



PATIENT

Gigi DiGiacomo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

8.7 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Mengine

INVOICE

42271

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: Recheck from AUS 9/20 - patient was diagnosed with large cell lymphoma based on FNA during last AUS. Patient also has long hx of cholangiohepatitis. Patient started chemo, and feels better, but liver & kidney values increasing and becoming anemic - oncologist requests recheck AUS to assess progress.

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 left kidney is hyperechoic, and exhibits poor cortico-medullary differentiation. There is mild dilation of the renal pelvis, with anechoic contents. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is (3.97) cm in length.

The right kidney exhibits poor corticomedullary differentiation. There is focal mineralization present within the renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The right kidney is (3.0) 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. The right adrenal gland height is (3.0) mm.

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 (0.72) cm).

Liver

The liver is of appropriate size and shape, with a diffusely hypoechoic parenchyma and increased portal markings. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with a small amount of freely-moveable echogenic sludge. The wall is normal with no evidence of rupture. The cystic is normal, but the common bile duct is dilated to 1.0 cm at the level of the duodenal papilla.



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Gastrointestinal

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The stomach is mildly distended with (normal ingesta vs other). 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.

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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to (2.6) mm for duodenum and (3.1) mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.6) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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Pancreas

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The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is borderline dilated at 2.5 mm.

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. There is local inflammation of the omental and intra-abdominal fat in the region of the pancreas. The previously noted enlarged lymph nodes have resolved. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, swollen pancreas, consistent with pancreatitis or possibly pancreatic neoplasia.
- Chronic renal changes, which are stable, but now with pyelectasia is new.
- Dilated common bile duct consistent with chronic pancreatitis and cholangiohepatitis.
- Significant improvement to the thickened small bowel and resolution of mesenteric lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The previously diagnosed large cell lymphoma appears to be responding to chemotherapy. It is possible that the changes in the pancreas may be due to lymphoma in this organ, but more likely are due to an inflammatory process. Ongoing treatment for the cholangiohepatitis and presumed pancreatitis are recommended. Urinalysis and urine culture should also be considered to rule out the possibility of pyelonephritis.

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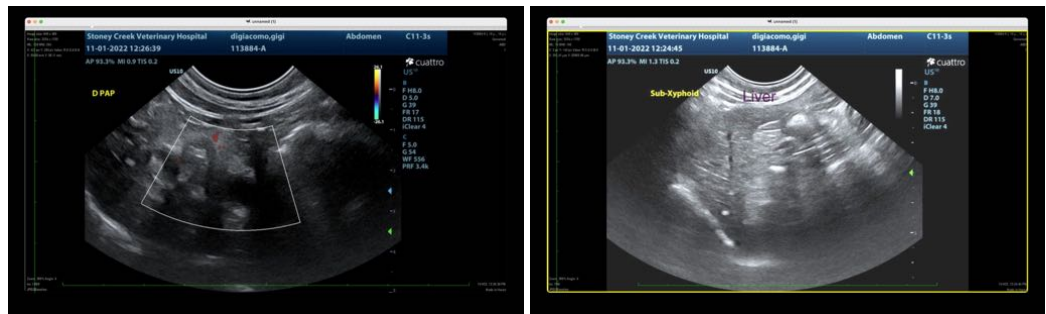
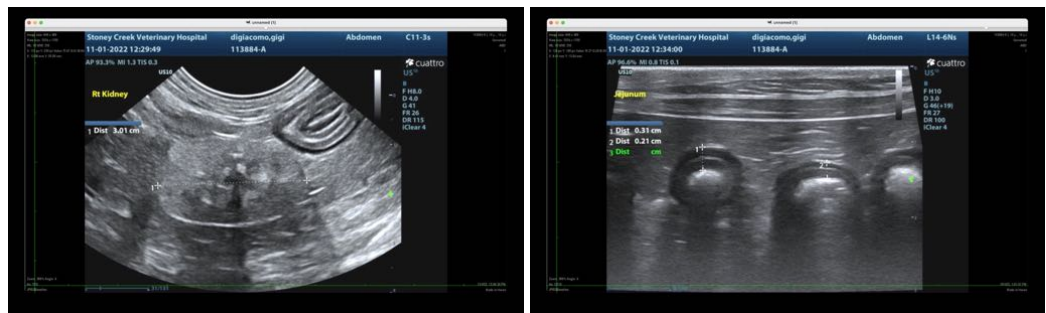
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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