



## PATIENT

Smokey Somonovic

## SPECIES

Feline

## BREED

DLH

## SEX

Intact Male

## AGE

4

## WEIGHT

10 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Kristin Evans

## HOSPITAL NAME

Emergency AH of  
Crystal Falls

## REFERRING VET

Samantha Butrico,  
DVM

## INVOICE

72110

## DATE

1/10/26

## PRESENTING CLINICAL SIGNS

Presenting complaint/duration: Bloody vomiting and diarrhea - started today within the last 1-2 hours. Vomits 1-2 times per week, sometimes undigested food but not always. PMHX: heartworm positive, GI issues (always runny, foul smell) Other: Rescued 9 months ago - was found around some DR Horton model homes. Was dewormed - had tapeworms. Had ear mites. BW 10/16 - elevated globulins and basophils.

Abnormal PE/Chem/CBC/UA Results: Ca 8.5 Glu 194 WBC 26.64 NEU # 25.73 LYM# 6.7 EOS# 0.11

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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). The kidneys measure 4.4 cm each.

### 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 measures 3.8 mm. Right measures 3.0 mm.

### Spleen

The spleen is of appropriate size (6.8 mm) 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. Thickness at the splenic hilus is 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 is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic duct is tortuous, which is a normal variant in a cat. The common bile duct is normal/not visible.

### Gastrointestinal

The stomach is moderately distended with gas and fluid. The gastric wall is thickened at 3.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. 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.

The visible portions of the colon have increased thickness, up to 3.1 mm with a markedly thickened submucosal layer and intact wall layering. The ileocecal junction is visualized and normal.

### *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 free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the stomach. Enlarged colic lymph nodes are observed up to 1.5 cm in length, maintaining normal long to short axis ratio. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Thickened gastric submucosal layer, with associated steatitis - typical of gastritis, or less likely gastric neoplasia
- Thickened colonic submucosal layer, with reactive colic lymph nodes and steatitis - typical of colitis, or less likely neoplasia
- Hypoechoic left pancreas with steatitis, typical of pancreatitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Thickening of the gastrointestinal submucosal layer is more typical of inflammatory change than neoplastic, however the degree of thickening and associated inflammation in this patient is quite pronounced, such that I would not exclude the possibility of infiltrative neoplasia. Submucosal thickening has also been associated with gastrointestinal histoplasmosis. Thus, endoscopic biopsies of the stomach and colon would be recommended for definitive diagnosis. Additional suggestions would include:

- Repeating fecal parasite testing along with empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, and/or empiric cobalamin supplementation
- Treatment with gastroprotectants, anti-emetics and fluid therapy as needed



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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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