



PATIENT

Smokey Lontz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

6.2 kg

INTERPRETED BY

Tam Mengine DVM,
DABVP (Canine/Feline
Practice)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Dr. Brian Jacobs

INVOICE

35331

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Presenting for acute anorexia and lethargy since Thursday following a month of intermittent post-prandial vomiting that progressed to regurgitation of undigested food and yellow fluid. NSF; No pain elicited on abdominal palpation. was able to verify no sublingual foreign material.

Abnormal PE/Chem/CBC/UA Results: CBC: Unremarkable Chem: Glucose 82 (low normal), otherwise unremarkable EPOC: Unremarkable Radiographs: No obstructive pattern, empty stomach and small intestine, scant fecal material in colon; nonspecific wispy opacity located in cranial abdomen.

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 3.9 cm in length. The right kidney is 3.9 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 3.2 mm at the caudal pole. The right adrenal gland height 4.2 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma that is disrupted by diffuse pinpoint mineralization. The spleen has 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. The spleen is normal thickness at the hilus, measuring 9.5 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 2.1 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.

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The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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

Neutered Male

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of stomach and pancreatic body. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

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- Steatitis in the region of the stomach & pancreatic body, consistent with gastritis (and/or possibly pancreatitis)
- Splenic dystrophic mineralization - a benign finding but may indicate underlying splenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Next steps for Smokey might include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants, along with appetite stimulants, as needed
- a complete GI panel to further evaluate for occult intestinal or pancreatic pathology
- trials with a novel protein or hydrolyzed diet,
- it is possible for occult intestinal disease to present with normal ultrasound findings; thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.
- If symptoms persist and no other cause is found, fine needle aspiration of the spleen could be considered.

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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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