



PATIENT

Bruno Alvarado

SPECIES

Canine

BREED

Hound x

SEX

Neutered Male

AGE

8 Years

WEIGHT

18.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Animal Emergency
 Clinic of the High
 Country

REFERRING VET

Dr. Phipps

INVOICE

74205

DATE

4/5/26

PRESENTING CLINICAL SIGNS

P presented for vomiting 20 times. Rad report some gas dilation in stomach, jejunum, and colon. Rads repeated 12 hours later- gas mostly in colon- P ate well overnight and is keeping it down. Bloodwork unremarkable.

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 (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 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 5.4 cm. Right measures 6.1 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 6.6 mm at the cranial pole and 7.7 mm at the caudal pole. Right measures 7.1 mm at the cranial pole and 7.2 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 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 moderately distended with gas and fluid. 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.

The visualized portions of the jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. These bowel segments contain normal chyme



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and exhibit subjectively normal motility. The duodenum appears diffusely mildly thickened up to 6.5 mm with intact wall layering. There is hyperechoic omental fat in the region of the duodenum.

The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction is not seen.

Pancreas

The pancreas is not distinctly visualized, but there is hyperechoic omental fat observed in the region of the right limb of the pancreas.

Free Abdomen

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

The visualized portion of the heart exhibits appropriate systolic function, with no masses or effusion noted.

PRIMARY FINDINGS

- Steatitis in the region of the right pancreas, typical of pancreatitis
- Mildly thickened duodenal wall with steatitis, typical of duodenitis (potentially secondary to pancreatitis)

SECONDARY FINDINGS

- Moderately fluid-distended stomach without evidence of obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings are typical of pancreatitis with secondary duodenitis - it is also possible that the patient has a primary duodenitis, though this would be uncommon. Additional recommendations include:

- A cPLI level is recommended for confirmation and monitoring purposes.
- Ongoing supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) are warranted.
- A highly digestible, low fat intestinal diet should be encouraged as soon as vomiting can be controlled.
- If the patient is not responding to medical management, then biopsy of the stomach and duodenum, and potentially sampling of the right pancreas, would be 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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