



PATIENT

George Underwood

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

INVOICE

42176

DATE

10/18/22

PRESENTING CLINICAL SIGNS

Chronic hx of presumed IBD and pancreatitis, on prednisolone 5mg once daily. Also hx of IRIS Stage 2 renal failure. On most recent labwork, BG 314, ALT 246, Creat 1.6, and new anemia - Hct 27.6%, non-regenerative. Else CBC, Chem, T4 unremarkable. 2+ glucosuria, else U/A unremarkable,

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 (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.

The kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.4 cm. The right kidney measures 3.4 cm.

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 measures 2.0 mm in height. The right adrenal gland measured 2.1 mm in height.

Spleen

The spleen is of appropriate size (5.6 mm at 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.

Liver

The liver is mildly diffusely enlarged and hyperechoic. There is a 1.6 cm x 1.4 cm cystic mass present within the parenchyma. 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 and a small amount of freely-moveable echogenic sludge. The wall thickness is normal without evidence of rupture. The cystic and common bile ducts are dilated. The common bile duct measures 4.3 mm.

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.7 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.4 mm for duodenum and 3.4 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal. The duodenal papilla is mildly dilated, measuring 6.2 mm long x 4.4 mm high, with no visible obstruction.

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.



PATIENT

Pancreas

George Underwood

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is dilated to 3.6 mm.

SPECIES

Free Abdomen

Feline

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.

BREED

Siamese

PRIMARY FINDINGS

- Mildly enlarged and hyperechoic liver with evidence of biliary inflammation
- Hypoechoic pancreas with dilated pancreatic duct
- Changes to the small bowel typical of infiltrative bowel disease

SEX

Neutered Male

SECONDARY FINDINGS

- Cystic liver mass
- Chronic renal changes
- Bilaterally small adrenal glands, consistent with chronic steroid use

AGE

14 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.8 Pounds

The inflammatory changes are suggestive of feline “Triaditis” syndrome. Recommendations include:

- ❖ A complete GI panel and bile acids testing
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ Treatment with Denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- ❖ Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- ❖ Definitive diagnosis would require 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mandy Becker

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

INVOICE

42176

DATE

10/18/22



PATIENT

George Underwood

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

14 Years

WEIGHT

8.8 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

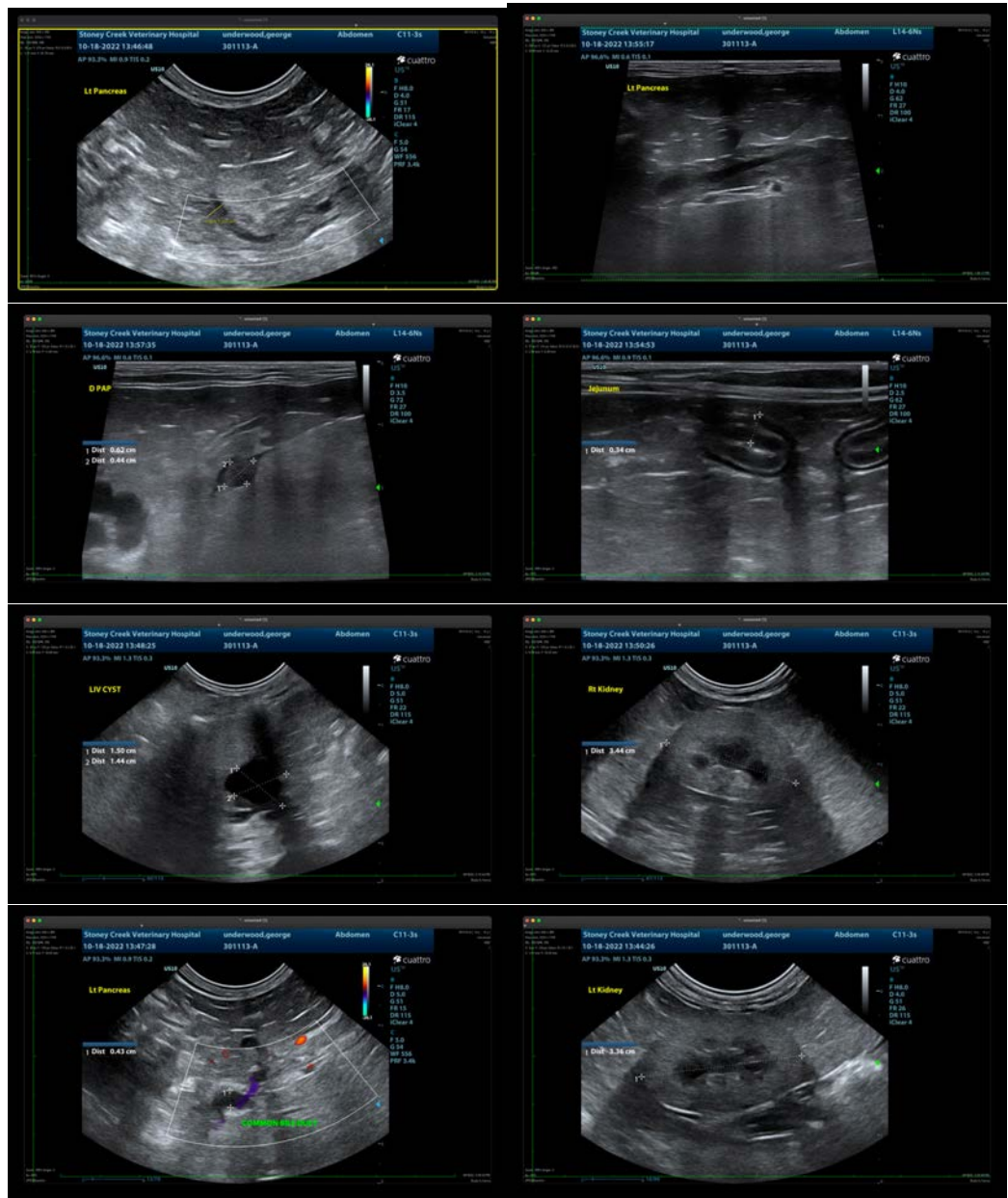
Dr. Mandy Becker

INVOICE

42176

DATE

10/18/22



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)

info@SonoPath.com