



PATIENT

Jasper Hamby

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

6 Years

WEIGHT

14.7 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

INVOICE

35865

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: chronic intermittent vomiting - r/o dietary vs IBD vs Gi lymphoma vs open ABNORMAL Labwork Values neutrophils count decreased. Rest of labs WNL. Current Medications n/a Radiographic Findings n/a.

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 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). The left kidney is 4.4 cm in length. The right kidney is 4.5 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 5.3 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 7.9 mm.

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 mildly distended with gas. 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. The duodenal wall measures 2.2 mm. The jejunal wall measures up to 2.7 mm. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction is not visualized.

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Pancreas

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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

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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.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Small amount of bladder sediment, typical of mucous, which may be an incidental finding, but which may also indicate inflammation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14.7 Pounds

There is no apparent cause for the reported gastrointestinal signs on today's ultrasound. Additional recommendations, if not already performed, would include:

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- fecal parasite testing and empiric fenbendazole treatment
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- While the pancreas appears normal, serum markers can be more sensitive than ultrasound in the detection of pancreatitis, thus a PLI or other serum marker to screen for pancreatitis is recommended.
- If signs persist, trials with a novel protein or hydrolyzed diet and a GI panel could be considered.
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if symptoms persist and another cause cannot be found.

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The sediment in the bladder is likely incidental, particularly if there are no lower urinary tract symptoms noted, however, urinalysis would be recommended if not recently performed to completely rule out the possibility of underlying cystitis.

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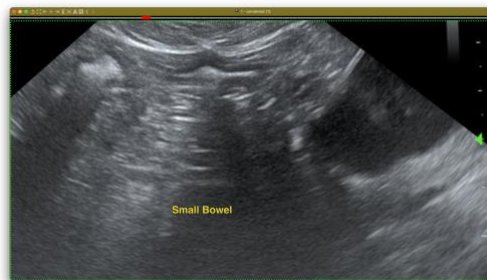
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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