



**PATIENT**

Denver Bennis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Months

**WEIGHT**

10.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

35880

**DATE**

3/3/22

**PRESENTING CLINICAL SIGNS**

Adopted at 8 weeks of age along with his littermate. Both had diarrhea for ~ 3 months that eventually resolved on i/d diet - multiple negative fecal O&P + antigen tests at that time, and multiple dewormings. Patient always strained intermittently for BM, even when they were soft. Client has also seen him strain to urinate at times. Patient then presented at ER on 2/10/22 for frantic behavior - running around, scratching at doors, licking hindlimbs and lying in litterbox - patient was found to be mildly constipated, and on bloodwork had an ALT of 358, otherwise CBC / Chem / U/A. Patient received an enema and was started on lactulose & denosyl. Rechecked on 2/16/22 - still a large amount of stool in colon, cisapride was added and pet was given convenia for ongoing elevated ALT (now 321). Seen again at ER on 2/23/22 for agitation and pacing at home, which persisted in the hospital, pacing in cage, scratching at walls, ALT nearly normal (105). He was sedated with midazolam, dex-domitor and then acepromazine, and once calm was sent home with gabapentin - he continued to have frequent "frantic" episodes at home but they were much shorter. Rechecked again on 3/2/22 for vomiting (3 times over ~ 1 week) - recheck CBC / Chem completely wnl. Large amount of stool in colon, but soft on rectal exam. Received an enema, and went home and strained many times for BM, but did not produce one. When he does defecate at home, the consistency is soft. Today, FIV/ FeLV antigen test negative. Bile acids pending.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.32 cm at the cranial pole and 0.29 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.29 cm at the cranial pole and 0.27 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

Spleen is subjectively enlarged in size with rounded margins but intact capsule. Parenchyma is homogeneously coarse/mottled in echotexture and normal to hypoechoic in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



**PATIENT**

Denver Bennis

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

**SPECIES**

Feline

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**BREED**

DSH

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SEX**

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**AGE**

12 Months

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

**WEIGHT**

10.9 Pounds

There is no evidence of peritoneal effusion. Mesenteric lymph nodes are prominent, hypoechoic, and maintain a normal elongated shape.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Coarse splenomegaly – can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

- Mesenteric lymphadenopathy – Rule outs include both reactive lymphadenopathy as well as infiltrative neoplasia, given the concurrent splenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Stoney Creek VH

The splenomegaly certainly could be secondary to sedation. However, it is considered less likely given the amount of time between sedation and ultrasound. Therefore, fine needle aspirate of the spleen and the enlarged lymph nodes is recommended if patient's coagulation status is appropriate. Pre-medication with diphenhydramine prior to the splenic aspirate could be considered in case of mast cell tumor. Bile acids, as are reportedly pending, are recommended given this patient's young age, neurologic signs, and historically increased ALT.

**REFERRING VET**

Dr. Tam Mengine

There is no evidence of a vascular anomaly in these images. However, decreased hepatic function can contribute to neurologic signs without vascular anomalies. In the meantime, in addition to the reportedly in place medical management for constipation, a diet change to a colitis/higher fiber diet could be considered to help further alleviate the reported constipation and gastrointestinal signs.

**INVOICE**

35880

**DATE**

3/3/22



**PATIENT**

Denver Bennis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Months

**WEIGHT**

10.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

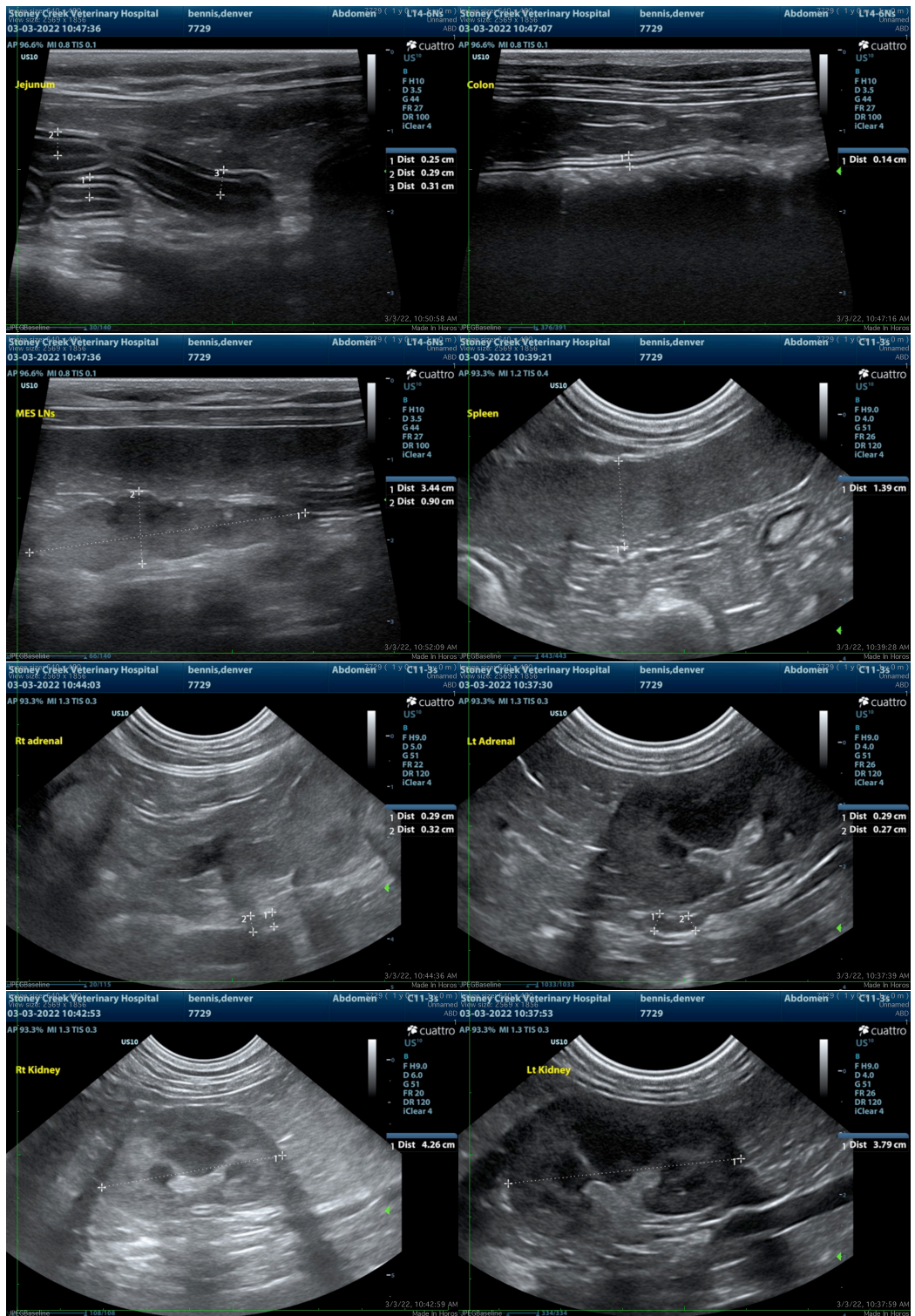
Dr. Tam Mengine

**INVOICE**

35880

**DATE**

3/3/22





**PATIENT**

Denver Bennis

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**

Feline

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.

**Beth Johnson, DVM, DACVIM**

Beth.Johnson@sonopath.com

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Months

**WEIGHT**

10.9 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Tam Mengine

**INVOICE**

35880

**DATE**

3/3/22