

**PATIENT**

Cali Meagher

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

4.17 kg

**INTERPRETED BY**

Kim Radway, DVM,  
 DABVP (Canine/  
 Feline)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Main Street Animal  
 Hospital

**REFERRING VET**

Dr. Brochu

**INVOICE**

16309

**DATE**

06/03/26

**PRESENTING CLINICAL SIGNS**

Decreased appetite even while on Mirtazapine, will improve but after a couple for a bit but after a couple of days calorie intake she declines again. Ongoing since March and has had several PEs in that time. Vomiting off and on. PE have all been NAF, LNs normal. Mirtaz ointment as needed.

March 3rd: RBC 6.12 (6.54-12.20) HCT 24.9 (30.3-52.3) HGB 9.1 (9.8-16.2) MCHC 36.5 (28.1-35.8) Eos 0.14 (0.17-1.57) Glucose 9.99 (3.95-8.84) CI 111 (112-129) fPL normal FIV negative FeLV negative u/a done April 6th - NAF done April 6th: 3 view abdominal radiographs - normal liver, urinary bladder, heart and lungs. - small focal lucency in right kidney in VD - possible renal cyst - small amount of gas in stomach, no food visible - no food or feces appreciable in intestines, no gas present. Subjectively thickened intestines

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 3.77 cm length. The right kidney measured 3.52 cm length.

*Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland measured 0.57 cm x 0.31 cm. The right adrenal gland measured 0.58 cm x 0.32 cm.

*Spleen*

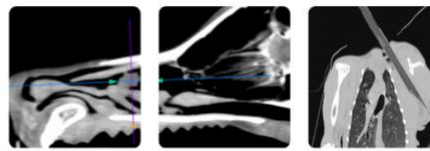
The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

*Liver*

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

*Gastrointestinal*

The **gastrointestinal tract** revealed a stomach of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. Evaluation of the small intestinal tract with high detail linear probe did reveal a mild increased thickness of the muscularis layer with it approaching a 1:1 size when compared to the mucosa. There



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were no regions with loss of normal wall layering or discrete masses. There was no evidence of free abdominal effusion present and there were no enlarged lymph nodes.

**Pancreas**

The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

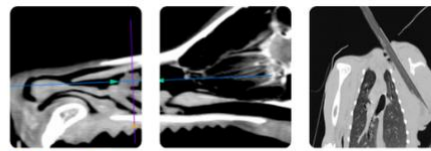
- Mild increased thickness of the muscularis layer throughout the intestinal tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The primary concern in this patient's history is the anemia noted on blood work in early March. It is recommended to repeat a comprehensive CBC in order to determine if there is evidence of continued anemia. With a comprehensive CBC, a pathologist review of the red blood cells can be requested which can better determine if there is any potential underlying evidence of red blood cell parasites or hemolytic anemia as possible causes. Although the small intestinal tract showed mild increased thickness of the muscularis layer, since there was no reported clinical history of melena and there were no discrete intestinal masses, it is felt unlikely that the anemia is secondary to the intestinal changes.

The primary differentials for increased thickness of the muscularis layer would be emerging inflammatory bowel disease or GI lymphoma. Full thickness intestinal biopsies would be required for a definitive diagnosis. If this patient has other clinical signs in addition to the anorexia such as weight loss, vomiting or diarrhea, then abdominal exploratory surgery could be considered in order to obtain intestinal biopsies. A more conservative approach would be to begin a hypoallergenic diet, daily probiotics and vitamin B12 supplementation. A GI panel can be considered which can better determine if there is underlying cobalamin deficiency present. Thoracic radiographs should also be obtained in this patient for further screening of causes of anemia and anorexia.





