



## PATIENT

Motor Boat Baker

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8 Years

## WEIGHT

4.66 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Schwanebeck

## HOSPITAL NAME

Animal Emergency  
Hospital Deland

## REFERRING VET

Dr. Schwanebeck

## INVOICE

71500

## DATE

11/2/25

## PRESENTING CLINICAL SIGNS

Motor Boat is an 8 YO MN DSH who was presented for severe lethargy. Patient was missing for 8 days. When he came home, he was not eating. pDVM prescribed Orbax. He was still not doing well at home and declining. On presentation he was lateral, dull and body temperature too low to read. Abdominal mass noted on examination.

Abnormal PE/Chem/CBC/UA Results: BUN 49.5 mg/dl 15.0-32.0 CRE 1.9 mg/dl 0.8-1.8 Ca 6.2 mg/dl 8.8-11.9 TP 4.1g/dl 6.0-8.0 ALB 1.4 g/dl 2.3-3.5 GLOB 2.7 g/dl 2.8-4.8 TBIL 1.8mg/dl 0.0-0.5 pO2 74.0 mmHg 27.0-50.0 O2SAT 92.8% 50.0-80.0 pCO2 26.8mmHg 31.0-51.0 HCO3-act 12.2 mmol/L 15.0-27.0 mTCO2 11.7mmol/L 16.0-25.0 BE(ecf) -14.8mmol/L -5.0-2.0 Na+ 140 mmol/L 148 163 K+ 3.0 mmol/L 3.6 5.6 Ca++ 1.08 mmol/L 1.21 1.51 BUN 40 mg/dL 15 32 Crea 2.32 mg/dL 0.50 1.90 Hct 21 % 28 50 WBC 24.04 10<sup>3</sup>/uL 3.46 17.50 NEU# 20.82 10<sup>3</sup>/uL 1.95 11.50 PLT 70 10<sup>3</sup>/uL 140-595

## 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 (visible to 1.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

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 4.0 cm. Right measures 4.4 cm.

### Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

### Spleen

The spleen is diffusely thickened, measuring 1.5 cm at the hilus. 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.

### 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 empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.1 mm. Overall wall layering is preserved There is a 3.3 cm x 3.1 cm hypoechoic,



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circumferential mass arising from the proximal duodenum. The surrounding omental fat is hyperechoic. 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.

### *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 focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic. The mesenteric lymph nodes were moderately enlarged, up to 2.4 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- 3cm diameter circumferential duodenal mass, without evidence of obstruction
- Diffuse small bowel changes and reactive mesenteric lymph nodes, typical of infiltrative bowel disease
- Thickened spleen
- Scant free fluid and steatitis throughout the abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the bowel mass would include round cell neoplasia, mast cell neoplasia, primary intestinal neoplasia, and granulomatous disease. Given the diffuse changes to the small bowel, gastrointestinal lymphoma would be the most likely differential diagnosis. The thickened spleen may be caused by neoplastic involvement, or a reactive splenitis. Once the patient has been stabilized, surgical resection of the bowel mass, along with intestinal biopsy and splenic aspirates would be recommended, with diphenhydramine pre-medication in case of mast cell disease. Verification of retroviral status would be recommended prior to any surgical intervention.





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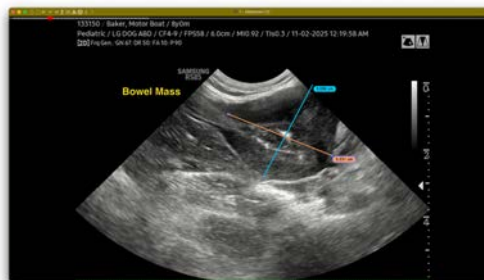
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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