



PATIENT

AJ Givler

SPECIES

Canine

BREED

Border Collie x

SEX

MC

AGE

11.5 Years

WEIGHT

29 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell, CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

74203

DATE

4/5/26

PRESENTING CLINICAL SIGNS

O said Wednesday morning they woke up to vomit in the kitchen, in the vomit there was a full hidden valley wrapper, he is one to eat things he shouldn't. He ate breakfast normal that day but seemed lethargic the remainder of the day. Thursday morning he vomited again and did not want to eat but in the evening he ate some burger and rice. Going into Friday he vomited again, they took him to the rdvm where they did BW and x-rays, they found elevated kidney levels and did fluid therapy and sent him home around 6pm. He still has not urinated since he came home, small bm this morning. PE:

Cardiovascular: Grade III/VI systolic murmur/no arrhythmias, pulses strong/synchronous. Oral Cavity: Mucous membranes pink/moist, CRT <2s, severe periodontal disease. Eyes: Corneas clear and bright, no discharge or erythema, PLR and palpebral/menace intact OU; lens opacities OU. Integument: Normal skin/haircoat, no evidence of ectoparasites; several SQ masses of varying sizes and consistencies

Abnormal PE/Chem/CBC/UA Results: CBC - RBC 5.53 (L), HCT 35.7 (L), Chem 15 - Creatinine 10.6 (H), BUN 108 (H), Phos 12.3 (H), ALT 737 (H) EPOC - pO2 186.0 (H), cSO2 99.3 (H), pCO2 51.6 (H), pH 7.168 (L), BE -9.8 (L), Anion Gap 23 (H), Lactate 10.60 (H), Glu <20 (L) 4dx snap - Negative x4 Lepto Witness - Negative Blood Glucose - 109 Abd/Chest Rads: Mild generalized bronchial lung pattern. Small subcutaneous nodule dorsal to L5. Nonspecific, incidental. Normal radiographic study of the abdomen

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. There is a hyperechoic balloon and linear structure seen, consistent with a foley catheter.

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins.

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 measures 6.1 cm. Right 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 6.4 mm at the cranial pole and 6.4 mm at the caudal pole. Right measures 6.0 mm at the cranial pole and 5.1 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.



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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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is 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 (1.3 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 left kidney. 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

- Scant free fluid and steatitis surrounding the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is inflammation surrounding the left kidney, but no apparent underlying cause is seen. Leptospirosis remains a possible differential diagnosis, and the pending PCR should definitively rule it out if negative. If there were raisins in the granola bar that was consumed, this would also be a potential cause of acute renal failure and liver enzyme elevation. Urinalysis and urine culture are recommended, in addition to ongoing aggressive fluid therapy and other supportive care as indicated. Empiric antibiotic treatment for leptospirosis would also be reasonable while awaiting PCR results.



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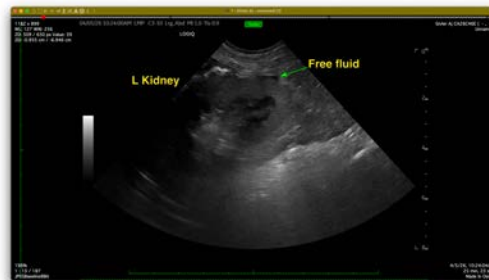
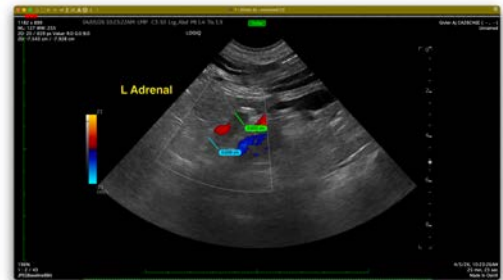
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com