



PATIENT

Oliver McCarthy

SPECIES

Canine

BREED

Doodle

SEX

MN

AGE

3 years

WEIGHT

16.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

11962

DATE

5/15/2026

PRESENTING CLINICAL SIGNS

Diarrhea, occasional vomiting (mostly water) and decreased appetite since Monday. Rads show persistent gastric material. Pt presented to HAEC for AUS. Induced emesis, bile/fluid from emesis.

Cardiovascular: Grade 3/6 left systolic heart murmur, no arrhythmias, pulses strong/synchronous.

Abnormal PE/Chem/CBC/UA Results: CBC: NSF Chem: Phos 2.1 (L), AKP 15 (L) Epc: NSF Rads from urgent care suspicious for persistent gastric material.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

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 5.5 cm and the right kidney measures 5.3 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 adrenal measures 5.0 mm at the cranial pole and 4.6 mm at the caudal pole. Right adrenal measures 4.7 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 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 mildly distended with gas. The gastric wall is 2.9 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 have increased thickness, up to 2.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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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

- Mildly thickened descending colon, typical of colitis.
- Mild amount of gas in the stomach, which does create some shadowing, but without evidence of foreign material within the gastric lumen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the gas shadowing in the stomach precludes complete assessment of its contents, there is no visible foreign material, and no evidence of gastrointestinal obstruction, with a patent pyloric outflow tract and normal chyme seen moving into the duodenum. The colon is diffusely mildly thickened which is typical of colitis.

Additional recommendations would include:

- Fecal parasite testing and empiric fenbendazole treatment.
- Probiotic therapy.
- Bland 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 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.

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It is possible for occult intestinal disease to present with normal ultrasound findings; thus, 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)

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