



**PATIENT**

Rosie Spinello

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

6.9 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Beth Henry

**INVOICE**

43810

**DATE**

12/28/22

**PRESENTING CLINICAL SIGNS**

0.5# wt loss in last month and 1.5# total over last year. Has had melena since 12/25 (confirmed on rectal exam), bloodwork elsewhere showed mild anemia & significant hypercalcemia (13), else normal. Owner started 1.5mg/kg/day pred a few days ago.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is 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.

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 measures 3.3 cm. The right kidney measures 3.7 cm.

**Adrenal Glands**

The adrenal glands are both identified in their normal locations. There is a small isoechoic nodule arising from the cranial pole of the right adrenal gland, measuring 5.1 mm in diameter. They are otherwise normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 2.7 mm at the caudal pole. The right adrenal gland measures 4.7 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 (9.5 mm).

**Liver**

The liver is diffusely hyperechoic and subjectively enlarged. 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 and a small amount of freely-moveable echogenic sludge. The wall is thickened to 1.7 mm without evidence of rupture. The cystic and common bile ducts are normal.

**Gastrointestinal**

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are mildly increased up to 2.3 mm for duodenum and 2.7 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.1 mm) with intact wall layering. The ileocecal junction is visualized and normal.



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**Pancreas**

The left and right limbs of the pancreas are swollen and hyperechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is tortuous and dilated to 2.8 mm.

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**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were mildly enlarged, up to 1.6 cm with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**PRIMARY FINDINGS**

**SEX**

Spayed Female

- Hyperechoic and subjectively enlarged liver
- Hyperechoic, swollen pancreas with dilated and tortuous ducts
- Right adrenal nodule
- Mildly thickened small intestinal wall with intact layering

**AGE**

13 Years

**SECONDARY FINDINGS**

- Reactive mesenteric lymph nodes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the liver, pancreas, and small intestines are most consistent with the syndrome of feline Triaditis. It is also possible that round cell neoplasia is involved in the liver, and although the spleen is technically of normal thickness, given that this is a small patient, it may be slightly thickened as well. Thus, if round cell neoplasia is to be ruled out, then fine needle aspirates of the liver and spleen should be considered. Otherwise, the following recommendations could be followed:

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- ❖ A complete GI panel and bile acids testing
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ Treatment with Denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- ❖ Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- ❖ 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.

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The nodule on the right adrenal gland is concerning for an adrenal adenocarcinoma, given its irregular contours. Monitoring via ultrasound in 6-8 weeks could be considered to assess for further growth. If electrolyte changes or hypertension are present, this could indicate a functional adrenal gland tumor.

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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.

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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.

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info@SonoPath.com

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