



**PATIENT**

Gigi Digiacomio

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

8.9 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

42946

**DATE**

2/23/23

**PRESENTING CLINICAL SIGNS**

History: Serial recheck, to assess response to chemo for large granular lymphoma (patient has concurrent chronic cholangiohep, pancreatitis and chronic renal dz) . Clinically patient is doing well, but losing weight again.

**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 hyperechoic and exhibit poor corticomedullary differentiation. There is mild pyelectasia in both kidneys. The right kidney has irregular margins that are consistent with prior infarcts. The left kidney is (4.3) cm in length. The right kidney is (3.1) 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 (4.3) mm at the caudal pole. The right adrenal gland height (3.2) 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 (5.5) mm).

**Liver**

The liver is diffusely enlarged and hypoechoic with rounded margins. The common bile duct is dilated at the level of the duodenal papilla measuring up to 1.0 cm. This is unchanged from the prior ultrasounds. 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 gallbladder wall is focally thickened with small focal polypoid lesions. The wall thin and continuous with small focal polypoid lesion, and the cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is mildly distended with normal ingesta. The gastric wall is (3.4) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to (3.9)mm for duodenum and (4.6)mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to (1.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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***Pancreas***

The pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is dilated up to 0.4 cm.

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***Free Abdomen***

There is scant free fluid present throughout the peritoneal cavity. The omentum and intraabdominal fat are of increased echogenicity. The mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape measuring up to 1.5 cm in diameter. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

1. Recurrence of the previously noted intestinal thickening and enlarged, mesenteric lymph nodes, consistent with acquired resistance to chemotherapy.
2. Stable hepatic and biliary changes.
3. Mild progression of pancreatic changes.
4. Stable chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

While there are still significant changes in the liver, pancreas and kidneys, there is minimal progression. The thickened intestines and mesenteric lymphadenopathy had resolved on the ultrasound from 11/20/22, but have recurred. Thus escape from the current lymphoma protocol is suspected and rescue protocol should be considered if available.

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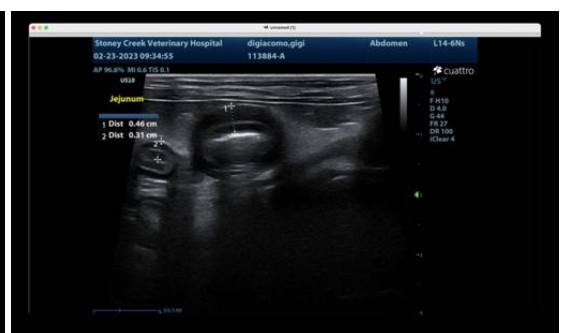
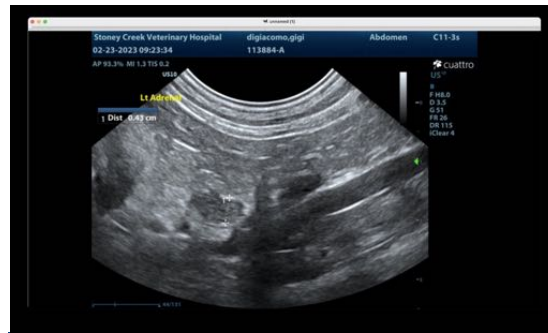
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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