



PATIENT

Klaus Ramos

SPECIES

Feline

BREED

Burmese

SEX

MN

AGE

4 years

WEIGHT

8.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Kristen Carpenter

INVOICE

11324

DATE

2/13/2026

PRESENTING CLINICAL SIGNS

- Hx: Patient not sedated
- Hx of previous recurrent URI. PCR positive for mycoplasma and calicivirus. Treated with Doxy and no recurrence since 2023.
- Hx of mild stomatitis
- Hx of chronic intermittent diarrhea with recent weight loss (approximately 1 pound)
- NSF on exam except mild gingivostomatitis and halitosis without tartar
- Current meds - B12 supplement, GI biome diet was just started with some improvement with diarrhea noted by O
- Diagnostics
- - Bloodwork 1/30/26: Chem/CBC NSF. T4 - 2.7 Free T4 - 1.4. Fecal NOS
- - 2/13/26: triple snap neg x 3

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 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). Left kidney measures 3.9 cm, and the right measures 3.8 cm.

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 3.5 mm at the caudal pole. The right adrenal gland height 3.1 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 8.9 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 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



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The stomach is empty. The gastric wall is 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 2.4 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 1.4 mm, with intact wall layering. The ileocecal junction was not visualized.

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 mesenteric lymph nodes were mildly enlarged, up to 1.2 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Reactive mesenteric lymph nodes, consistent with non-specific enteritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reactive lymph nodes would support an underlying enteropathy, though the bowel itself appears normal, it is possible for a microscopic disease to be present despite a normal sonographic appearance. Additional next steps, if there is no response to the current diet change and cobalamin supplementation would include:

- A complete GI panel.
- Hydrolyzed or novel protein diet trial.
- Intestinal biopsies should be considered if symptoms persist.





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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