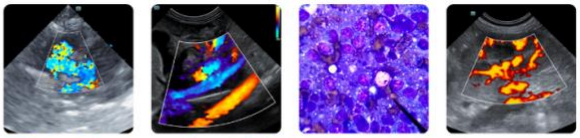



SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

**PATIENT**

Kya Holden

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

8.5 Years

**WEIGHT**

10.94 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Westmoreland AH

**REFERRING VET**

Dr. Bugarovich

**INVOICE**

35712

**DATE**

2/6/26

## PRESENTING CLINICAL SIGNS

- pe wnl, weight loss
- chronic (2-3xday) vomiting

## 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 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). The left kidney is 3.9 cm in length. The right kidney is 4.2 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 4.0 mm at the caudal pole. The right adrenal gland height 3.5 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 7.2 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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### *Gastrointestinal*

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. 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.

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The visible portions of the ascending colon has increased thickness, up to 3.0 mm with intact wall layering. The descending colon appears unremarkable. The ileocecal junction is visualized and surrounded by hyperechoic omental fat and prominent lymph nodes.

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

## ULTRASONOGRAPHIC FINDINGS

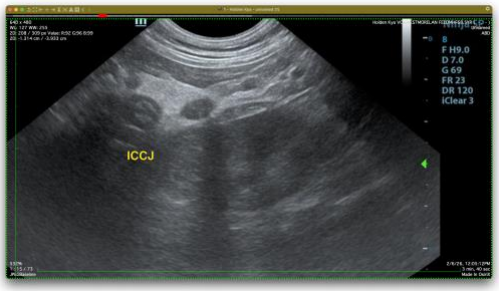
- Thickened ascending colon wall with inflammation associated with the ileocecocolic junction

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's weight loss and vomiting on today's ultrasound.

The appearance of the colon is typical of colitis. A neoplastic etiology, such as colonic lymphoma, is considered less likely but not excluded. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance.

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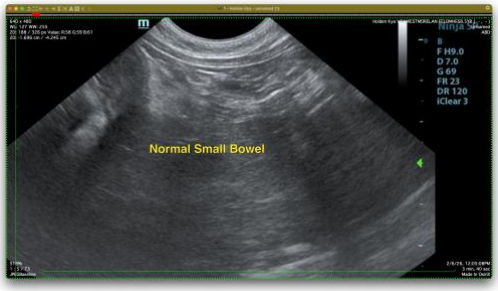


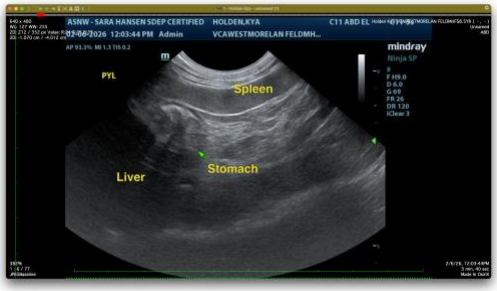


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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