

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Holly Thompson	History: for the past month Holly has been vomiting most days in the morning, mostly fluid with bile. palpable mass mid abdomen.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: pending
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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 3.00 cm.
<b>SEX</b>	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 3.5 cm in length. The right kidney is 3.8 cm in length.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
13 years	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 4.2 mm at the caudal pole. The right adrenal gland height 3.5 mm at the caudal pole.
<b>WEIGHT</b>	<b>Spleen</b>
7.2 lbs	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 6.9 cm.
<b>INTERPRETED BY</b>	<b>Liver</b>
Tam Mengine, DVM, DABVP (canine/feline practice)	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.
<b>IMAGING PERFORMED BY</b>	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.
Diane McFadden	
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Chester AH	The stomach is empty. The gastric wall is 2.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.
<b>REFERRING VET</b>	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 2.6 mm for duodenum and 4.1 mm for jejunum. Intestinal motility appears normal.
Dr Migliaccio	The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.
<b>INVOICE</b>	<b>Pancreas</b>
12395	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.
<b>DATE</b>	
3.10.23	



**PATIENT**

Holly Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

**WEIGHT**

7.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Chester AH

**REFERRING VET**

Dr Migliaccio

**INVOICE**

12395

**DATE**

3.10.23

**Free Abdomen**

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of hyperechoic. The mesenteric lymph nodes were markedly enlarged and hypoechoic with a rounded shape, measuring up to 3.1 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**ULTRASONOGRAPHIC FINDINGS**

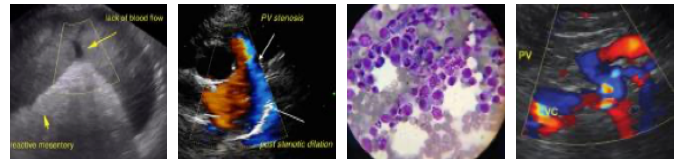
**Findings**

- Thickened small bowel with focal loss of layering, suggestive of infiltrative neoplasia
- Hypoechoic, rounded mesenteric lymph nodes, consistent with neoplastic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the GI tract and lymph nodes are suggestive of either round cell neoplasia, or potentially mast cell disease. It is my understanding that a fine-needle aspiration of the lymph node is pending, which will hopefully provide definitive diagnosis. In the meantime, supportive care, including fluid therapy and appetite stimulation, as well as potentially a GI panel and/or cobalamin supplementation would be recommended. Three-view chest radiographs would also be recommended.





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Holly Thompson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

13 years

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**REFERRING VET**

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**INVOICE**

12395

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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