PATIENT

Bayramoglu Princess

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

6.9 Pounds

INTERPRETED BY

Tam Mengine DVM, DABVP (Canine/Feline Practice)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Ramapo Valley AH

REFERRING VET

Dr. Katara

INVOICE

35553

DATE

1/23/26

PRESENTING CLINICAL SIGNS

Reason for Visit:

- Neoplasia check
- Losing weight, decreased appetite, a ton of mammary tumors

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A large amount of mineralized luminal sediment is present, which is freely movable. The ureteral papillae and trigone are of normal appearance, however, there are small, mineralized foci, typical of urethroliths noted in the proximal urethra. No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

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 left kidney is 3.6 cm in length. The right kidney is 3.7 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 height is 4.2 mm at the caudal pole. The right adrenal gland height 2.9 mm at the caudal pole.

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 at 7.8 mm.

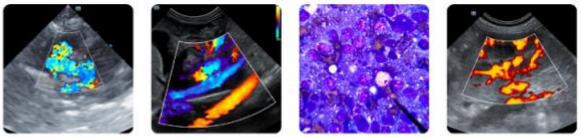
Liver

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 gas and fluid. 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.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is not visualized.

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 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.

ULTRASONOGRAPHIC FINDINGS

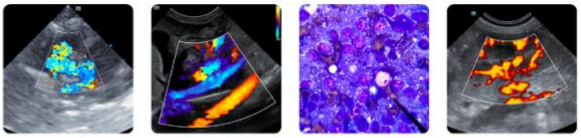
- Large amount of mineralized bladder sediment, typical of sand or small uroliths, with evidence of urethrlothiasis as well.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient is not having lower urinary tract signs, then the bladder sediment may be incidental, however the clients should monitor for the possibility of symptoms of urethral obstruction, and if urinalysis has not been recently performed, this would be recommended. Depending on the patient's other symptoms, a urinary dissolution diet could be considered but is less likely to be affected in the cat, than the dog. Additional suggestions for the general investigation of weight loss could include:

- Fecal parasite testing and/or empiric deworming with fenbendazole
- A hydrolyzed diet trial
- A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- Three view chest radiographs
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.

New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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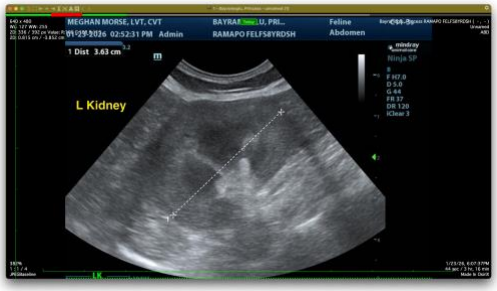
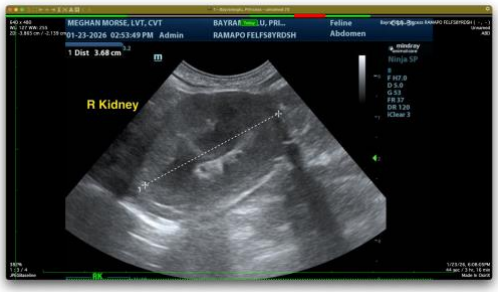
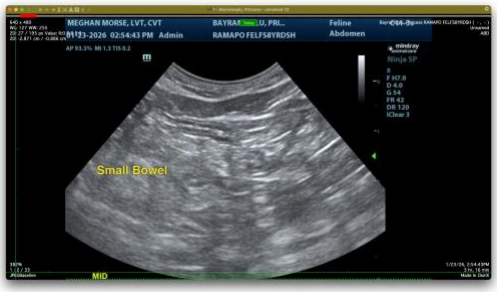
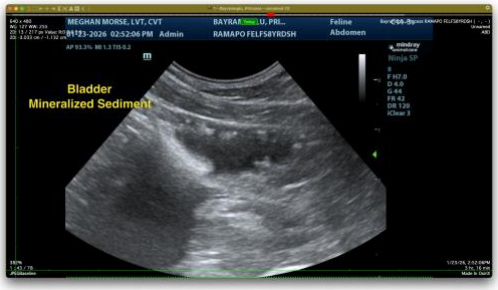
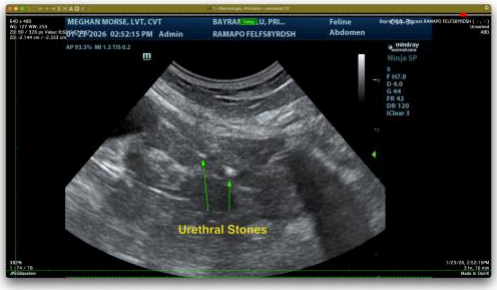






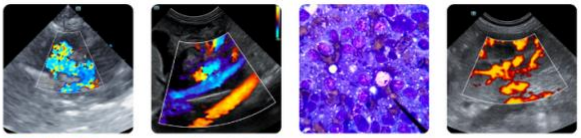




The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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