



PATIENT

Bunny Owens

PRESENTING CLINICAL SIGNS

Inappetence and 2.5# wt loss. CBC / Chem / U/A / T4 - unremarkable except stable IRIS Stage 2 renal dz.

SPECIES

Feline

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 (visible to 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

BREED

DSH

Both kidneys are hyperechoic and exhibit moderately decreased corticomedullary differentiation. There is a 3.7 mm hypoechoic nodule in the cranial pole of the left kidney. There is no evidence of nephrolithiasis, mineralization, pyelectasia, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.2 cm in length. The right kidney is 3.6 cm in length.

SEX

Spayed Female

AGE

15 Years

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 measures 3.8 mm. The right adrenal gland measures 3.3 mm.

WEIGHT

8.9 Pounds

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. The spleen measures 6.3 mm at the hilus.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Tam Mengine

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.

HOSPITAL NAME

Stoney Creek VH

Gastrointestinal

The stomach is empty. The gastric wall is normal in thickness (2.3 mm) with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Beth Henry

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.9 mm for duodenum and 2.7 mm for jejunum. Overall wall layering is normal.

INVOICE

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The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is visualized and normal.

DATE

2/3/23

Pancreas

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



PATIENT

Free Abdomen

Bunny Owens

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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Feline

PRIMARY FINDINGS

BREED

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- Diffusely thickened muscularis layer of small intestines
- Pancreatic inflammation, consistent with acute pancreatitis

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- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

15 Years

The changes in the gastrointestinal tract and pancreas are consistent with infiltrative bowel disease and concurrent pancreatitis. Additional recommendations include:

WEIGHT

8.9 Pounds

- ❖ 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.
- ❖ Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

INTERPRETED BY

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DABVP (canine/feline
practice)

IMAGING PERFORMED BY

Dr. Tam Mengine

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

HOSPITAL NAME

Stoney Creek VH

The nodule in the cranial pole of the left kidney may be incidental but may also represent emerging neoplasia. If clinical signs persist, then repeat ultrasound in 2-3 weeks is recommended.

REFERRING VET

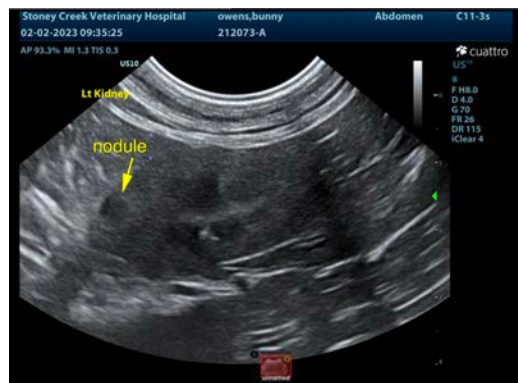
Dr. Beth Henry

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**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

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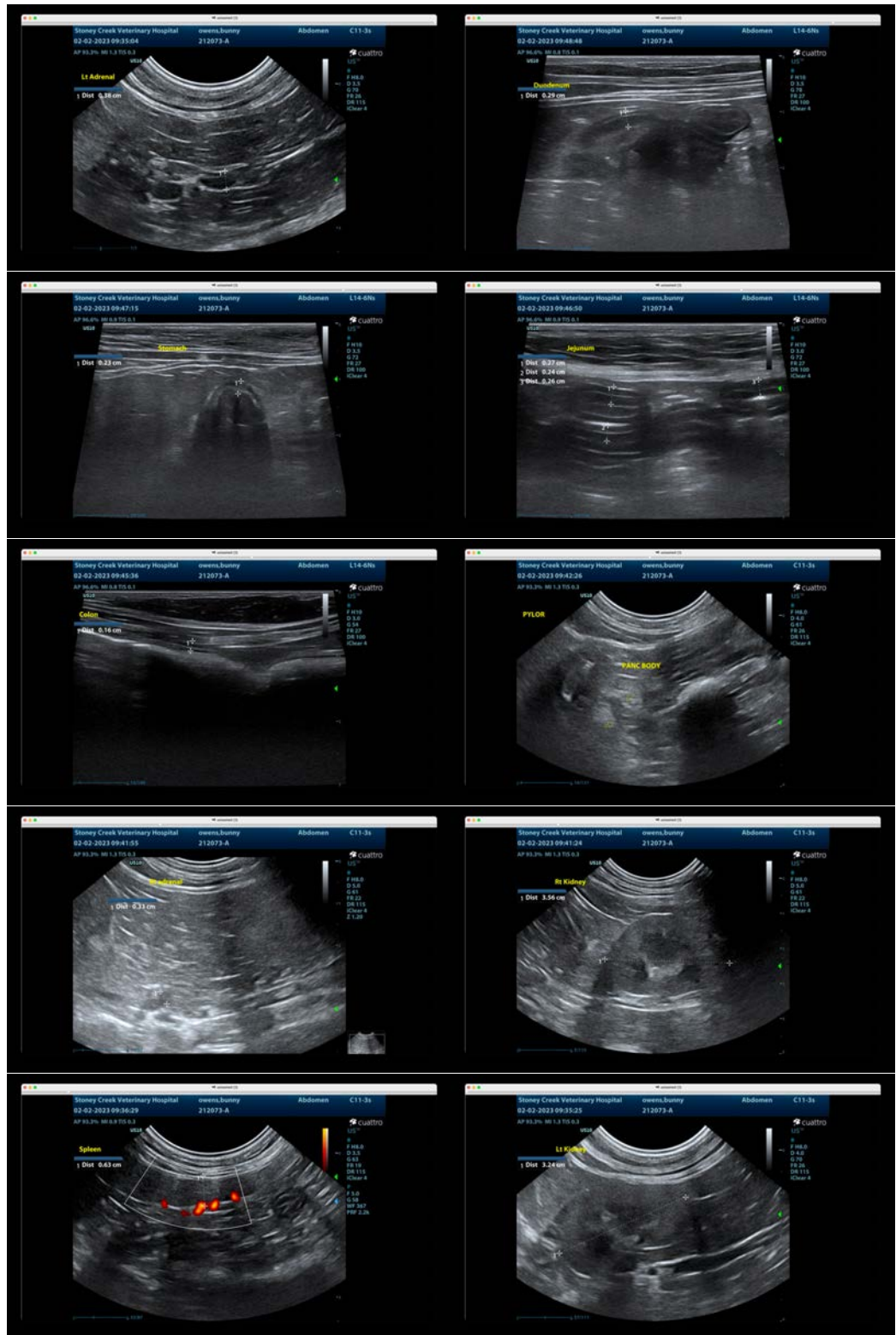
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

DSH

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

info@SonoPath.com

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