



**PATIENT PRESENTING CLINICAL SIGNS**

Swiffer Weatherdon

History: Losing weight, weakness, hiding. Bloodwork suggestive of diabetes. No meds yet.  
Abnormal PE/Chem/CBC/UA Results: Retics high, Glucose 22.6(4-9.7) Chloride 108(114-126) ALP 61(12-59) U/A sp.grav - 1.033 Glucose 3+ pH 5.5

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DLH

**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.

**SEX**

Neutered Male

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 3.5 cm in length. The right kidney is 4.5 cm in length.

**AGE**

16 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 height is 2.7 mm at the caudal pole. The right adrenal gland height 4.4 mm at the caudal pole.

**WEIGHT**

9 Pounds

**Spleen**

The spleen is of appropriate size and has a normal, homogenous parenchyma, with a scalloped, irregular capsular surface. The spleen is mildly hypoechoic, and the surrounding omental fat is hyperechoic. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measures 5.0 mm at the hilus.

**INTERPRETED BY**

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

**Liver**

**IMAGING**

**PERFORMED BY**

Crystal Hill

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a 1.6 cm x 1.7 cm microcystic mass located adjacent to the gallbladder. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**HOSPITAL NAME**

Beamsville AH

The gallbladder is moderately distended with anechoic contents and a large amount of freely moveable echogenic sludge. The wall is thickened to 2.4 mm, without evidence of rupture. The cystic and common bile ducts are normal.

**REFERRING VET**

Dr. Wilson

**Gastrointestinal**

The stomach is moderately distended with normal ingesta. 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.

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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 2.1 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 visualized and appears normal.



**PATIENT**

**Pancreas**

Swiffer Weatherdon

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.

**SPECIES**

Feline

**Free Abdomen**

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**

DLH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

**Primary Findings**

- A hypoechoic spleen with scalloped capsular margins
- A mildly thickened gallbladder wall with a large amount of sludge

**AGE**

16 Years

**Secondary Findings**

- A microcystic liver mass

**WEIGHT**

9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The reported blood and urinalysis results do support a diagnosis of diabetes mellitus, which could be the cause for the noted clinical signs. If there is any chance that the glucosuria and hyperglycemia could be due to stress, then a fructosamine level would be recommended to confirm the diagnosis.

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

The changes to the spleen may be indicative of round cell neoplasia, or possibly an inflammatory splenitis. Fine needle aspiration with a 25-gauge needle is recommended, with a diphenhydramine premedication.

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PERFORMED BY**

Crystal Hill

The appearance of the gallbladder is consistent with cholecystitis. Recommendations include:

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Beamsville AH

- Cholecentesis with a 25G needle for cytology and culture - the entire gallbladder should be drained using a 5 or 12 cc syringe. Approach through the hepatic parenchyma, either subcostally or intercostally, is recommended to minimize bile leakage.
- Empiric treatment with a fluoroquinolone, metronidazole and ursodiol could be considered if cholecentesis is not feasible
- Supportive care as indicated with anti-emetics, fluids therapy and appetite stimulants.

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The mass in the liver is most likely a benign cystadenoma, although a neoplastic origin cannot be definitively ruled out. Serial ultrasound monitoring could be considered, or if cholecentesis of the gallbladder is performed, then an aspirate of this lesion could be attempted at the same time.

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**HOSPITAL NAME**

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**REFERRING VET**

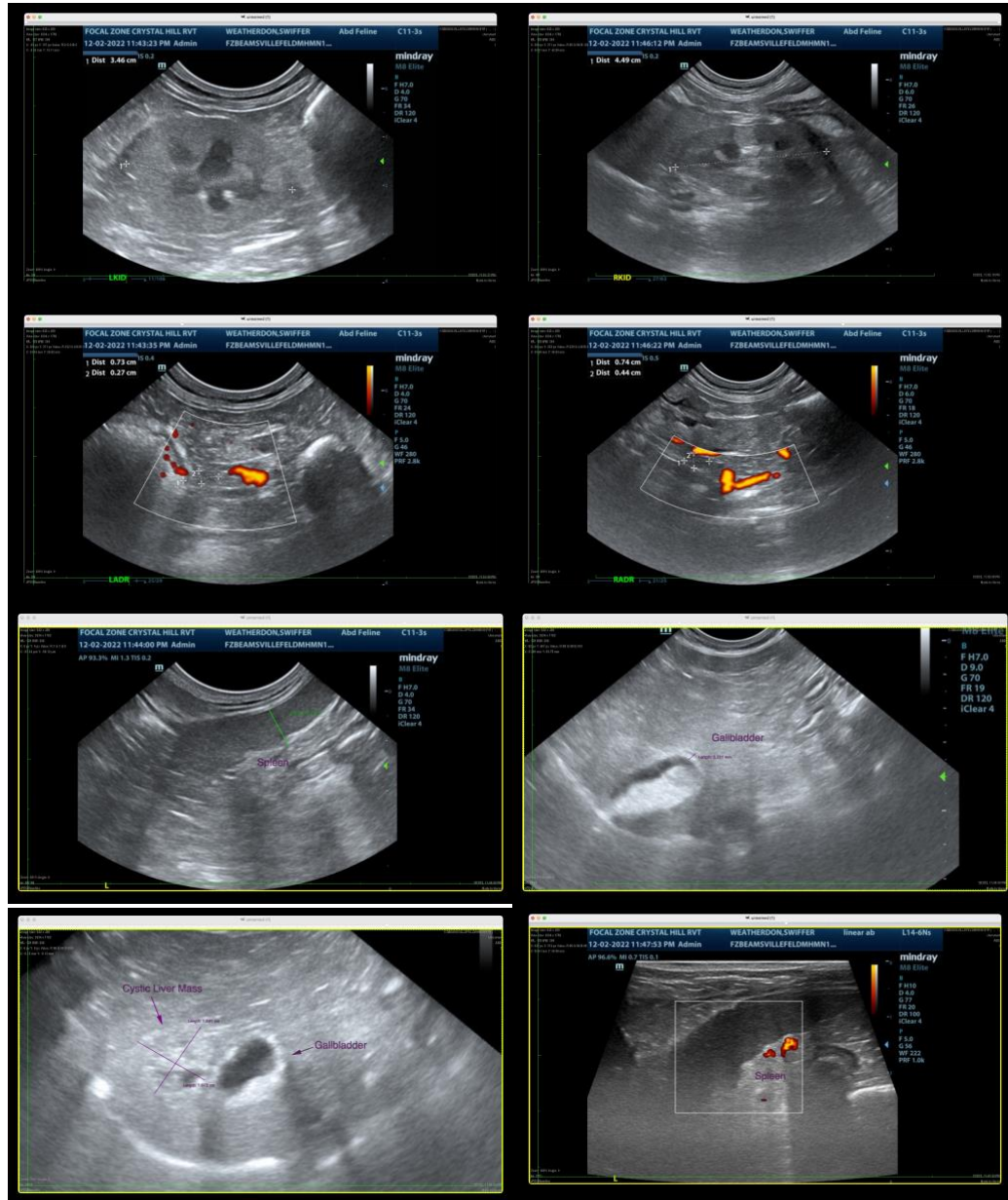
Dr. Wilson

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**DATE**

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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