

PATIENT

Gary Dunsdon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.48 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties Burlington PH

REFERRING VET

Dr. Adel

INVOICE

15205

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Ongoing diarrhea since being on antibiotics back around March 21, 26. Seemed better towards the end of the metronidazole then Thursday April 2nd at night it started up again. No blood present in stools Switched to gastro food as recommended but then switched him back to his regular food of Hypo and he seemed better. Eating and drinking normally. No vomiting. Has been on Provable and Lysine.

Abnormal PE/Chem/CBC/UA Results: SDMA 15(m1 elevation) Urea 5.4(low) Rads showed urolithiasis.

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 3.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

Both kidneys exhibit adequate corticomedullary differentiation. Infarcts are seen within the renal cortex of the right kidney. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.1 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 measured 3.4 mm. The right adrenal gland measured 3.9 mm.

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. The spleen measured 6.8 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 mildly distended with gas. The gastric wall is 2.6 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. Intestinal motility appears normal.



PATIENT

Gary Dunsdon

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

SPECIES

Feline

Pancreas

The left limb of the pancreas is hypoechoic to the surrounding mesenteric fat, with an inhomogenous parenchyma and normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

BREED

DSH

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.

SEX

Neutered Male

PRIMARY FINDINGS

AGE

4 Years

- Mottled left pancreas which may indicate chronic pancreatitis though may also be an incidental change.

SECONDARY FINDINGS

- Right renal infarct, typically an incidental finding in a cat.

WEIGHT

5.48 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

There is no definitive explanation for the patient's diarrhea on today's ultrasound. Screening for pancreatitis with a serum pancreatic marker is recommended, to determine whether there is significance to the changes to the pancreatic parenchyma. No uroliths were seen on today's ultrasound period.

IMAGING PERFORMED BY

Crystal Hill

Anecdotally, nephrolithiasis has been associated with renal infarcts, and there is an infarct in the right kidney, so there may be chronic nephrolithiasis present, however, this is typically an incidental problem in cats with no specific solution. Client should monitor for sudden onset of vomiting or pain, which might indicate an obstructive urolith.

HOSPITAL NAME

Beatties Burlington PH

Additional recommendations for management of diarrhea might include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.
- ❖ It is possible for occult intestinal disease to present with normal ultrasound findings, thus endoscopic or surgical biopsies would be indicated if symptoms persist and another cause cannot be found.

REFERRING VET

Dr. Adel

INVOICE

15205

DATE

04/17/26



PATIENT

Gary Dunsdon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

5.48 kg

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beatties Burlington PH

REFERRING VET

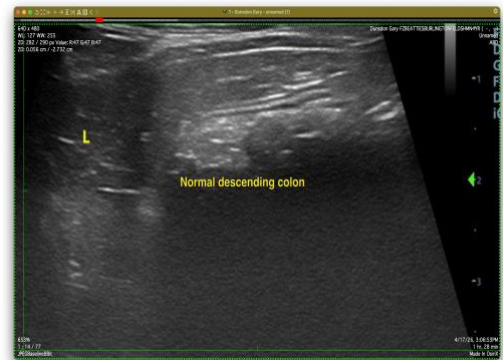
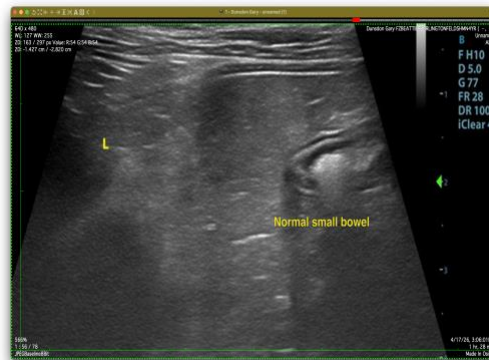
Dr. Adel

INVOICE

15205

DATE

04/17/26



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