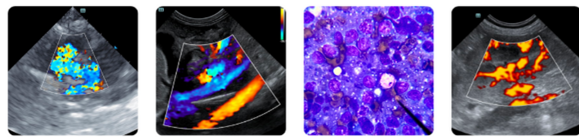


PATIENT
Lexi Oconnor

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
8 years 3 months

WEIGHT
11.1 lbs

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

IMAGING PERFORMED BY
Becca Hamilton

HOSPITAL NAME
Marinsville Veterinary Hospital

REFERRING VET
Dr. Shendell

INVOICE
10993

DATE
12/19/2025

PRESENTING CLINICAL SIGNS

Weight loss despite ravenous appetite. 2.5-week history vomiting. resolved w/ Cerenia Injection last week. * Please reference last ultrasound from 6/21/24. MEDS: RC urinary SO diet.

Abnormal PE/Chem/CBC/UA Results: Calcium (not fasted) 11.3 mg/dl on 12/13/25, PLT 264, HCT 44%.

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 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). Left kidney measures 3.8 cm, and the right kidney measures 3.5 cm.

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 3.4 mm at the caudal pole. The right adrenal gland height 4.4 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 9.0 mm.

Liver

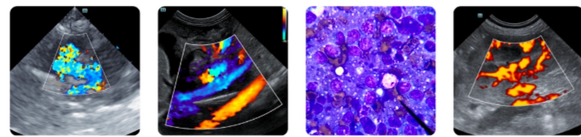
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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 empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are are normal up to 2.4 mm for duodenum and 2.4 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.



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The visible portions of the colon are of normal thickness, 1.5 mm, with intact wall layering. The ileocecal junction is visualized, and appears normal, but is surrounded by hyperechoic omental fat.

Pancreas

Both limbs of the pancreas are hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is minimal evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

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

PRIMARY FINDINGS

- Segmental changes to the small bowel which may indicate infiltrative bowel disease.
- Evidence of chronic pancreatic remodeling.
- Inflammation in the region of the ileocecal colic junction, which is often an incidental finding in cats but can also be seen with colitis.

SECONDARY FINDINGS

- Apparent resolution of the prior nephrolithiasis and urethritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small bowel changes are very mild, and may be incidental, however given the history of weight loss despite polyphagia, the possibility of infiltrative bowel disease should be considered. The appearance of the pancreas suggests there may be chronic pancreatitis present. Though, this typically would be associated with a decrease in appetite, and so is less likely to be clinically relevant at this time. Additional recommendations include:

- 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.

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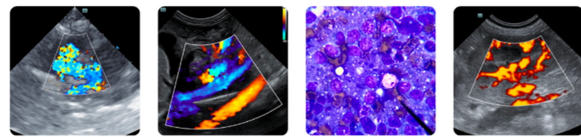

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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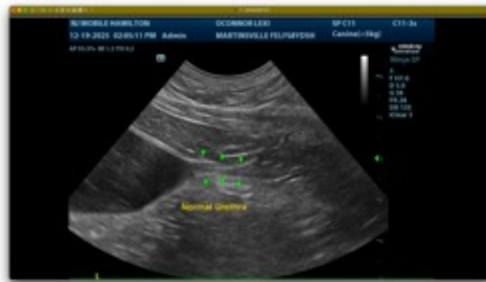

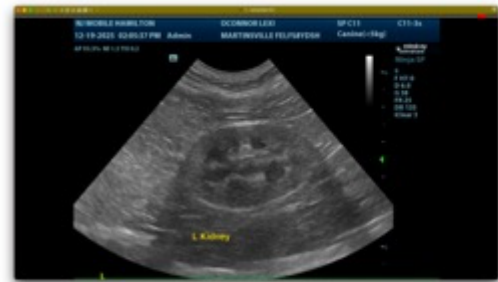

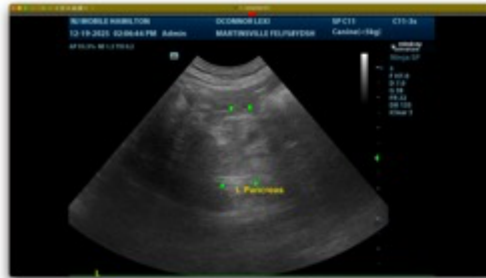

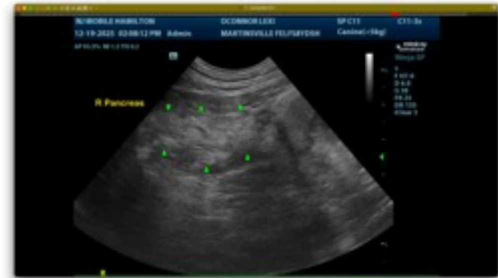

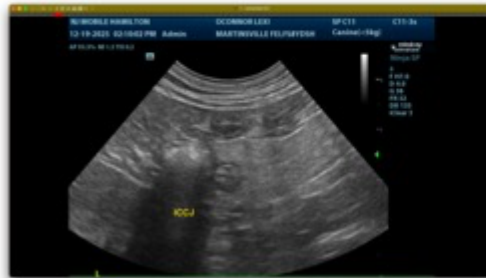

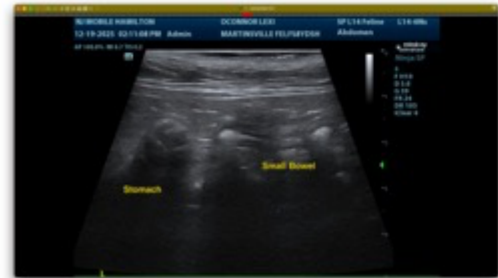

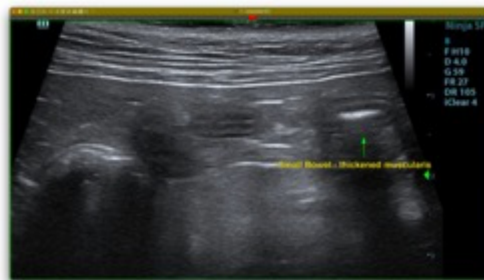

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com