



## PATIENT

Gizmo Brown

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

8

## WEIGHT

5.71 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Manes

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Manes

## INVOICE

35571

## DATE

11/23/25

## PRESENTING CLINICAL SIGNS

History: P originally presented to rDVM on 11/20 for vomiting and decreased appetite since the 18th. BW had mild elevated TP @ 9.0, elevated globulin @ 5.5, sent home on Cerenia and outpatient care. P represented on 11/21 for continued inappetence (no vomiting), radiographs were taken and sent in for radiologist consult, no FB noted. Pancreatic lipase was elevated at 10.3. P transferred to Wilvet South for further diagnostics and care. Goals of ultrasound are to look for causes of inappetence in vomiting, r/o GI FB, pancreatitis, IBD/neoplasia.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A large amount of echogenic luminal sediment is present, which is freely movable. 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 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). The left kidney is 4.1 cm in length. The right kidney is 4.1 cm in length.

### Adrenal Glands

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

### Spleen

The spleen is diffusely thickened, measuring 1.2 cm at the hilus, and the tail is folded. 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. 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. 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.

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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The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

### **Pancreas**

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear 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.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Hypoechoic left pancreas with steatitis, consistent with pancreatitis
- Fluid-dilated stomach without evidence of obstruction (correlate with fasting history)
- Mildly enlarged spleen with normal parenchyma (may be normal if patient was sedated for scan)

### **Secondary Findings**

- Large amount of bladder sediment - likely incidental, but urinalysis is recommended if not already performed, to rule out evidence of cystitis

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the pancreas is consistent with a diagnosis of pancreatitis. Given that the pylorus appears patent, the fluid-dilated stomach may represent delayed-emptying from gastritis, secondary to pancreatitis (or may be due to an unfasted status). Supportive care for pancreatitis, along with either assessment of cobalamin levels, or empiric cobalamin supplementation, is recommended. Uncommonly, significant gastrointestinal pathology can be present despite normal sonographic appearance, and so if symptoms persist, gastrointestinal biopsy would be recommended.

If the patient was not sedated for ultrasound, then the mildly enlarged spleen may represent a reactive splenitis secondary to pancreatitis. Given the normal parenchyma, significant pathology such as infiltrative neoplasia or FIP, is deemed less likely, but cannot be excluded without sampling (if performed, a diphenhydramine pre-medication and 25g needle are recommended).



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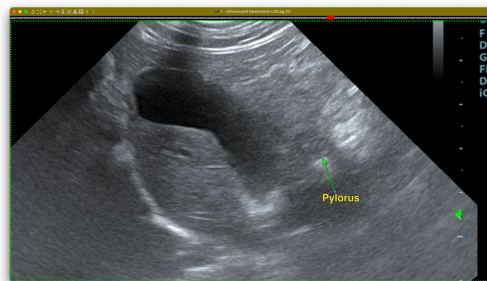
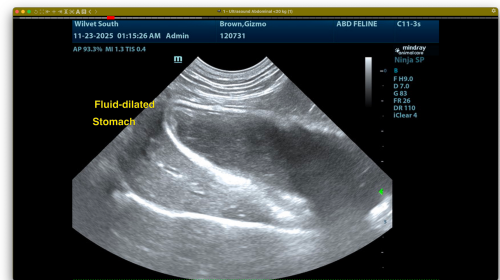
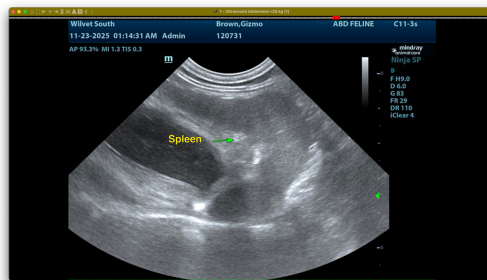
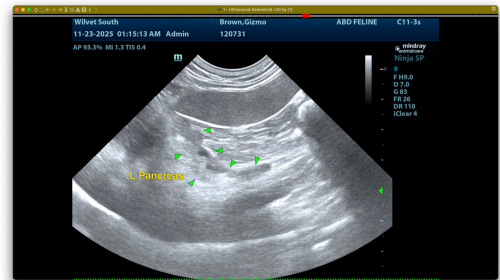
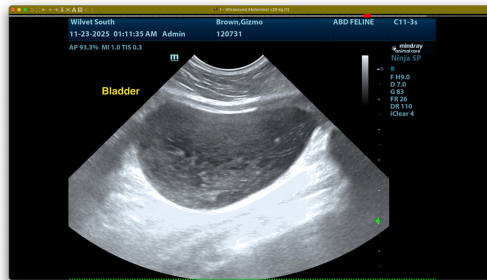
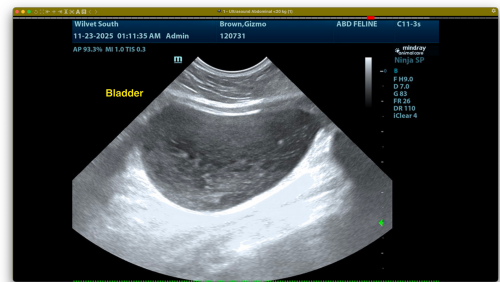
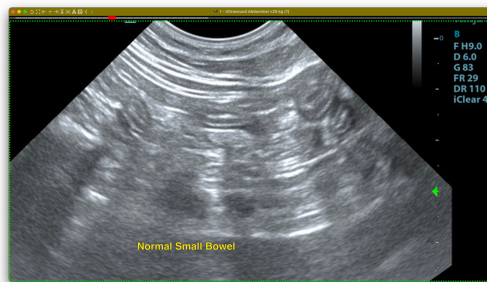
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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