



**PATIENT**

Fluffy Bailey Forde

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

39438

**DATE**

7/12/22

**PRESENTING CLINICAL SIGNS**

Six week history of intermittent vomiting and diarrhea - vomiting persisted while on cerenia. Painful during ultrasound despite gabapentin prior. CBC / Chem unremarkable

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic urine that contains wispy intraluminal material. 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.

The prostate is not clearly visualized.

The kidneys are hyperechoic, and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 4.4 cm. The right kidney measured 4.5 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. The left adrenal gland measured 4.7 mm at the cranial pole and 4.6 mm at the caudal pole. The right adrenal gland measured 5.3 mm at the cranial pole and 4.1 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 diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is empty. The gastric wall is normal in thickness (3.1 mm) with some deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

There is a dilated region of small bowel with a hyperechoic shadowing foreign object present and decreased wall layering with surrounding hyperechoic omental fat. Duodenum wall measured 5.0 mm. Jejunum wall measured 2.4 mm, dilated to 4.0 mm in the region of obstruction.

The visible portions of the colon are of normal thickness (1.2 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.



**PATIENT**

**Pancreas**

Fluffy Bailey Forde

The left limb of the pancreas is mildly hypoechoic, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

**SPECIES**

**Free Abdomen**

Canine

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. There are several mildly enlarged mesenteric lymph nodes, up to 1.3 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Pomeranian

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Small intestinal foreign body with associated regional peritonitis

**SEX**

Neutered Male

**SECONDARY FINDINGS:**

- Chronic renal changes
- Reactive hepatopathy

**AGE**

6 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory is recommended to further assess the potential for an intestinal foreign body. Biopsies of the intestines and stomach should also be considered, depending on the findings of surgical exploratory.

**WEIGHT**

12 Pounds

There are no current recommendations for the changes to the liver and kidneys, given normal bloodwork, but a urinalysis should be considered.

**INTERPRETED BY**

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

Repeat an ultrasound in 3-4 weeks to ensure that changes to the GI tract, lymph nodes and pancreas are resolved after foreign body removal. If they are not, then aspirates would be recommended to rule out the possibility of neoplasia.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine



**INVOICE**

39438

**DATE**

7/12/22



**PATIENT**

Fluffy Bailey Forde

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

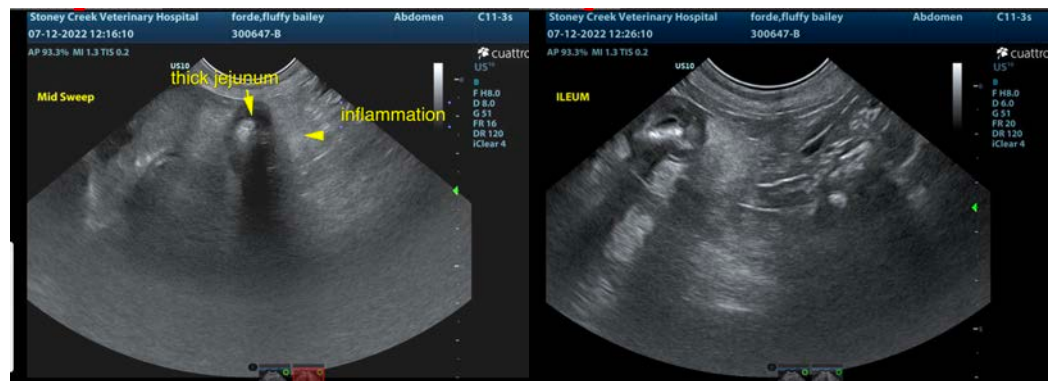
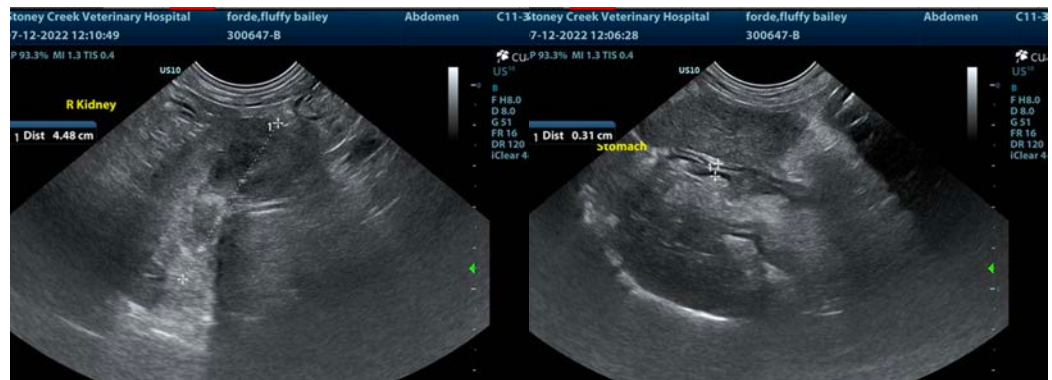
Dr. Tam Mengine

**INVOICE**

39438

**DATE**

7/12/22





**PATIENT**

Fluffy Bailey Forde

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.

**SPECIES**

Canine

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.

**BREED**

Pomeranian

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

info@SonoPath.com

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

39438

**DATE**

7/12/22