



**PATIENT**

Millie Spence

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

6.69 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Eugene AH

**REFERRING VET**

Dr. Woosley

**INVOICE**

35711

**DATE**

2/6/26

**PRESENTING CLINICAL SIGNS**

History: Weight loss

**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 4.2 cm in length. The right kidney is 4.5 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 4.8 mm at the caudal pole. The right adrenal gland height 4.7 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 6.2 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 small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio, with a focal loss of wall layering. Wall measurements are increased, up to 3.5 mm for duodenum and 5.0 mm for jejunum. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.



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**Pancreas**

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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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DLH

There is focal free fluid present with the abdomen. The omentum and intra-abdominal fat are hyperechoic. The mesenteric lymph nodes were moderately enlarged, up to 3.0 cm, with normal short to long axis ratio and have appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 Years

- Diffusely thickened small bowel with focal loss of wall layering and associated lymphadenopathy, steatitis, and free fluid, all consistent with infiltrative bowel disease.

**WEIGHT**

6.69 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies (food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low-grade gastrointestinal lymphoma. The loss of wall layering and degree of inflammation increase concern for underlying malignancy. Recommendations include:

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- 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.

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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)**

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