



PATIENT PRESENTING CLINICAL SIGNS

Kaia Harding 2.3# wt loss over the last year, normal appetite, no other symptoms. Had I-131 therapy in past. Cbc/ Chem / T4 - unremarkable, fecal negative

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

BREED 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.

DSH

SEX

Kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measures 3.0 cm. The right kidney measures 3.1 cm.

Spayed Female

Adrenal Glands

AGE

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 2.8 mm. The right adrenal gland measured 3.5 mm.

14 Years

Spleen

WEIGHT

The spleen is of appropriate size (6.6 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.

8.4 Pounds

INTERPRETED BY

Liver

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

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

The gallbladder is distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Dr. Tam Mengine

Gastrointestinal

HOSPITAL NAME

The stomach is empty. The gastric wall is normal in thickness (2.8 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

Stoney Creek VH

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.3 mm for jejunum and 2.5 mm for duodenum. Overall wall layering is preserved. Intestinal motility appears normal.

REFERRING VET

Dr. Tam Mengine

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is visualized and normal.

INVOICE

Pancreas

43607

The left limb of the 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.

DATE

12/20/22



PATIENT

Kaia Harding

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.8 cm x 0.70 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis

SPECIES

Feline

PRIMARY FINDINGS

- Diffusely thickened small bowel, typical of infiltrative bowel disease

BREED

DSH

SECONDARY FINDINGS

- Chronic renal changes

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or low grade gastrointestinal lymphoma. Recommendations include:

AGE

14 Years

- ❖ 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.

WEIGHT

8.4 Pounds

INTERPRETED BY

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

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

IMAGING PERFORMED BY

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SPECIES

Feline

BREED

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Spayed Female

AGE

14 Years

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REFERRING VET

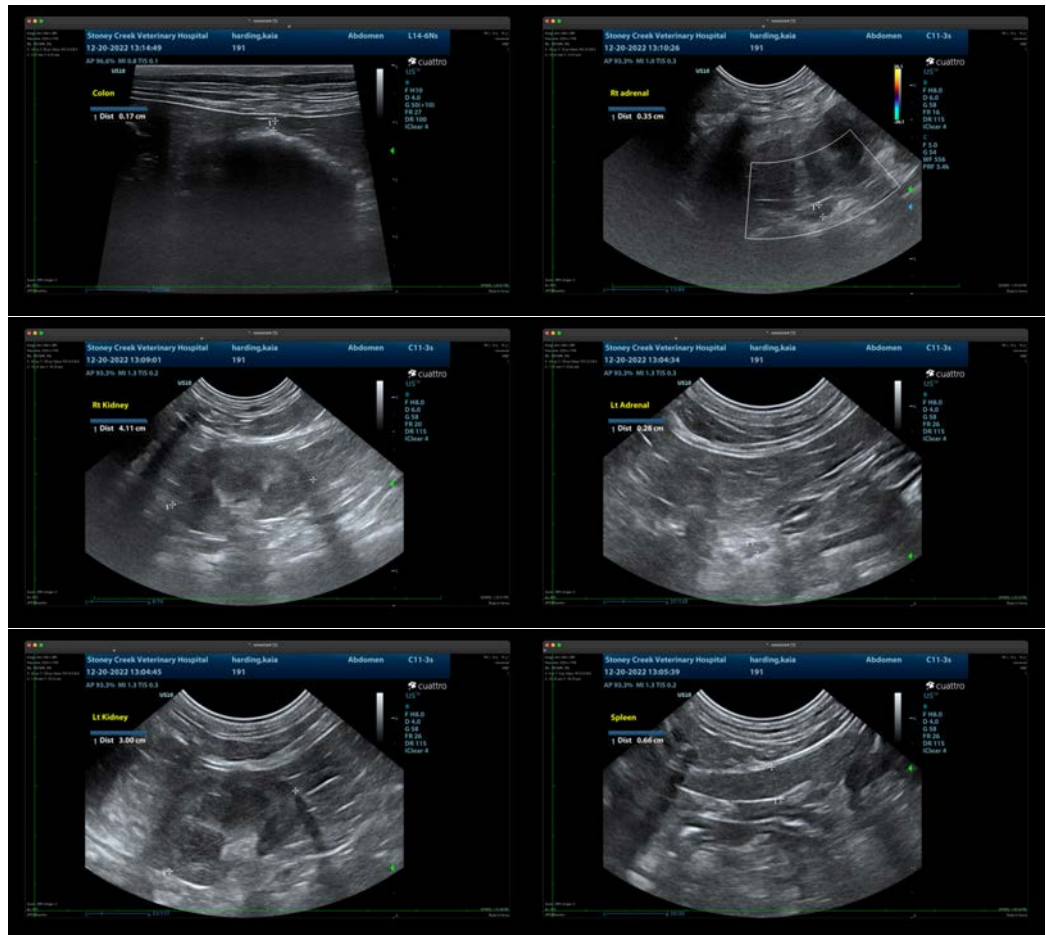
Dr. Tam Mengine

INVOICE

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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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