



PATIENT

Doris Kelly

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

3.17 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Windrush VS

REFERRING VET

Dr. Murdoch

INVOICE

72930

DATE

1/2/26

PRESENTING CLINICAL SIGNS

2.5 days of liquid bloody diarrhea, inappetence- similar but shorter bout happened end of October and resolved in a few days conservatively. Quiet, T=36.9 (otic) , BCS 4/9, HR - no overt murmur RR - lungs sounds - normal , ears - nsf no discharge noted, eyes - tiny freckle noted on right iris at the 7-0-clock position, otherwise nsf, nose - nsf, oe - adontia: mm=pink , CRT<2 sec, LN - submandibular, prescapular & popliteal WNL, ABD - Significant gas palpated, intestines feel somewhat ropey and empty. Possible mild mesenteric lymphadenopathy. No overt pain on palpation with Doris tolerating palpation well. No mass effect noted, or fluid wave appreciated, Skin/Coat - unkempt coat, M/S - nsf, Hydration - ok , Rectal - Dried diarrhea noted on perineum. Current Medications Enteroaid, Forti flora, Cerenia

Abnormal PE/Chem/CBC/UA Results: Labs attached

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 3.3 cm. Right measures 3.6 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 3.3 mm. Right measures 2.5 mm.

Spleen

The spleen is of appropriate size (7.9 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 and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 1.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. 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. Jejunum wall measures 2.3 mm. Duodenum wall measures 2.3 mm.

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The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

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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.

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Free Abdomen

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

WEIGHT

3.17 kg

- Bilateral chronic renal changes.
- Ingesta within the stomach and small bowel to be correlated with fasting status.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There is no apparent explanation for the patient's recurrent gastrointestinal signs on today's ultrasound. Additional recommendations would include:

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- ❖ Supportive care with probiotic therapy, supplemental fiber and a bland diet. A diet such as Hill's Biome may be appropriate to meet all of these needs.
- ❖ Empiric fenbendazole trial to rule out the possibility of occult parasitism.
- ❖ While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet and a GI panel could be considered.
- ❖ If symptoms persist, endoscopy would be recommended for colonic biopsy.

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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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