



PATIENT

Sheilah Berdaj

SPECIES

Feline

BREED

Bengal

SEX

Intact Female

AGE

8 Years

WEIGHT

9.6 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Dr. T's Vet Care

REFERRING VET

Dr. Turk

INVOICE

18987

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: extreme weight loss (2# loss recently); concerned about intestinal disease or neoplasia. not on any meds

Abnormal PE/Chem/CBC/UA Results: cbc/chem wnl; USPG 1.051

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 3.8 cm in length. The right kidney is 4.5 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 3.0 mm at the caudal pole. The right adrenal gland height 4.5 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 at 7.5 mm.

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.

Gastrointestinal

The stomach is empty. The gastric wall is 2.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. The duodenal wall measures 2.8 mm. The jejunal wall measures up to 2.2 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas



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The left limb, right limb and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

SPECIES

Feline

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.4 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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ULTRASONOGRAPHIC FINDINGS

- A mildly swollen and hypoechoic pancreas
- Numerous reactive mesenteric lymph nodes

SEX

Intact Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive cause for the weight loss on today's ultrasound, but the findings do raise a concern for pancreatitis and potentially infiltrative bowel disease, based on the numerous enlarged mesenteric lymph nodes. Additional recommendations include:

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- Fine needle aspirate of enlarged lymph nodes for cytology
- Fecal parasite testing and/or empiric deworming with fenbendazole

WEIGHT

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- A hydrolyzed diet trial
- A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency

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- Three view chest radiographs
- It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.

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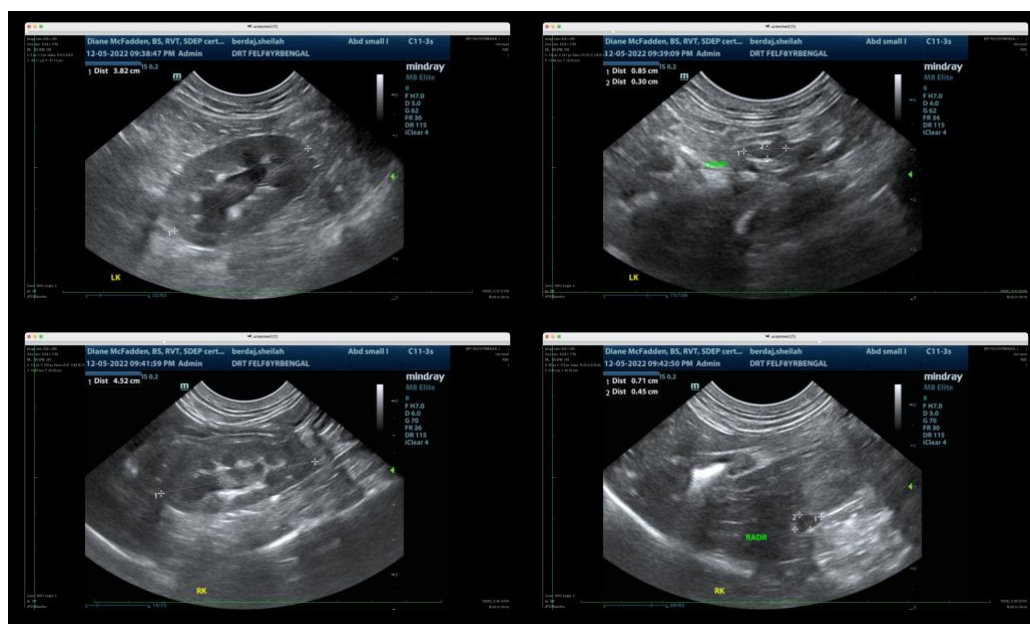
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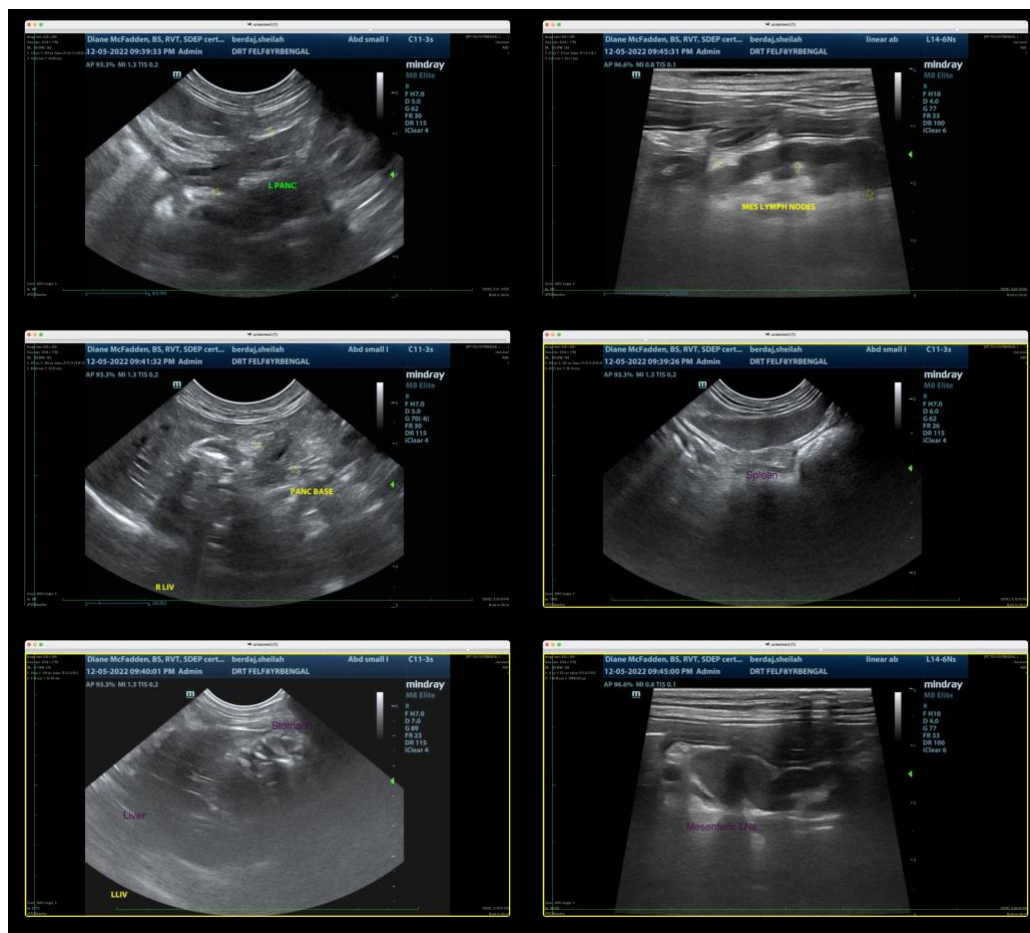
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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