



PATIENT

Gracy Dellinger

SPECIES

Canine

BREED

Toy Poodle

SEX

Spayed Female

AGE

13 Years

WEIGHT

3.26 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

74204

DATE

4/5/26

PRESENTING CLINICAL SIGNS

P presented for vomiting through cerenia. O has cost concerns so elected for US over Rads

Abnormal PE/Chem/CBC/UA Results: K+ 3.1, Lactate 4 BUN 40, TP 9.9, Glob 6.4, ALT 144, Tbili 1.3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and luminal sediment is not present. The bladder wall is normal and there is a 6.0 mm round, non-shadowing mass effect arising from the mid apex, with no blood flow found on doppler interrogation. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No calculi are noted. Urethra visualized to 3.0 cm.

The kidneys hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.5 cm. Right kidney measures 3.9 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 4.9 mm at the cranial pole and 4.6 mm at the caudal pole. Right measures 7.9 mm at the cranial pole and 5.9 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

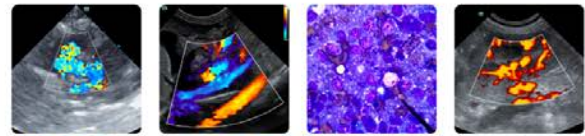
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents and a small amount of mineralized 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 markedly distended with hypoechoic fluid and irregular material casting an anechoic shadow. The gastric wall measures 1.1 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. There is chyme seen moving throughout the small bowel.



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The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is not seen.

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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.

BREED

Toy Poodle

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. 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

AGE

13 Years

- Markedly fluid dilated stomach with anechoic shadowing material present but no clear evidence of obstruction.

SECONDARY FINDINGS

WEIGHT

3.26 kg

- Small, rounded mass effect in the bladder, which may represent a small bladder stone, blood clot, or inflammatory polyp, with malignancy deemed unlikely.
- Bilateral chronic renal changes.
- Mineralized gallbladder sludge (or possible cholelith) - an incidental finding.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing material in the stomach may have an incidental cause, such as dense ingests or hair, but might also represent foreign material such as fabric. The pyloric outflow tract is clearly visualized, and there is chyme seen moving throughout the bowel - thus, an obstruction is not evident at this time, but the possibility of intermittent/ partial obstruction is not excluded. Fluid therapy and further supportive care is recommended, and if symptoms persist, a recheck ultrasound would be recommended, and if this material persists, then endoscopic evaluation or abdominal exploratory would be recommended.

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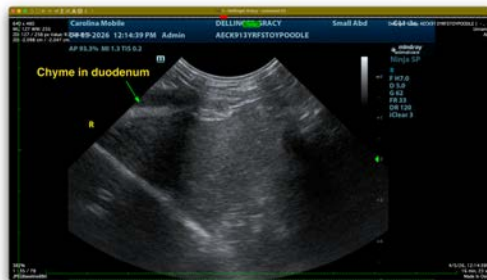
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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