



PATIENT

Louie Martin

PRESENTING CLINICAL SIGNS

- R/O IBD vs. other.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. The urethra is not distinctly visualized, presumably due to an intrapelvic location.

SEX

MN

Both 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). The left kidney is 3.3 cm in length. The right kidney is 3.9 cm in length.

AGE

17 years

Adrenal Glands

WEIGHT

N/a

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 4.0 mm at the caudal pole. The right adrenal gland height 4.4 mm at the caudal pole.

Spleen

INTERPRETED BY

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

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 6.3 mm.

Liver

IMAGING PERFORMED BY

Rebecca Hamilton

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.

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The gallbladder 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 and common bile ducts are normal / not visible.

Gastrointestinal

REFERRING VET

Dr. Black

The stomach is moderately distended with shadowing ingesta typical of a hairball. The gastric wall is 2.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

11205

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 small bowel is diffusely dilated with normal chyme, without evidence of obstruction.

DATE

1/30/2026

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

Pancreas



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The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

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Free Abdomen

SPECIES

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were enlarged, up to 1.9 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Feline

BREED

PRIMARY FINDINGS

DSH

- Reactive mesenteric lymph node.
- Hypoechoic left pancreas with steatitis, typical of pancreatitis.

SEX

SECONDARY FINDINGS

MN

- Mild bilateral chronic renal changes.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

17 years

The appearance of the left pancreas is typical of pancreatitis. The presence of a reactive mesenteric lymph node may suggest concurrent enteritis, despite the normal sonographic appearance of the small bowel. Additional recommendations if not already performed would include:

WEIGHT

- CBC, chemistry panel, urinalysis, and blood pressure to further evaluate the kidneys.
- 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.
- Biopsies of the pancreas and small bowel would be needed to completely exclude the possibility of more significant pathology.

N/a

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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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