



PATIENT

Bebe Patrick

PRESENTING CLINICAL SIGNS

Patient with previous history of intestinal resection due to FB obstruction years ago, presents for weight loss. No obvious cause of weight loss found on PE. No current meds.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 123, BUN 39, (normal creat.), elevated abs eos 2331.

BREED

DSH

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

SEX

Spayed Female

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 measures 3.2 cm. The right kidney measures 3.5 cm.

AGE

14.5 Years

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 measures 3.8 mm. The right adrenal gland measures 3.7 mm.

WEIGHT

7.4 Pounds

Spleen

The spleen is of appropriate size (7.7 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

Midland Park VH

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.4 mm) with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. John Shokoff

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 5.4 mm in the jejunum and 3.7 mm in the duodenum. Overall wall layering is preserved. Intestinal motility appears normal.

INVOICE

42605

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and normal.

DATE

11/7/22



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Pancreas

Bebe Patrick

The right limb pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

SPECIES

Free Abdomen

Feline

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.

BREED

DSH

PRIMARY FINDINGS

- Diffusely thickened small bowel – consistent with infiltrative bowel disease.

SEX

SECONDARY FINDINGS

Spayed Female

- Hypoechoic pancreas – This may be normal for patient age, or indicative of prior pancreatitis.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14.5 Years

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including either inflammatory bowel disease or gastrointestinal lymphoma. The elevated eosinophil count may indicate the presence of eosinophilic IBD, which can be more challenging to treat. Recommendations include:

WEIGHT

7.4 Pounds

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, or empiric cobalamin supplementation
- ❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

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**IMAGING
PERFORMED BY**

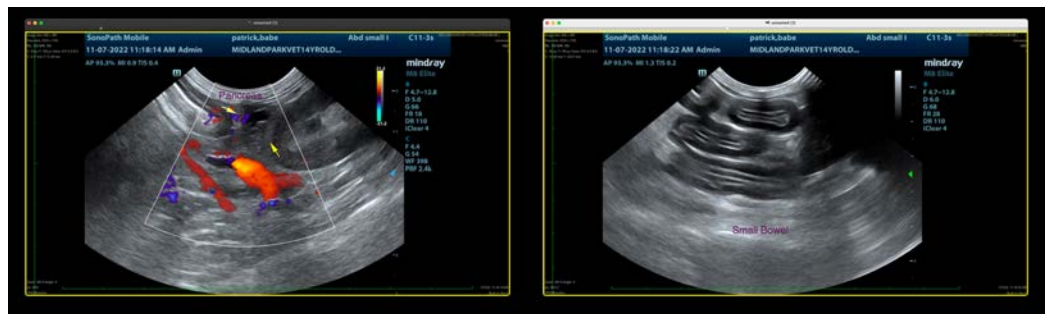
Kelly Vazquez

HOSPITAL NAME

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REFERRING VET

Dr. John Shokoff



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SPECIES

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SEX

Spayed Female

AGE

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WEIGHT

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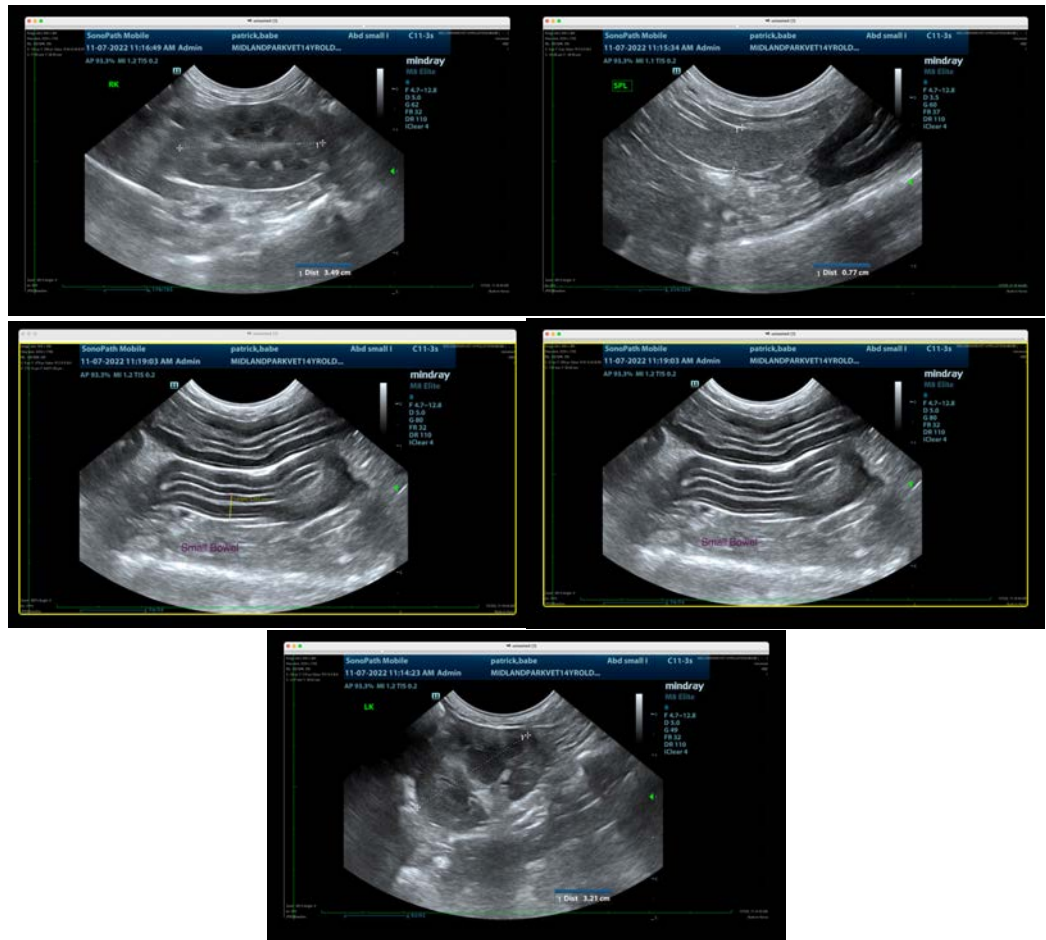
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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