



PATIENT

Javier Bollman

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

5

WEIGHT

2.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Chris Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Chris Hovenden

INVOICE

72805

DATE

12/28/25

PRESENTING CLINICAL SIGNS

Pet has had diarrhea per owner for 4-5 days. Owner noted that his appetite has been poor for 24-48 hours. Owner hand fed chicken yesterday and pet vomited up the chicken last night. He vomited a few times overnight. He has refused to eat anything today. Owner also noted weight loss and poor coat quality recently. The owner reports that he seems to be drinking large amounts of water over the last few months. He is indoor only.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 23%(L), Retic 68.9(H), WBC 62.81(H), suspect bands, Neu 42.53(H), Lym 19.31(H), Mono 0.68(H), PLT 157(N) Chem10: BUN 52(H), CRE 1.3(N), Glob 2.4(L), ALP<10 EPOC: pH 7.216(L), Na+ 143(L), iCa+ 1.15(L), Lact 7.46(H), BUN 49(H), Cre 1.32(N) HCT 25%(L)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). There is a non-shadowing urolith present, measuring 5.0 mm. The bladder wall is normal. No masses are noted. Urethra visualized to 2.0 cm.

Both kidneys are of normal size and shape and exhibit appropriate cortico-medullary differentiation. There is moderate pyelectasia present in the left kidney, with echogenic contents, measuring 5.0 mm in the transverse plane. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.7 cm. Right kidney measures 4.0 cm.

Adrenal Glands

The left adrenal gland is identified in its normal location. It is of normal size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland measures 3.6 mm at the caudal pole. The right adrenal gland is not distinctly visualized, but the region appears unremarkable.

Spleen

The spleen is of appropriate size (5.4 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.

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.



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Gastrointestinal

The stomach is moderately distended with ingesta. 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, with a focal loss of wall layering involving a 3.0 cm segment of bowel. Wall measurements are increased, up to 5.7 mm for jejunum. The duodenum appears diffusely corrugated. 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 not seen.

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 appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely thickened small bowel muscularis layer, with a 3 cm segment exhibiting marked thickening and loss of wall layering

SECONDARY FINDINGS

- Left renal pyelectasia with echogenic contents
- Non-obstructive urinary bladder stone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are most consistent with infiltrative neoplasia, such as lymphoma, or severe inflammatory bowel disease (including both lymphoplasmacytic and eosinophilic disease). Recommendations include:

- Biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.
- A complete GI panel, with cobalamin supplementation if indicated.
- Supportive care as indicated, including fluid therapy, bland diet, probiotics and anti-emetics.
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if palliative care is desired.

The renal pyelectasia may be secondary to fluid therapy, however a urinalysis is recommended to rule out the possibility of pyelonephritis.



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The bladder stone is likely an incidental finding at this time, but the owner should be obstructed to monitor for evidence of urinary obstruction, and a cystotomy should be considered once patient is stabilized (potentially simultaneously with intestinal biopsy).



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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