



PATIENT

Louis Vuitton Fahy

PRESENTING CLINICAL SIGNS

History: Unexplained 1.5 pound weight loss with polyphagia & occ vomiting, CBC / Chem / T4 all within normal limits, U/A pending.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. A small amount of echogenic luminal sediment is present, which is freely movable. 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.

BREED

Domestic Shorthair

SEX

Neutered male

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 (4.4) cm in length.

AGE

12.8 yrs

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 (3.7) mm. The right adrenal gland height is (3.5) mm.

WEIGHT

13 lbs

INTERPRETED BY

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

Spleen

There are multiple hyperechoic masses within the splenic parenchyma measuring (up to 5.0 mm) in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measures 8.2 mm at the hilus.

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Dr. Mengine

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There are several, small, hypoechoic nodules scattered throughout the liver parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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REFERRING VET

Dr. Mengine

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 wall is thickened up to (2.4 mm), with a loss of wall layering. The stomach is moderately distended with normal ingesta. The pylorus is of normal appearance, with no evidence of outflow obstruction.

DATE

3/9/23



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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 corrugated. The duodenal wall measures (2.2 mm). The jejunal wall measures up to (2.6 mm). Intestinal motility appears normal.

SPECIES

Feline

The visible portions of the colon are of normal thickness, up to (1.1 mm), with intact wall layering. The ileocecal junction is visualized and appears normal.

BREED

Domestic Shorthair

Pancreas

SEX

Neutered male

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.

AGE

12.8 yrs

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.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

Benign splenic and hepatic myelolipomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no apparent cause for the observed weight loss on today's ultrasound. Additional recommendations include:

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- ❖ Fecal parasite testing and/or empiric deworming with fenbendazole
- ❖ A hydrolyzed diet trial
- ❖ A TLI / Cobalamin / Folate levels to screen for exocrine pancreatic insufficiency
- ❖ Three view chest radiographs
- ❖ It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical GI biopsies would be indicated if weight loss persists and another cause cannot be found.

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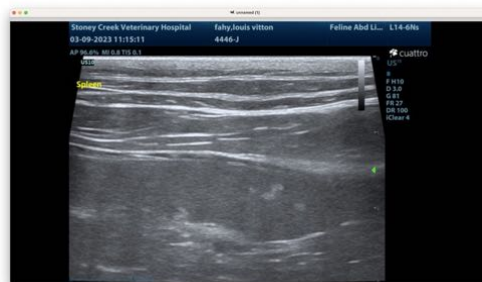
Dr. Mengine

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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.



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