



PATIENT

Moose Brink

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

4.36 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jackson

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Jackson

INVOICE

72800

DATE

12/28/25

PRESENTING CLINICAL SIGNS

Last week Moose was sneezing all day and became congested. About 3 days ago he became inappetent and lethargic. Owner also mentions that Moose was hiding around the house distancing himself. Moose had 2 bowel movements that were loose and vomited twice. Symptoms: Lethargic, inappetence, diarrhea, vomiting

Abnormal PE/Chem/CBC/UA Results: General Appearance: Bright, alert and responsive and Hydration: Slightly dehydrated Musculoskeletal: Sarcopenia along epaxial muscles and hind limbs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. 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.

The kidneys exhibit moderately decreased corticomedullary differentiation. There is focal mineralization present within the renal cortices. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). Left kidney measures 3.8 cm. Right kidney measures 3.8 cm.

Adrenal Glands

The adrenal glands are not distinctly visualized, but the regions appear unremarkable.

Spleen

The spleen is of appropriate size (8.4 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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic duct is tortuous, which is a normal variant in a cat. The common bile duct is normal/not visible.

Gastrointestinal

The stomach is moderately distended with echogenic fluid. The gastric wall is 2.0 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. Intestinal motility appears normal.

The visible portions of the colon have increased thickness, up to 2.6 mm with intact wall layering. The ileoceocolic junction is visualized and is surrounded by hyperechoic omental fat and prominent lymph nodes.

Pancreas

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.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, with normal short to long axis ratio and appropriate echogenicity, measuring up to 1.9 cm in length. The ileocolic and colic lymph nodes are also mildly enlarged, and there is a cystic colic lymph node observed measuring 1.3 cm in length. There is hyperechoic omental fat surrounding the stomach and ileoceocolic junction. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Thickened colon consistent with colitis
- Reactive mesenteric, ileocolic and colic lymph nodes
- Steatitis in the region of the stomach

SECONDARY FINDINGS

- Gallbladder sludge - may be incidental, but can also be associated with cholecystitis in the cat - correlate with laboratory values
- Full stomach (correlate with fasting history)
- Evidence of chronic pancreatic remodeling
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes associated with the stomach, mesenteric lymph nodes and colon correlate with the patient's clinical signs, and would support an underlying inflammatory process such as inflammatory bowel disease, or less likely, gastrointestinal neoplasia such as lymphoma. The following next steps are suggested:

- 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.



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- Definitive diagnosis would require biopsy of the affected tissues



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) info@SonoPath.com