



PATIENT

Chewbacca Quante

SPECIES

Feline

BREED

Siamese Mix

SEX

Neutered Male

AGE

14 Years

WEIGHT

15.3 Pounds

INTERPRETED BY

Tam Mengine DVM,
DABVP (Canine/Feline
Practice)

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit AW

REFERRING VET

Dr. Sarah Green

INVOICE

36059

DATE

3/2/26

PRESENTING CLINICAL SIGNS

Presented due to lethargy, multiple episodes of vomiting and diarrhea overnight, preceded by 4 days of soft malodorous stools, 2 days of hyporexia

Abnormal PE/Chem/CBC/UA Results: subdued, appears painful on palpation of the cranial abdomen. No significant abnormalities on CBC, chemistry, T4, fPL= 21.5 ng/mL (≥ 5.4 ng/mL consistent with pancreatitis).

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.

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 4.0 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 3.0 mm at the caudal pole. The right adrenal gland height 3.3 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 9.6 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 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.

Gastrointestinal

The stomach is mildly distended with gas. The gastric wall is 2.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. 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. The duodenum is diffusely



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corrugated. The duodenal wall measures 2.4 mm. The jejunal wall measures up to 2.1 mm. 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 visualized and appears normal.

Pancreas

Both limbs of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. 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 the pancreas and stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

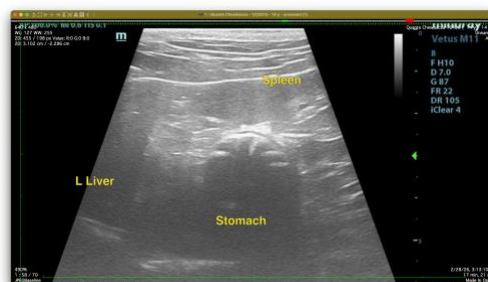
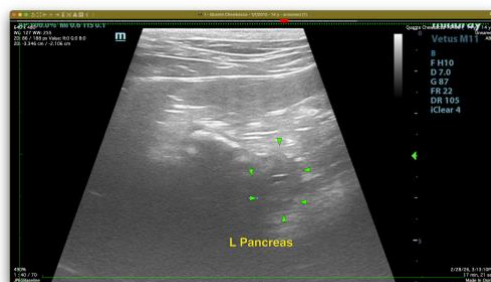
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic pancreas with steatitis, consistent with pancreatitis
- Steatitis in the region of the stomach, consistent with gastritis, potentially secondary to pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with acute pancreatitis. Although the small intestines appear normal, uncommonly, there can be occult intestinal disease present despite normal sonographic findings. If the patient's symptoms persist despite supportive care, gastrointestinal biopsies may be necessary to completely exclude the possibility of underlying infiltrative bowel disease. Additional recommendations include:

- Supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- A highly digestible intestinal diet is recommended.
- If the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.





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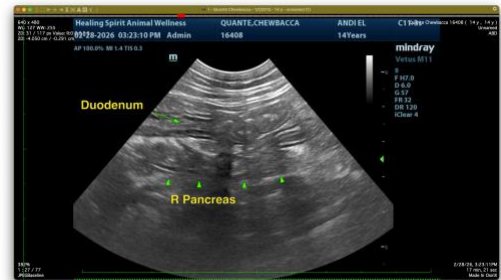
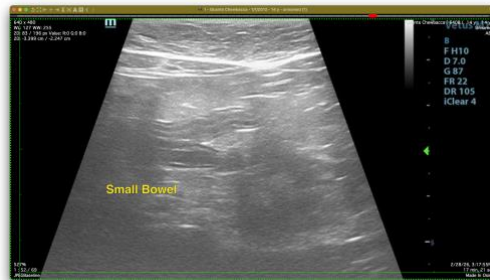
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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