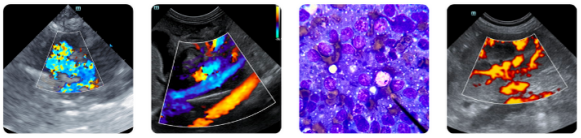

PATIENT

Tiger Zheng

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 years 9 months

WEIGHT

10.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Andover AH

REFERRING VET

Dr. Calise

INVOICE

11532

DATE

3/20/2026

PRESENTING CLINICAL SIGNS

- Chronic intermittent vomitingx10 days, decr. appetite, lethargic, consipation.
- RO pancreatitis vs neoplasia vs ibd vs other.
- Tense painful abd.

Abnormal PE/Chem/CBC/UA Results: Amy-1132 tp-8.9 lymph-0.83 chol-217.

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 2.0 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). Left kidney measures 3.7 cm and the right kidney measures 3.4 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. The left adrenal gland height is 3.3 mm at the caudal pole. The right adrenal gland height is 2.8 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 6.7 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 normal deviations due to rugal folds, and exhibits appropriate wall layering. 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 3.0 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

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The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is not visualized.

Pancreas

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.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

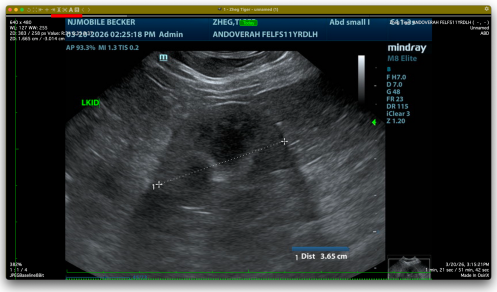
PRIMARY FINDINGS

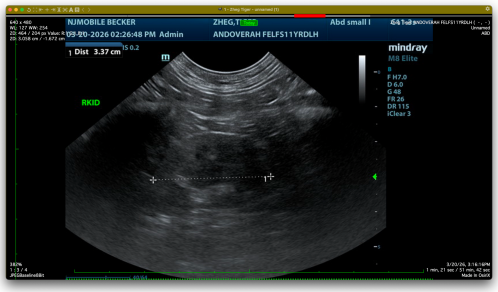
- Diffuse small bowel changes typical of infiltrative bowel disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

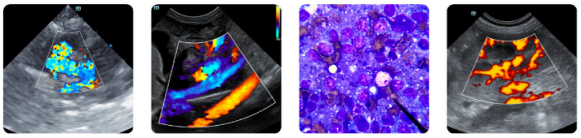
The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel etiologies ((food allergy, lymphoplasmacytic enteritis, eosinophilic enteritis) or low grade gastrointestinal lymphoma. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment.
- 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.





New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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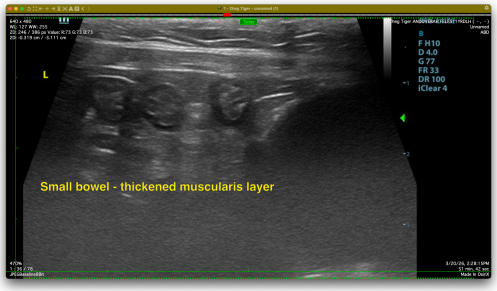

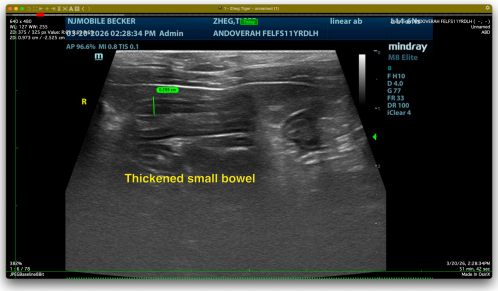

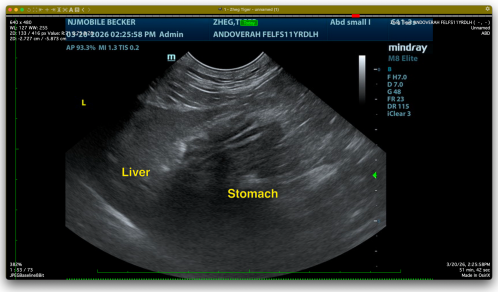

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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