



## PATIENT

Ziggy Cheek

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

15

## WEIGHT

3.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Carver

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Carver

## INVOICE

71496

## DATE

11/1/25

## PRESENTING CLINICAL SIGNS

O presents pet today for lethargy, no interest in food and weight loss.

## 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 and trigone are of normal appearance, and the ureters are not visible (normal).

The kidneys are mildly increased in size and exhibit adequate corticomedullary differentiation. There are regions of hypoechoic subcapsular thickening noted within both kidneys. There is no evidence of pyelectasia, nephrolithiasis or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 4.6 cm in length. Right kidney measures 4.6 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. Left measures 4.1 mm. Right measures 4.2 mm.

### Spleen

The spleen is of normal thickness at the hilus but appears subjectively enlarged with folds at both the head and tail. The capsular margins are regular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is 7.1 mm thick at the hilus.

### 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 fluid and gas. The gastric wall is 2.2 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, with a focal loss of wall layering. Wall measurements are increased, up to 3.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.9 mm) with intact wall layering. The ileocecal junction is normal.



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## 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

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There is scant free fluid present in the region of the spleen and liver. The gastric and mesenteric lymph nodes were moderately enlarged and hypoechoic, up to 1.2 cm in length, with normal short to long axis ratio. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## SEX

Neutered Male

## PRIMARY FINDINGS

- Segmental thickening of small bowel with loss of wall layering, typical of infiltrative bowel disease, with associated steatitis
- Focal hypoechoic subcapsular thickening in both kidneys, concerning for infiltrative or metastatic neoplasia, most commonly lymphoma
- Equivocally enlarged spleen (normal in thickness, but folded at head and tail, which may be incidental with sedation)
- Enlarged gastric and mesenteric lymph nodes with associated steatitis, and focal free fluid in the region of the liver and spleen

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The combination of sonographic findings is most commonly seen with lymphoma, however other round cell neoplasms, metastatic neoplasia, and granulomatous disease (such as FIP) may have similar sonographic findings. Retroviral testing, along with correlation with any laboratory abnormalities, is recommended.

## IMAGING PERFORMED BY

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Fine needle aspiration of the spleen and lymph nodes with a 25G needle and diphenhydramine pre-medication may be sufficient for definitive diagnosis, but intestinal biopsies may ultimately be needed. If the renal involvement does indeed represent lymphoma, then the prognosis for this patient is guarded to poor, even with chemotherapy. Unfortunately, the regions of sub capsular infiltration are quite small, and thus would be challenging to safely aspirate, but if the patient is azotemic then this would further support the likelihood of renal involvement.

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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)**

info@SonoPath.com