



## PATIENT

Clay Weatherford

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8 years

## WEIGHT

13

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Sanchez

## INVOICE

10881

## DATE

12/5/2025

## PRESENTING CLINICAL SIGNS

Pet has been diagnosed with pancreatitis in the past. Owner also stats that pet will have possible vaso/vagal response vs syncope when vomits.

Abnormal PE/Chem/CBC/UA Results: Not lab work done currently, pet was new to us.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is minimally 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 2.0 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). Left kidney measures 4.1 cm, and the right kidney measures 3.9 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 height is 3.5 mm at the caudal pole. The right is not distinctly visualized, but the region appears unremarkable.

### 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.

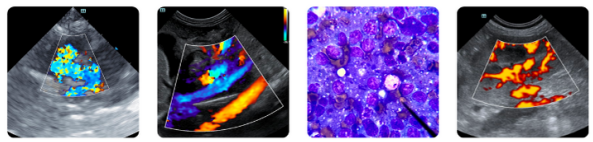
The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 2.3 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. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, 1.1 mm, with intact wall layering. The ileocecal junction was not visualized.



## PATIENT

Clay Weatherford

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8 years

## WEIGHT

13

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Sanchez

## INVOICE

10881

## DATE

12/5/2025

## Pancreas

Both limbs of the pancreas are hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is evidence of peripancreatic inflammation. The pancreatic duct appears normal.

## Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Mottled pancreas with steatitis, consistent with pancreatitis.

## SECONDARY FINDINGS

- Small amount of gallbladder sludge, which is often incidental in the cat, however if there are elevations in liver enzymes this may also indicate underlying cholangiohepatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the pancreas are consistent with chronic pancreatitis. Concurrent pancreatic neoplasia, while unlikely, cannot be ruled out. Recommendations include:

- An fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- A highly digestible intestinal diet is recommended.
- If the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

If the patient is having frequent, sinkable episodes, then further investigation for underlying cardiac disease, with an ECG and either an echocardiogram or baseline Pro-BNP would be recommended.





## PATIENT

Clay Weatherford

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

8 years

## WEIGHT

13

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Reyes

## HOSPITAL NAME

Graceful Paws Pet  
Clinic

## REFERRING VET

Dr. Sanchez

## INVOICE

10881

## DATE

12/5/2025



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