



## PATIENT

Litten Duchene

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

7.76 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

## HOSPITAL NAME

Greater Staten Island  
Veterinary Service

## REFERRING VET

Dr. Gabriella Iannuzzi

## INVOICE

72116

## DATE

1/11/26

## PRESENTING CLINICAL SIGNS

Was outdoor cat and brought indoors since 12/26 O noticed chronic vomiting since christmas time and lately vomiting more often - 6-8x on 1/9 Npo'd today but otherwise e/dr/u normally No c/d - previous sneezing but resolving

Abnormal PE/Chem/CBC/UA Results: PE: L ear tip, mild dehydration, oligodontia, normal temp, HR and RR 12/26: CSL NSF T4 WNL AXR Gas distended colon/stomach. No overt GI Obstruction 1/11/26: Felv/fiv/hw: negative O to consider UA and repeat testing pending AUS

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. 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 hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left measures 3.8 cm. Right measures 4.2 cm.

### Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.2 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

### Spleen

The spleen is of appropriate size (6.5 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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic duct is tortuous, which is a normal variant in cat. The common bile duct is normal/not visible.

### Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.3 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements



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are increased up to 2.5 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.8 mm) with intact wall layering. The ileocecal junction is 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 focal free fluid present with the abdomen in the region of the liver and gallbladder. The omentum and intra-abdominal fat are of normal echogenicity. The mesenteric lymph nodes are mildly enlarged up to 1.2 cm in length with normal long to short axis ratio. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Diffusely thickened small bowel with prominent muscularis layer, and reactive mesenteric lymph nodes, consistent with infiltrative bowel disease
- Scant free fluid in the region of the liver and gallbladder, and small amount of gallbladder sludge

## SECONDARY FINDINGS

- Mild bilateral chronic renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies (food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low grade gastrointestinal lymphoma.

The free fluid adjacent to the liver is consistent with regional peritonitis. While the gallbladder sludge may be incidental, this finding in conjunction with the free fluid may indicate concurrent cholangiohepatitis - the lack of liver abnormalities on bloodwork makes this less likely, and definitively ruling out this possibility would require liver and gallbladder sampling.

Further recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- trials with a novel protein or hydrolyzed diet
- a complete GI panel, or empiric cobalamin supplementation
- empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- definitive diagnosis would require biopsy of the affected small bowel.



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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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