



## PATIENT

Pepper Leisey

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

6.5 Years

## WEIGHT

2.72 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Lindsay Powell, CVT

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

73921

## DATE

3/23/26

## PRESENTING CLINICAL SIGNS

Seen at rDVM on Friday after becoming lethargic on Thursday. Diagnosed with Anemia at that time. Treated with Cerenia, ondansetron, and EN food. Continues to be lethargic, inappetent and nauseous. Admitted for IVF and AUS.

PE: EENT/oral: pink moist mm, crt <2s; significant hypersalivation

Abd: Non painful, no abnormalities; firm stool in colon

Abnormal PE/Chem/CBC/UA Results: rDVM 3/20: CBC: Hct 29.2; Hgb 9.7; neutrophils 11.93  
Chem/lytes: Glob 6.1; GGT 5; Alb:Glob 0.4 QPL: 0.5 (<4.4) FeLV/FIV/HW: all negative UA: USG > 1.050;  
pH 7; sediment NR AXR: No obvious foreign material/obstructive pattern. Gastric wall and SI  
subjectively appear thickened. Moderate to severe generalized bronchointerstitial pattern. Admitting  
diagnostics: PCV/TP: 50/10.2 EPOC: hyperchloremia (129), metabolic acidosis (pH 7.229, BE -8.5) BP:  
180 on doppler (after IVC placed) Rads: There is moderate increase in lung opacity characterized by  
small rings and parallel lines. The other small intestines contain a mix of gas and soft tissue opaque  
content and are normal in diameter. No segmental small intestine dilation, plication or radiopaque  
foreign body are present.

## 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 2.0 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 kidney measures 3.8 cm. Right kidney 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 3.1 mm. Right measures 3.6 mm.

### Spleen

The spleen is of appropriate size (8.9 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.



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## Gastrointestinal

The stomach is markedly distended with normal ingesta. The gastric wall measures 2.0 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. There is a 6.0 mm piece of ingesta casting an anechoic shadow in the region of the pylorus. However, chyme is seen moving into the proximal duodenum.

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. Intestinal motility appears normal. There is a small amount of chyme seen throughout the small bowel.

The visible portions of the colon are of normal thickness (1.6 mm) with intact wall layering. The ileocecal junction is normal.

## 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

- Gastric distention with normal ingesta and a shadowing foci in the region of the pylorus without clear evidence of obstruction.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The shadowing ingesta near the pylorus may represent normal dense food, though the possibility of a small, non-digestible foreign object cannot be excluded. Given that there is chyme seen moving throughout the small bowel, there is no evidence of complete obstruction at this time. If the patient has been fasted, then there is strong evidence to support delayed gastric emptying. If symptoms persist despite supportive care, then abdominal exploratory would be suggested to obtain gastric biopsies and to confirm that there is no partial or intermittent obstruction present in the region of the pylorus.





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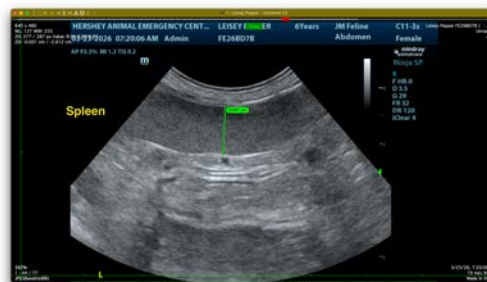
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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