



## PATIENT

Mitzie Stotzer

## SPECIES

Feline

## BREED

DMH

## SEX

Spayed Female

## AGE

7 Years

## WEIGHT

8.8

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Stacy Sather

## HOSPITAL NAME

EAH Crystal Falls

## REFERRING VET

Dr. Kirschenbaum

## INVOICE

35578

## DATE

11/23/25

## PRESENTING CLINICAL SIGNS

History: hx of blockage with corn (she likes corn cobs), o cannot think of anything she would have ingested at this time; she has also been drinking a lot of water-she is keeping the water down; she did not drink last night has vomited 2X, once Thursday morning after eating and once Thursday PM after eating, she now won't even look at food.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. 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 5.0 mm.

The kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is irregularity to the margins of the left kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.8 cm in length. The right kidney is 4.0 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. The left adrenal gland height is 3.9 mm at the caudal pole. The right adrenal gland height 4.1 mm at the caudal pole.

### Spleen

The spleen is of appropriate size 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 at 6.3 cm.

### 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 duct is tortuous, which is a normal variant in the cat, and the common bile duct is normal/not visible.

### Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 2.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is not clearly visualized.

The small bowel has segmental changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased, small bowel wall measuring up to 3.2 mm. Overall wall layering is preserved. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is not visualized.

### **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 in the region of bladder and diaphragm. The omentum and intra-abdominal fat are hyperechoic in the region of the abnormal bowel. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There is a 6.0 mm shadowing foci noted in the region of the diaphragm with scant free fluid adjacent.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Thickened segment of small bowel with associated steatitis, typical of infiltrative bowel disease
- Scant free fluid near the diaphragm and bladder

### **Secondary Findings**

- Mild degenerative change in the left kidney - correlate with renal lab values and urinalysis
- Shadowing structure between the liver and gallbladder, with adjacent scant free fluid, of uncertain significance (possibly a Bates body/nodular fat necrosis)

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

No gastrointestinal foreign material or evidence of obstruction was observed. The changes in the small bowel are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies (food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low-grade gastrointestinal lymphoma. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Supportive care with fluids, gastroprotectants and anti-emetics as needed
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance, as only a segment of the bowel appears to be affected.

The shadowing structure near the diaphragm is likely an incidental finding, but an abdominal radiograph would be recommended to further investigate, as it is unusual. If it is a Bates body, there should be a round/ovoid mineral opacity structure seen in that region.



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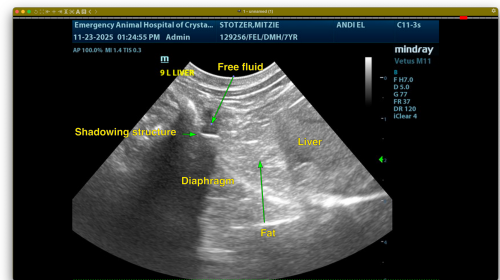
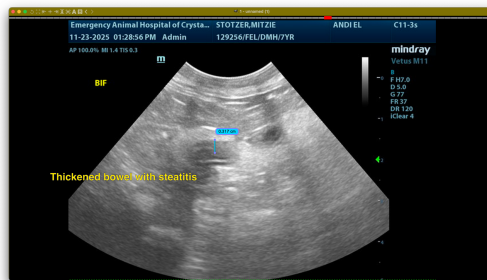
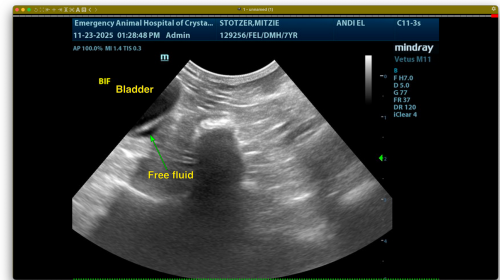
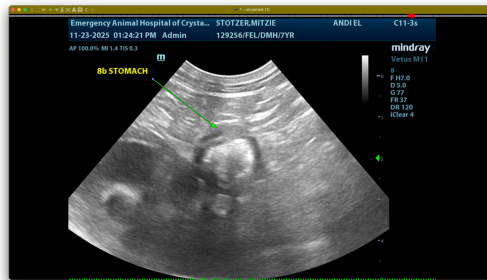
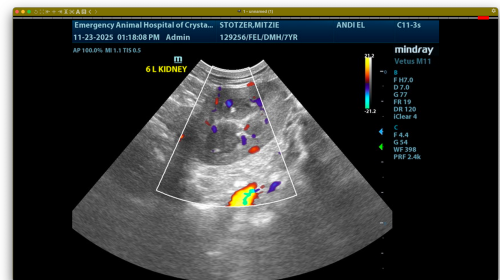
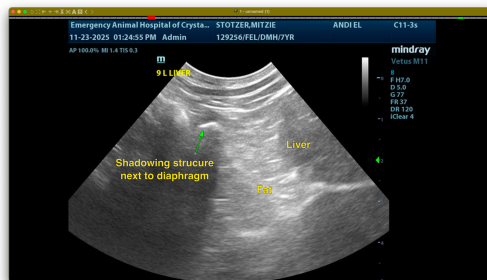
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com