



## PATIENT

Duster Brown

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

9.5 Years

## WEIGHT

7.12 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Bennett

## HOSPITAL NAME

Wilvet South

## REFERRING VET

Dr. Bennett

## INVOICE

72787

## DATE

2/8/26

## PRESENTING CLINICAL SIGNS

Originally presented to rDVM on 1/27/26 for poor appetite and soft stool. Normal labs, sent home with probiotics and appetite stimulant, never started meds because P started doing well.

Presented 2/7 for poor appetite and now straining to defecate with little production for past 3 days. Passed one small firm BM this AM, otherwise no stool produced since 2/5/26.

Indoor only, no previous medical issues.

Abnormal PE/Chem/CBC/UA Results: 1/27/26 (Full blood work at rDVM): - CBC, chem all WNL (Crea 1.5, TT4 1.9) 2/7/26 (wilvet south): - Exam: mild fever 102.6 on intake, 103.3 during US. Tense abdomen, no obviously huge stools palpable in colon. - Lateral rad: Some firm stools in distal rectum, does not seem severe enough to cause straining. - EPOC: LAC 4.81, Glu 181, rest WNL. - UA (cysto): USG 1.024, pH 6.0, Bld 50. Quiet sediment.

## 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). The kidneys measure 4.0 cm each.

### 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 adrenals measure 4.5 mm each.

### Spleen

The spleen is of appropriate size (7.9 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 diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. 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 and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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## Gastrointestinal

The stomach is moderately distended with gas and ingesta. The gastric wall is 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.4 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.7 mm) with intact wall layering. The ileocecal junction is not seen.

## Pancreas

The left limb and body of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

## Free Abdomen

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

## PRIMARY FINDINGS

- Hypoechoic left limb and body of pancreas, with steatitis, consistent with pancreatitis
- Focal, mild small bowel thickening, consistent with non-specific enteritis, or possibly mild infiltrative bowel disease
- Diffusely hyperechoic liver and small amount of gallbladder sludge - may be incidental, or may indicate underlying non-specific hepatic pathology

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is typical of pancreatitis, and the intestinal changes may represent a secondary enteritis, or possibly concurrent infiltrative bowel disease (including food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis or, less likely, low grade gastrointestinal lymphoma). The changes in the liver and gallbladder are non-specific and may represent an incidental reactive hepatopathy, but may also signify emerging pathology such as hepatic lipidosis or cholangiohepatitis (and potential triaditis syndrome). The visualized portion of the colon appears normal, however the possibility of pathology in the distal, intra-pelvic colon is not excluded.

Recommended next steps include:

- A complete GI panel and bile acids testing
- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- Trials with a novel protein or hydrolyzed diet



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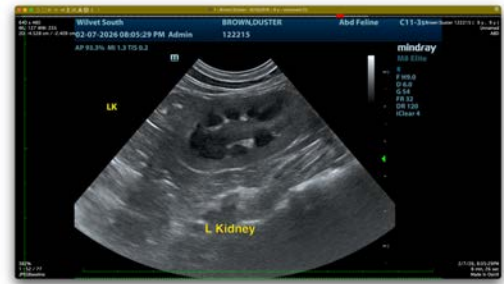
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- Rechecking liver values, to compare to the values from 1/27, to determine whether emerging hepatic pathology is present
- Definitive diagnosis would require biopsies of the affected tissues, and would be recommended if the patient is not responding to empiric treatment





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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