INVOICE

74199

DATE

4/4/26

PRESENTING CLINICAL SIGNS

Diagnosed with pancreatitis at rDVM several days ago. Did 3 day course of Panoquell. Patient now severely icteric.

Abnormal PE/Chem/CBC/UA Results: Everything pending, ultrasound is being done first to ensure it gets done in time for same day read.

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 3.0 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 6.0 cm. Right kidney measures 6.4 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 measures 5.7 mm at the caudal pole. Right measures 4.1 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 and a small amount of echogenic sludge. There are hyperechoic small choleliths noted within the gallbladder, cystic duct, and common bile duct without evidence of obstruction. The common bile duct is diffusely dilated up to 1.0 cm. The region of the duodenal papilla is not clearly visualized due to inflammation in the region.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 3.7 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 (1.8 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat.

Free Abdomen

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

PRIMARY FINDINGS

- Choleliths in the gallbladder, cystic and common bile ducts, with steatitis, but without evidence of obstruction
- Hypoechoic right pancreas with steatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder is not overly distended, and the dilation of the common bile duct extends beyond the visualized choleliths. Thus, although the duodenal papilla is not clearly visualized, it is unlikely that there is an active biliary obstruction at this time. Although cholelithiasis can be incidental in the dog, the finding in conjunction with icterus would support a diagnosis of bacterial cholangiohepatitis. This should be correlated with the pending laboratory results. Ultimately, liver biopsy may be needed for definitive diagnosis, if coagulation parameters permit. The appearance of the right pancreatic limb suggests concurrent pancreatitis. Empiric next steps, in the absence of biopsies, might include:

- Initiation of liver support therapies such as SAME, Vitamin E and ursodiol
- Ongoing supportive care for pancreatitis
- Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is 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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