

PATIENT PRESENTING CLINICAL SIGNS

Dinah Orton Abnormal lab-work values: cPL done 10/29 - normal Senior profile through IDEXX done 10/24/2025 which includes chem 27, T4, SDMA, UA, CBC IDEXX SDMA elevated 16. Range 0-14 ALT Decrease 24. Range 27-158 Senior profile through IDEXX done 3/7/2025 - NSF
 Current Medications Cerenia 16mg tablets. 0.5 tablet every 24 hours as needed for up to 4 days.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

Female Spayed

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 3.9 cm in length. The right kidney is 3.3 cm in length.

AGE

12

Adrenal Glands

WEIGHT

9.88 lbs

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 2.8 mm at the caudal pole. The right adrenal gland height 3.3 mm at the caudal pole.

INTERPRETED BY

Spleen

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

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 6.4 mm.

Liver

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

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.

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Gastrointestinal

REFERRING VET

Dr Hagenloh

The gastric fundus appears unremarkable, with normal wall layering and deviations due to rugal folds. Within the body and pyloric region, the wall becomes markedly thickened, with loss of wall layering (up to 1.6 cm in total thickness). There is no evidence of gastric obstruction.

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.

INVOICE

22259

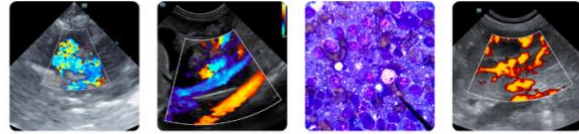
The visible portions of the colon are of normal thickness, with intact wall layering. The ileocecal junction is not visualized.

DATE

12-12-25

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.



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Free Abdomen

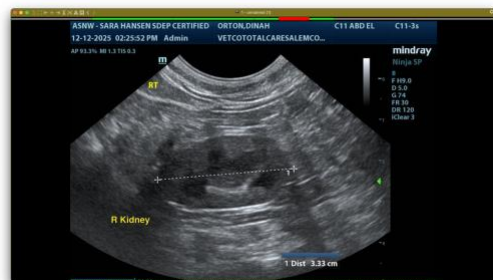
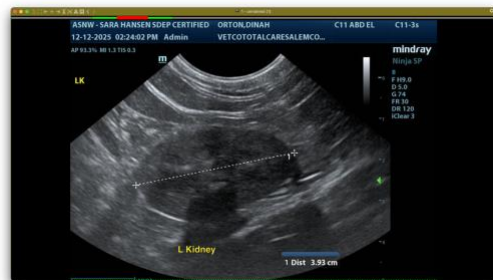
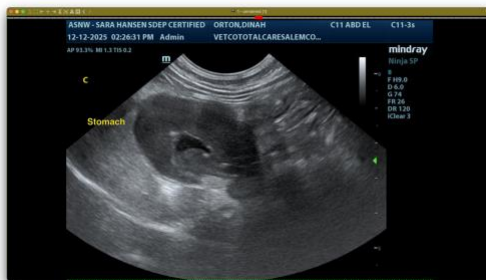
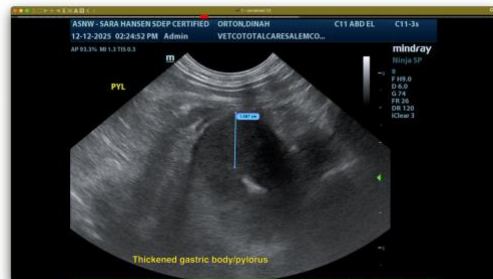
There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

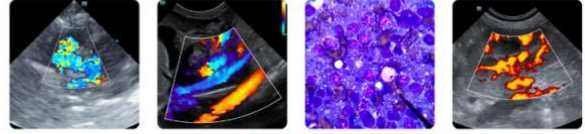
Markedly thickened gastric body and pylorus wall, with associated steatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the stomach wall is most typical of malignancy, particularly Infiltrative disease (such as lymphoma). An inflammatory etiology, while not excluded, is deemed unlikely. Gastric biopsies are recommended for a definitive diagnosis. If empiric/palliative therapy is desired, then treatment with corticosteroids (1-2 mg/kg/day) along with continuing the current maropitant therapy. Adding ondansetron, and potentially, omeprazole, could be considered.



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.



PATIENT

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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