



**PATIENT PRESENTING CLINICAL SIGNS**

Jax Myers hx of very sensitive stomach, vomiting, bloody mucoid diarrhea, lethargic, not eating since 6-16 PM  
Abnormal PE/Chem/CBC/UA Results: Glucose 50 TP 5.1 WBC 23.78 Neu 21.08 Plt 34

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder is moderately distended with anechoic urine. A moderate amount of echogenic luminal sediment is present, which is freely movable. 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.

**SEX** 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).

Neutered Male

**AGE** 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 3.0 cm. Right kidney measured 3.2 cm.

2 Years

**WEIGHT** **Adrenal Glands**

2.2 kg

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 3.0 mm cranially and 3.7 mm caudally. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Hayley Heindel, CVT

**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.

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr Petro

The gallbladder is moderately distended with anechoic contents and a moderate 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.

**INVOICE** **Gastrointestinal**

43262

The stomach is mildly distended with gas The gastric wall is normal at 2.5 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

**DATE**

6/17/23

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. Duodenum wall measures 2.8 mm. Jejunum wall measures 2.0 mm.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not visualized.



**PATIENT**

Jax Myers

**SPECIES**

Canine

**BREED**

Papillon

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

2.2 kg

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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.

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.0 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**PRIMARY FINDINGS**

- Unremarkable gastrointestinal tract with no evidence of obstruction
- Reactive mesenteric lymph node

**SECONDARY FINDINGS**

- Moderate amount of bladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The lack of specific findings on ultrasound along with the clinical history are suggestive of acute hemorrhagic diarrhea syndrome. The presence of hypoglycemia raises a concern for secondary sepsis. The significance of the bladder sediment should be correlated with any clinical signs and finding on the urinalysis. Additional recommendations include:

- Coagulation testing to rule out the possibility of coagulopathy.
- Based on concern for sepsis, antibiotic therapy such as Amoxicillin or Amox/Clav +/- Metronidazole would be indicated.
- Fecal parasite testing and empiric fenbendazole treatment
- Probiotic therapy
- Bland diet
- Treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- 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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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