



## PATIENT

Rupee Fiorentino

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

10 Years 7 Months

## WEIGHT

8.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Anshu Gupta

## HOSPITAL NAME

Liverpool Village  
Animal Hospital

## REFERRING VET

Dr. Leia Lindley

## INVOICE

71803

## DATE

11/14/25

## PRESENTING CLINICAL SIGNS

Acute vomiting overnight and this morning- vomited couch feathers and food. Hiding, not eating  
Abnormal PE/Chem/CBC/UA Results: Normal PE Mild elevated ALT (124) Hypercalcemia (13.1)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a shadowing urolith present, measuring 4.0 mm. The bladder wall is normal. No masses are noted. Urethra visualized to 2.0 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). Left measures 3.6 cm. Right measures 3.5 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. Left measures 3.5 mm. Right measures 3.6 mm.

### Spleen

The spleen is of appropriate size (6.9 mm) 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 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 and a small amount of freely-moveable echogenic sludge. 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 gas and fluid. 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 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. Intestinal motility appears normal.



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There is a fluid dilated segment of bowel noted adjacent to the ileocecolic junction. It is not clear from the image set provided whether this represents the ileum or the colon. There is a small amount of material in this segment of bowel, casting an anechoic shadow. The rest of the colon appears unremarkable.

### Pancreas

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.

### Free Abdomen

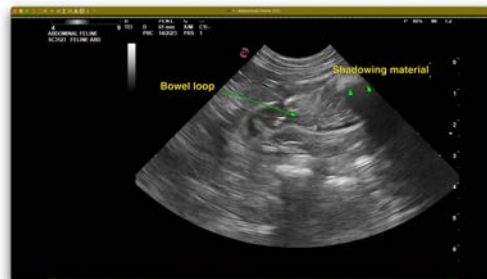
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Fluid dilated loop of bowel in the region of the ileocecolic junction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the fluid dilated loop of bowel is in fact the colon, then this would be considered within normal limits. If this loop of bowel represents the ileum with anechoic shadowing material within it, then it may be that there is an obstruction at the level of the ileocecolic junction. Treatment with IV fluids and supportive care is recommended, as often a foreign object will pass with this level of supportive care. If the patient's symptoms persist, then sonographic reassessment and/or abdominal exploratory would be recommended, and if no foreign body is identified on exploratory, then biopsies of the gastrointestinal tract would be recommended.





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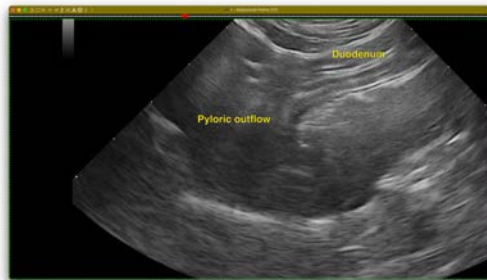
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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