



PATIENT

Roger Feldner

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 years

WEIGHT

11.1 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse, LVT,
CVT

HOSPITAL NAME

Midland Park
Veterinary Hospital

REFERRING VET

Dr. Shokoff

INVOICE

10797

DATE

11/21/2025

PRESENTING CLINICAL SIGNS

V+ 1x week, wt loss, dx'd w/ CRD.

Abnormal PE/Chem/CBC/UA Results: SDMA 17, Ca 11.2, PSL 67.

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 3.0 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 kidney measures 3.6 cm, and the right kidney 3.7 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 adrenal measures 3.9 mm, and the right adrenal measures 5.0 mm.

Spleen

The spleen is diffusely thickened, measuring 1.1 cm at the hilus. The capsular margins are regular, and the parenchyma is normal. The cranial pole is folded. 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 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 empty. The gastric wall is 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.

The visible portions of the colon are of normal thickness, 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal. The ascending and descending colon are diffusely dilated with echogenic fluid.

Pancreas



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Both limbs of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Hypoechoic pancreas with associated steatitis, consistent with pancreatitis.
- Diffusely enlarged spleen with normal parenchyma.

SECONDARY FINDINGS

- Fluid dilated colon, suggesting diarrhea may be immanent.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- An fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- A highly digestible intestinal diet is recommended.
- If the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

While the spleen appears enlarged, the normal parenchyma and lack of associated inflammation suggest this may most likely be a reactive splenitis, secondary to the pancreatic inflammation. Fine needle aspiration with a 25-gauge needle and diphenhydramine premedication would be necessary to completely rule out the possibility of more serious disease such as infiltrative round cell or mast cell neoplasia. Should the patient not respond to supportive care for pancreatitis, aspiration of the spleen and pancreas would be recommended.





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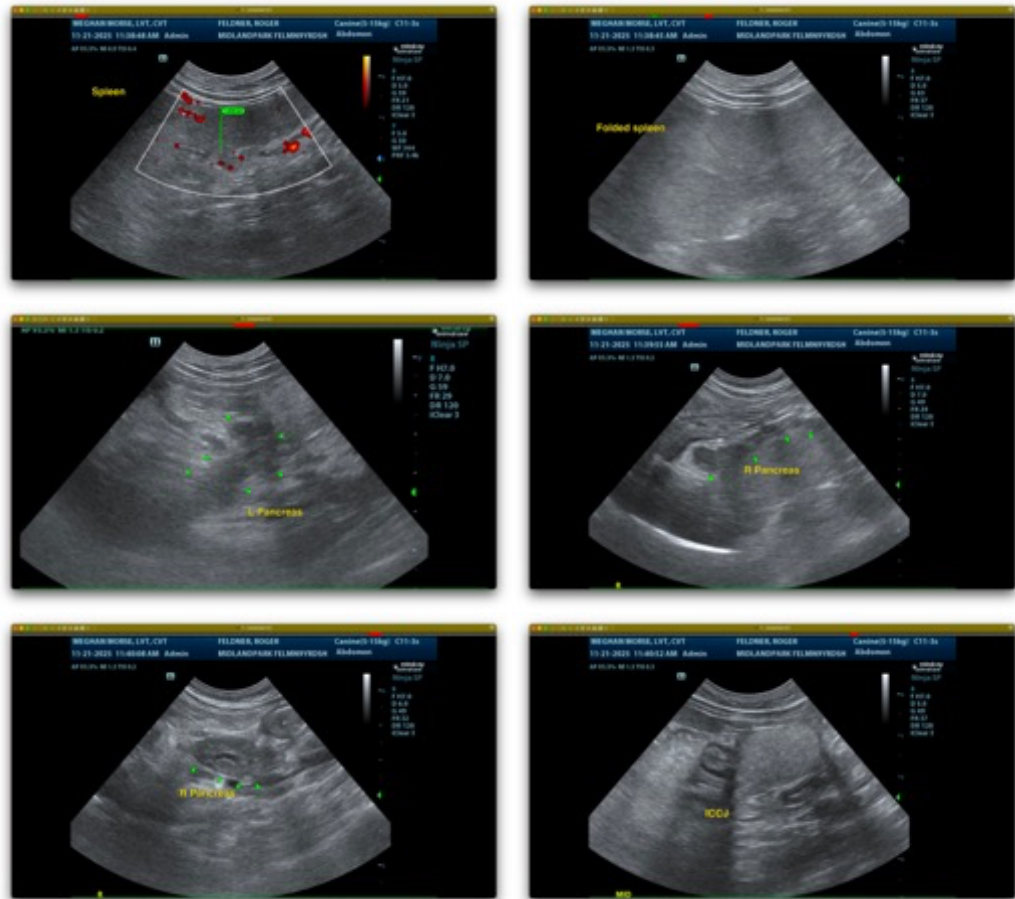
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com