



## PATIENT

Meeko Hawkins

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

13 Years

## WEIGHT

6.4 kg

## INTERPRETED BY

Tam Mengine DVM,  
DABVP (Canine/Feline  
Practice)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Sabadilla AC

## REFERRING VET

Dr. Nathaniel  
Asemadahun

## INVOICE

35983

## DATE

12/20/25

## PRESENTING CLINICAL SIGNS

History: Meeko is an indoor cat. Lethargy, palpable abdominal mass on exam. Weight loss.  
Abnormal PE/Chem/CBC/UA Results: Leukocytosis, non-regenerative anemia BW attached.

## 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 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 4.5 cm in length. The right kidney is 4.4 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 4.2 mm at the caudal pole. The right adrenal gland height 3.8 mm at the caudal pole.

### Spleen

An 8.4 mm in diameter heterogenous nodule is noted with a target appearance in the head of the spleen, etc., which does not disrupt the splenic capsule. The surrounding omentum is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is mild to moderately thickened, measuring 1.4 cm at the hilus.

### 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 duct is normal, and the common bile duct is prominent, but still within normal limits, measuring 3.3 mm in diameter, with a normal appearance to the duodenal papilla.

### Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.7 mm for duodenum and 2.3 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal. There is a 5.0 cm circumferential small bowel mass noted in the distal ileum, with complete loss of wall layering. The surrounding omental fat is hyperechoic.



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The visible portions of the colon are of normal thickness, up to 1.4 mm, with intact wall layering. The ileocecal junction appears normal; however, the surrounding omental fat is hyperechoic and there are markedly enlarged lymph nodes in the region.

## 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.

## Free Abdomen

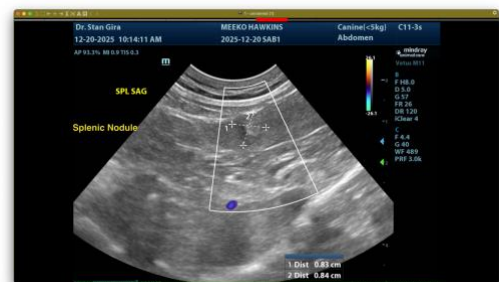
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of hyperechoic. The ileocolic and mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 2.2 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## ULTRASONOGRAPHIC FINDINGS

- Ileal mass with associated steatitis and lymphadenopathy
- Diffuse small bowel changes, typical of infiltrative bowel disease
- Diffusely thickened spleen with a small heterogenous nodule with a target appearance

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small bowel, in conjunction with the ileal mass and round enlarged lymph nodes, are most consistent with round cell neoplasia, such as lymphoma. The thickened spleen with nodule may represent the same disease process or may be unrelated. Sampling of the spleen would be necessary for definitive diagnosis. The pending aspirates of both the ileal mass and lymph nodes should provide a definitive diagnosis for this patient.





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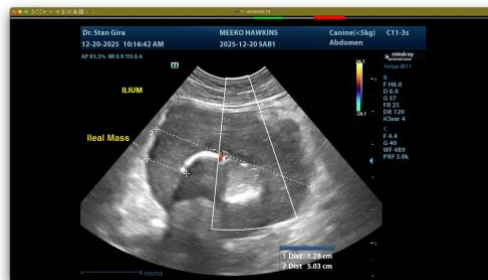
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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