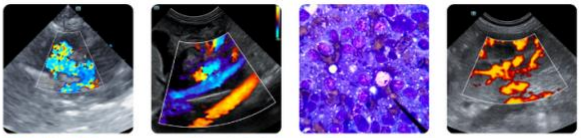

PATIENT

Monkey O'Brien

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

9.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT, CVT

HOSPITAL NAME

Bergen County Veterinary Center

REFERRING VET

Dr. Halloran

INVOICE

12926

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

Decreased appetite, hx of IBD and chronic pancreatitis. also has evidence of CKD. PT has needed lots of active management this year for GI dz. Recently had this set back with dec. appetite and O elected to repeat AUS.

Current meds: Vitamin B12, Maropitant, Cyproheptadine, Budesonide, Metronidazole, SQ fluids PRN

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 34 Chem: Creat 1.8, BUN 43 U/A: neg glucose, USG 1.019 Hx of pancreatic lipase (8/2025)- 16.3, then at recheck (9/2025) was 2.5- currently PL is 3.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. 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 bilateral kidneys and exhibit adequate cortico-medullary differentiation with a medullary rim sign. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.9 cm in length. The right kidney is 4.0 cm in length.

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. The left adrenal gland measured 3.6 mm in width. The right adrenal gland measured 3.6 mm in width.

Spleen

The spleen is of appropriate size 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. The spleen measures 8.9 mm in width.

Liver

The liver parenchyma is diffusely heterogeneous and subjectively enlarged, with sharp borders. There is a 7.8 mm microcystic nodule noted within the left cranial aspect of the liver. 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 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. 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. The duodenum wall measured 2.6 mm width. The jejunum wall measured 2.3 mm in width.

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The visible portions of the colon are of normal thickness with intact wall layering. The ileocecal junction was not seen. The colon measured 1.2 mm in width.

Pancreas

The pancreas is swollen and mottled, surrounded by hyperechoic mesenteric fat. 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 pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Mottled left pancreas with associated steatitis most typical of pancreatitis.
- Diffusely hypoechoic heterogeneous liver.

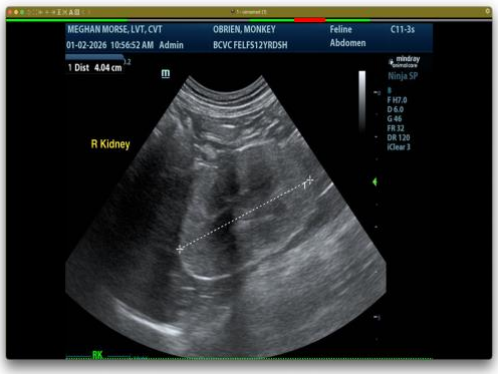
SECONDARY FINDINGS

- Sonographically normal gastrointestinal tract.
- Small microcystic liver nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract appears normal on today's ultrasound suggesting good control of the patient's IBD. It is possible that the ongoing clinical signs at this time are secondary to the inflamed pancreas. Although sampling of both the GI tract and pancreas would be needed for a definitive diagnosis, there is no evidence of malignant disease evident on ultrasound.

The small cystic nodule within the liver is typical of a benign cystadenoma. The changes in the liver parenchyma may be secondary to chronic corticosteroid use or may represent a reactive hepatopathy. Significant pathology such as hepatitis or hepatic neoplasia, while not completely excluded, is deemed less likely. Liver sampling would be necessary for a definitive diagnosis.



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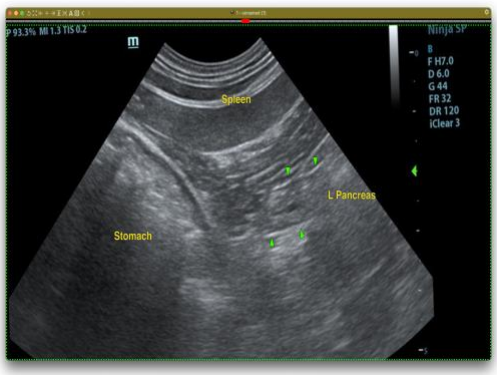

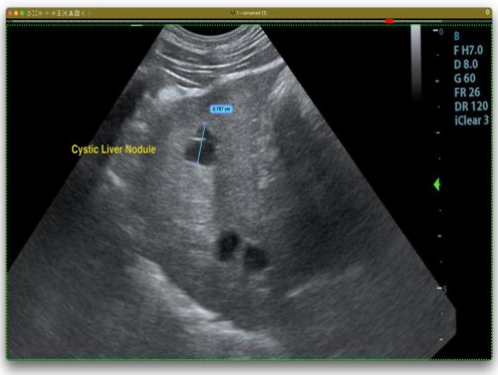

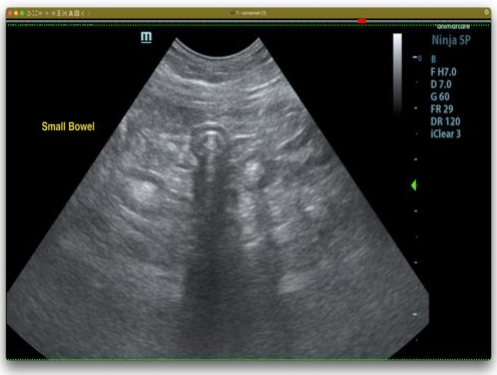

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com