



PATIENT

Fuega Engelman

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 6 Months

WEIGHT

4.81 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Feldt

INVOICE

17735

DATE

10/15/22

PRESENTING CLINICAL SIGNS

History: History: pet presents for exam. 10 days ago went to dr farley's because pet was lethargic, not eating, not drinking. blood wnl, said to have sores inside mouth bilaterally so started on clavamox. was recc to give sc fluids but o says they could only do it for 2 days. pet still not eating well, only eating some deli meat.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: BAR, gets a little aggressive during exam EENT: Normal fundic exam Oral Cavity: mm pink, slightly tacky, severe periodontal dz (esp 108)...heavy tartar/severe gingivitis. No inflammation/ulcers/masses seen in mouth Lymph Nodes: N Skin: positive skin tent CV/Respiratory: N Abd/GI: empty GI tract, no palpable masses but unable to feel stomach under ribs Uro/Perineum: N Musculoskeletal: thin Neurological: N Fecal:

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 are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 1.0 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 3.4 cm in length. The right kidney is 3.4 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 3.6 mm at the caudal pole. The right adrenal gland height 3.1 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 7.2 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 distended with a small amount of normal 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.



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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. The duodenal wall measures 2.4 mm. The jejunal wall measures up to 2.1 mm. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.8 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

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.

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ULTRASONOGRAPHIC FINDINGS

- A hypoechoic pancreas with no evidence of peripancreatic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes to the pancreas may be a normal variation in an older cat or could indicate the presence of chronic pancreatitis. Additional recommendations include:

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- an fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- a highly digestible intestinal diet is recommended.
- if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.
- A hydrolyzed diet trial could also be considered, in the event of an acquired food allergy.

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Additional general diagnostics for this inappetent patient might include three- view chest radiographs, retroviral testing and a urinalysis if not already performed.

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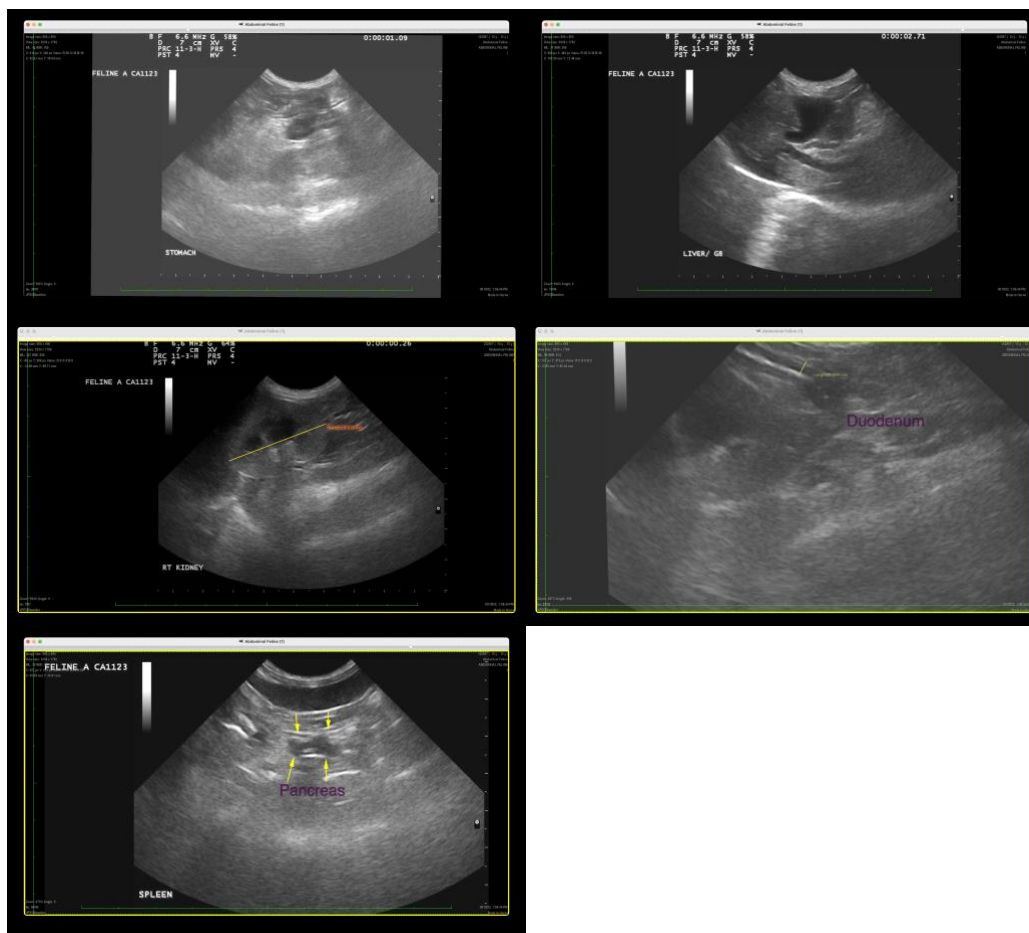
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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) info@SonoPath.com