



**PATIENT PRESENTING CLINICAL SIGNS**

Angie Quinn Presented 10/8/22 for inappropriate urination - noted to have lost 2 pounds. CBC / Chem/ T4 - mild decr albumin else unremarkable.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (seen to a depth of 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Bengal

**SEX**

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 measures 3.2 cm. The right kidney measures 3.4 cm.

Spayed Female

**Adrenal Glands**

**AGE**

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 measures 3.2 mm in height. The right adrenal gland measured 2.9 mm in height.

8.5 Years

**WEIGHT**

**Spleen**

5.3 Pounds

The spleen is of appropriate size (6.4 mm at the level of the hilus) 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.

**INTERPRETED BY**

**Liver**

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

The liver is of appropriate size and shape, with sharp borders. It has a subtly mottled 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.

**IMAGING PERFORMED BY**

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.

Dr. Tam Mengine

**HOSPITAL NAME**

**Gastrointestinal**

Stoney Creek VH

The stomach wall is diffusely thickened up to 1.2 mm with a loss of wall layering. The stomach is moderately distended with normal ingesta. The pylorus is of normal appearance, with no evidence of outflow obstruction.

**REFERRING VET**

Dr. Amanda Carmellini

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.0 mm for duodenum and 2.5 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

**INVOICE**

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is visualized and normal.

42175

**DATE**

10/18/22



**PATIENT**

*Pancreas*

Angie Quinn

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.

**SPECIES**

Feline

*Free Abdomen*

There is focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic. The epigastric lymph node is moderately enlarged, up to 6.6 mm, with loss of the normal short to long axis ratio and is hypoechoic. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

Bengal

**SEX**

Spayed Female

- Diffusely thickened stomach wall with loss of layering

**AGE**

8.5 Years

**SECONDARY FINDINGS**

- Small amounts of ascites throughout the abdomen
- Mild to moderately enlarged epigastric lymph node
- Mildly thickened intestine, typical of infiltrative bowel disease
- Subtly mottled hepatic echotexture

**WEIGHT**

5.3 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the stomach are most consistent with infiltrative neoplasia, such as lymphoma. The changes to the liver parenchyma may be incidental, but may also indicate infiltrative disease such as round cell neoplasia. An inflammatory etiology is considered less likely. Recommendations include:

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- ❖ Biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.
- ❖ additional sampling via fine needle aspiration should be considered for flow cytometry or PARR, as indicated. More information about flow cytometry and PARR, including how to perform each test and when they are indicated, can be found on Colorado State University's website: <https://vetmedbiosci.colostate.edu/chl/choose-a-test/>
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ Supportive care as indicated, including fluid therapy, bland diet, antiemetics, appetite stimulants and gastroprotectants.
- ❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if palliative care is desired.

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**PATIENT**

Angie Quinn

**SPECIES**

Feline

**BREED**

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**SEX**

Spayed Female

**AGE**

8.5 Years

**WEIGHT**

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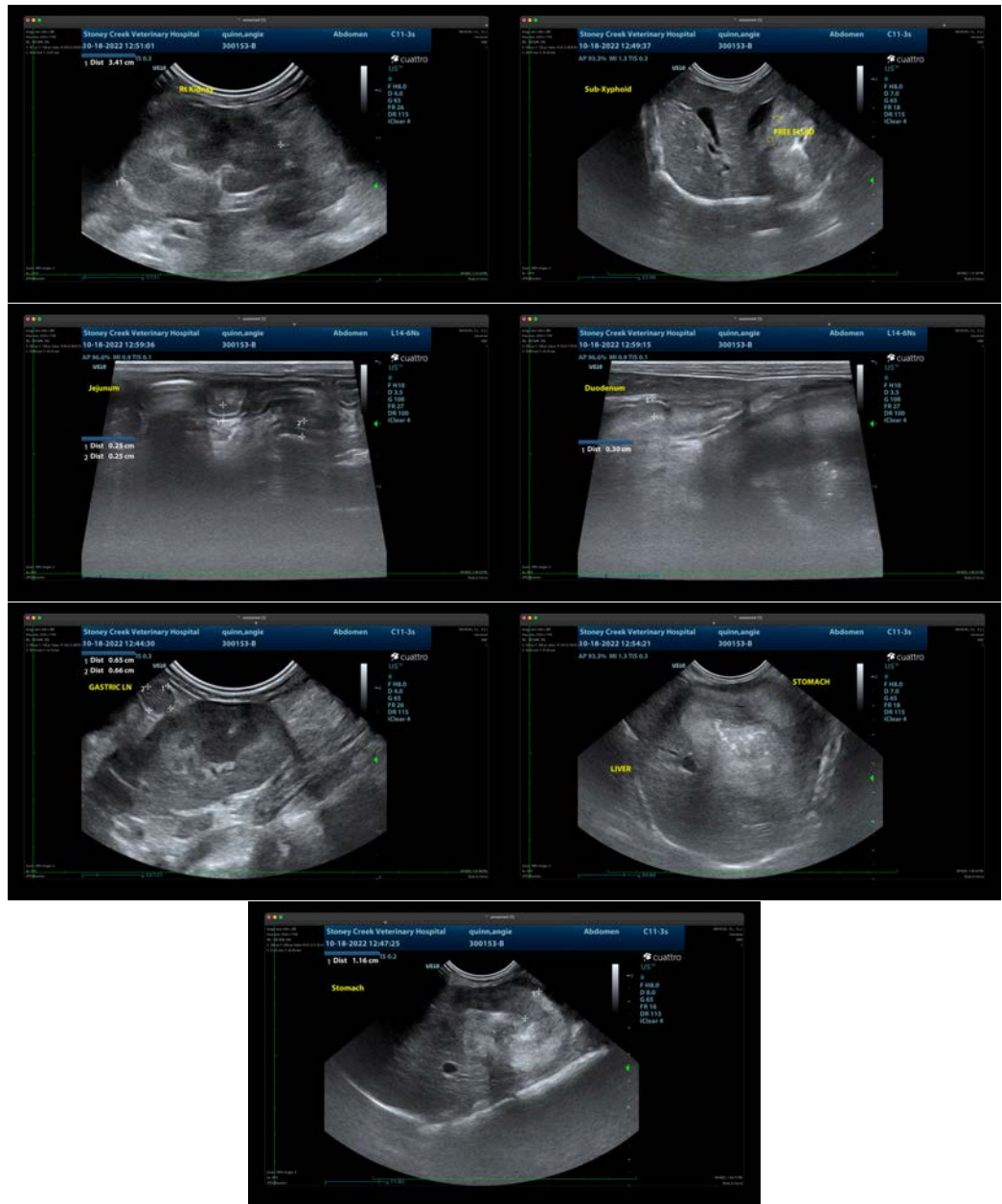
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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