



PATIENT

Miles Watzek

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

5.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

REFERRING VET

Dr. Omar Elsayed

INVOICE

72785

DATE

2/7/26

PRESENTING CLINICAL SIGNS

Presented for 4 days of anorexia, decreased drinking, and episodes of vomiting. Lethargic. 540mls of pale yellow, blood-tinged fluid drained from abdomen prior to AUS. FNA of main abdominal "mass" pending.

Abnormal PE/Chem/CBC/UA Results: PE: pale MM; abdominal distension, fluid wave, sarcopenia, dehydrated. BW: Neutrophilia 14.9 (1.4-9.7) Low: ALT 18 (20-100); Na+ 139 (142-164) High: AMY 1141 (300-1100); GLU 12.8 (3.9-8.3) UA: USG 1.029; proteinuria, glucosuria Elevated RBC and WBC, suspect bacteria presence. Rads: Loss of abdominal detail consistent with effusion, suspect mass effect pushing abdominal organs.

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.

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 measures 4.0 cm. Right measures 4.0 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. Left measures 3.7 mm. Right measures 4.5 mm.

Spleen

The spleen is of appropriate size (6.9 mm) 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.

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. Wall measurements are increased up to 2.8 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved.



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Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.4 mm) with intact wall layering. The ileocecal junction is not seen.

Pancreas

The areas of the left limb 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. There is a mass effect in the region of the right pancreas, discussed further under "free abdomen".

Free Abdomen

There is focal free fluid present throughout the abdomen. The associated omentum and intra-abdominal fat are hyperechoic. There are multiple undifferentiated masses noted within the mid abdomen, measuring up to 2.1 cm in diameter, with heterogeneous echotexture and irregular margins. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There are several small omental nodules noted within the cranial abdomen.

PRIMARY FINDINGS

- Multiple undifferentiated mid-abdominal masses
- Diffusely thickened small bowel, typical of infiltrative bowel disease
- Ascites and steatitis, consistent with peritonitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Likely origins for the multiple small abdominal masses include lymph nodes or right pancreas. The pending aspirates may provide a definitive diagnosis, but if they do not, surgical biopsy may be needed. The appearance of the small bowel are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies (food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low grade gastrointestinal lymphoma. If the pending aspirates are found to represent lymphoma, then this would support underlying intestinal lymphoma. The large amount of ascites present may indicate the presence of concurrent disseminated abdominal neoplasia, such as lymphomatosis or carcinomatosis. This should be correlated with the results of the pending cytology.





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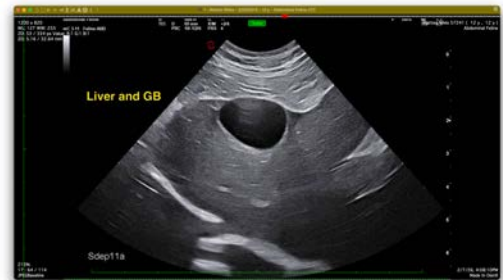
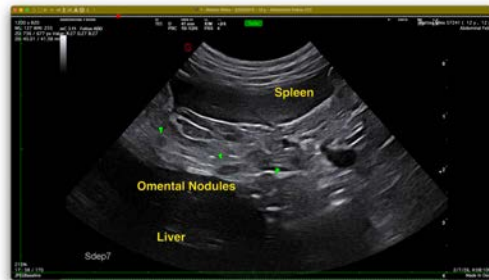
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com