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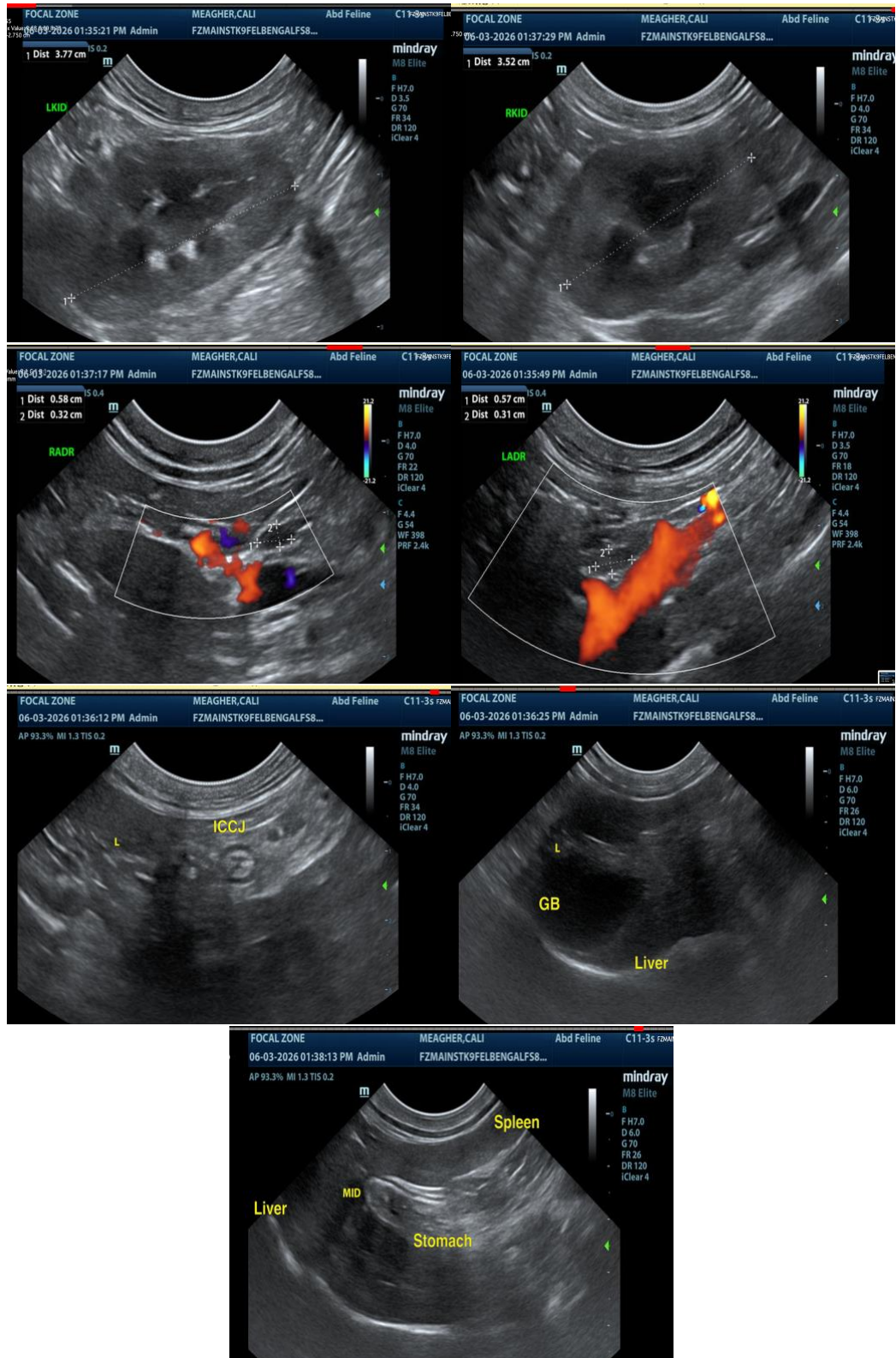
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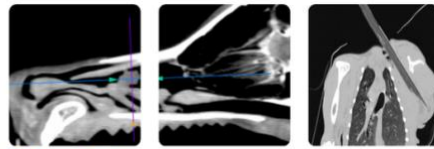
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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