



## PATIENT

Batty Seeber

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

8 Years 6 Months

## WEIGHT

7.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sarah Green

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

## REFERRING VET

Dr. Sarah Green

## INVOICE

72122

## DATE

1/11/26

## PRESENTING CLINICAL SIGNS

Presented for annual exam. Reported to be less playful recently, decreased grooming over the caudal dorsum. Significant weight loss (>3 lbs.) since previous exam one year ago.

Abnormal PE/Chem/CBC/UA Results: Fractious, was afebrile on initial exam 1/2/26, was febrile today (103.9°F). FIV positive, (hx), mild anemia (HCT=24%), CBC, chemistry otherwise unremarkable. No significant abnormalities on thoracic and abdominal radiographs (reviewed by a radiologist)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. No masses, calculi or mucosal irregularities are noted.

The kidneys are diffusely enlarged with poor corticomedullary differentiation and a heterogeneous echotexture. The right kidney additionally has a rounded appearance. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney measures 4.6 cm. The right kidney measures 4.3 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. Left measures 3.6 mm. Right measures 4.6 mm.

### Spleen

The spleen is of appropriate thickness (6.8 mm) and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. However, it appears subjectively enlarged and is folded in the region of the hilus. 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 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 and common bile ducts are normal / not visible.

### Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

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.



## PATIENT

Batty Seeber

The proximal ascending colon is markedly thickened with loss of clear wall layering, up to 4.9 mm in thickness. The remainder of the colon appears unremarkable, and the ileocecolic junction is visualized and normal.

## SPECIES

Feline

## 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.

## BREED

DLH

## Free Abdomen

## SEX

Spayed Female

There is no evidence of free fluid within the peritoneal cavity. The mesenteric and colic lymph nodes were moderately enlarged, up to 1.9 cm with normal short to long axis ratio and appropriate echogenicity. There is hyperechoic omental fat noted around both kidneys, as well as surrounding the enlarged lymph nodes.

## AGE

8 Years 6 Months

## PRIMARY FINDINGS

## WEIGHT

7.6

- Bilaterally enlarged, heterogeneous kidneys with associated steatitis.
- Thickened, ascending colon with associated steatitis and lymphadenopathy, with loss of distinct wall layering.
- Reactive mesenteric and colic lymph nodes.

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the kidneys could indicate both neoplastic and inflammatory disease. Urinalysis is recommended if not already performed to investigate for the possibility of pyelonephritis, although the appearance is not classic for this disease. Renal biopsy would be needed to investigate other possible etiologies.

## IMAGING PERFORMED BY

Dr. Sarah Green

The changes to the colon wall could be consistent with severe colitis or may indicate infiltrative neoplasia such as lymphoma. Given the degree of inflammation present, I am worried about the possibility of concurrent infiltrative neoplasia such as lymphoma affecting both the kidneys and colon, which would require biopsy to confirm.

## HOSPITAL NAME

Healing Spirit Animal  
Wellness

The spleen is of normal thickness. However, the large fold present suggests subjective enlargement. If the patient was sedated with Dexmedetomidine, this would be a potential cause for this change. If the patient was not sedated in this way, then this may indicate splenic pathology as well. Fine needle aspiration of the spleen with a 25-gauge needle and Diphenhydramine pre-medication could be a less invasive way to attempt a definitive diagnosis.

## REFERRING VET

Dr. Sarah Green

## INVOICE

72122

## DATE

1/11/26





**PATIENT**

Batty Seeber

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

8 Years 6 Months

**WEIGHT**

7.6

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal  
Wellness

**REFERRING VET**

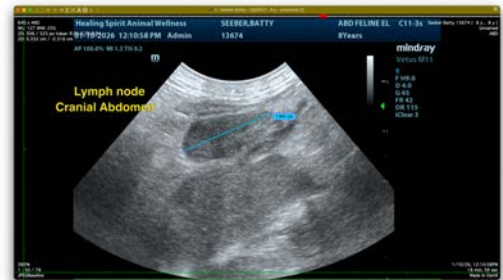
Dr. Sarah Green

**INVOICE**

72122

**DATE**

1/11/26



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