



PATIENT

Finley Mathews

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

Neutered Male

AGE

3

WEIGHT

10.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bennett

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Bennett

INVOICE

74209

DATE

4/5/26

PRESENTING CLINICAL SIGNS

They have had him 1 1/2 yrs . Off his food since Thursday AM. Doesn't want to bite anything. O thinks he has a mouth issue. About a week ago O noticed the back molar on R side had dark tartar and breath is stinking. Had a dental last year. Symptoms: Not eating. Energy level pretty normal, yesterday started slowing down, acting weak

Abnormal PE/Chem/CBC/UA Results: 4DX: All negative. Resting cortisol: 3.92. EPOC: Unremarkable. Abdominal ultrasound: Performed and submitted stat to Sonopath. No obvious abnormalities appreciated on initial assessment. Orthogonal spinal and hind limb x-rays: Performed and submitted stat to VCR. Prior Diagnostics (10/20/2025): CBC: WBC 24.01K (high), Neutrophils 21.25K (high), Monocytes 1.24K (high). Chemistry: Albumin 3.7, Globulin 3.7. All other values within normal limits. Prior Diagnostics (02/24/2026): CBC: WBC 22.7K (high), Neutrophils 18.11K (high), Monocytes 1.69K (high). Chemistry and CPL: Within normal limits. Abdominal x-rays: Equivocal nonspecific hepatomegaly as well as splenomegaly present. Fever of unknown origin PCR: All negative.

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 4.0 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 kidney measures 4.3 cm. Right kidney measures 5.3 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 4.3 mm at the cranial pole and 4.2 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

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.



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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.

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Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 3.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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

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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.

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Free Abdomen

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

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PRIMARY FINDINGS

- Steatitis in the region of the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammatory change in the region of the stomach is typical of acute gastritis, however no underlying cause is identified. Additional recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Bland, palatable diet
- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus rechecking a PLI or other serum marker to screen for pancreatitis is recommended.
- If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.
- Endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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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