



PATIENT PRESENTING CLINICAL SIGNS

Mika Flannery

History: Mika has a history of CKD and chronic pancreatitis (last SonoPath AUS was 12/20/24). His weight and appetite have been stable, but he is vomiting clear fluid 3-4 times per week and recent fPLI was 12.4, so repeat AUS was recommended to check on pancreas and GIT. CKD is stable (on daily fluids, renal diet, amlodipine for hypertension, and phosphate binder) and T4 is normal.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: fPLI 12.4, Creat 2.8, SDMA 28, BUN 42, USG 1.016 with mild, persistent hematuria, PO4 3.7, T4 2.7, CBC WNL

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

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 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.

AGE

16

Both kidneys are hyperechoic and exhibit moderately decreased cortico-medullary differentiation. The left kidney is subnormal in size, while the right kidney exhibits an increased cortex: medulla ratio, consistent with compensatory hypertrophy. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 2.2 cm in length. The right kidney is 3.7 cm in length.

WEIGHT

9.98 lbs

INTERPRETED BY

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

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 2.2 mm at the caudal pole. The right adrenal gland height 3.6 mm at the caudal pole.

Spleen

There is a 2.2 mm hyperechoic nodule within the splenic parenchyma, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen is of normal thickness (7.1 mm at the hilus).

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.

HOSPITAL NAME

Caravan Vet

REFERRING VET

Christa Williams DVM DABVP

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.

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Gastrointestinal

The stomach is moderately distended with gas and ingesta. The gastric wall is 1.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

DATE

12-8-25

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, up to 1.0 mm, with intact wall layering. The ileocecal junction is not visualized.



PATIENT

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Pancreas

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

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Free Abdomen

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

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

Primary Findings

- Hypoechoic left pancreas with steatitis, consistent with pancreatitis.
- Bilateral chronic renal changes, wit
- h subnormally-sized left kidney and apparent compensatory hypertrophy of the right kidney, stable relative to December, 2024.

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WEIGHT

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Secondary Findings

- Small, hyperechoic splenic nodule, stable from 2024

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- The presence of steatitis in the region of the pancreas suggests an element of active inflammation. If not recently performed, assessment of cobalamin levels would be recommended, or else empiric supplementation, due the possibility of hypcobalaminemia with chronic pancreatitis.
- The renal changes and small splenic nodule are stable from one year ago.
- The stomach and bowel appear within normal limits, so while the possibility of occult gastrointestinal disease cannot be excluded without biopsy, it is more likely that the ongoing vomiting is secondary to pancreatitis.

IMAGING PERFORMED BY

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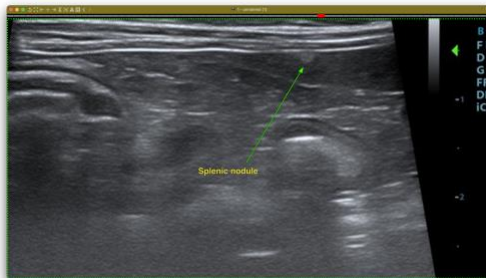
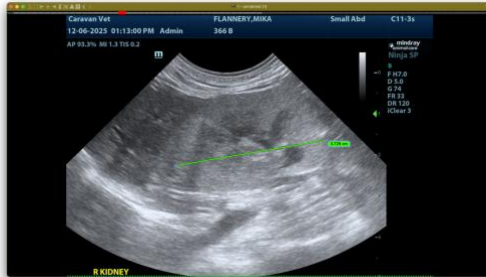
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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