

**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Hill History: Marked dental disease 1-month hx of poor appetite some response to medication. abnormal GI findings on abd palp thickened intestines, possible enlarged mesenteric LN Current Medications Cerenia 4mg SID po, Mirataz 3.8cm ribbon SID Trans Dermal

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DMH

**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 3.0 cm.

**SEX**

Female Spayed

Both kidneys exhibit mildly decreased corticomedullary differentiation. Infarcts are seen within the renal cortex of the both kidneys. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.1 cm in length. The right kidney is 4.3 cm in length.

**AGE**

11 years

**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 2.4 mm at the caudal pole. The right adrenal gland height 4.0 mm at the caudal pole.

**WEIGHT**

3.47 kg

**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 7.2 cm).

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Kelly Reschny

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic duct is dilated and there is a large cystic structure where the cystic duct enters the common bile duct. There is no visible obstruction present.

**HOSPITAL NAME**

The Cat Clinic  
Hamilton

**Gastrointestinal**

The stomach is mildly distended with normal ingesta and shadowing foreign material. 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.

**REFERRING VET**

McKeown

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 2.1 mm. The jejunal wall measures up to 2.0 mm. Intestinal motility appears normal.

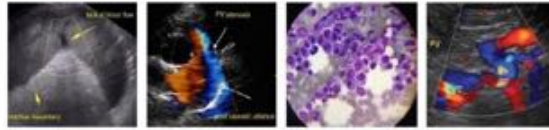
**INVOICE**

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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.

**DATE**

4.24.23



**PATIENT**

**Pancreas**

Rosie Hill

Both limbs of the pancreas re swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears dilated.

**SPECIES**

**Free Abdomen**

Feline

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.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DMH

**Findings**

**SEX**

Female Spayed

- Pancreatic changes suggestive of acute pancreatitis
- Markedly dilated common bile duct, which may be due to extrahepatic biliary obstruction from pancreatitis or may benign an incidental age-related variant.

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11 years

If the patient has an elevated total bilirubin, then it is likely that there is extrahepatic biliary obstruction from acute pancreatitis. If the bilirubin is normal, then pancreatitis is still likely, but without the component of biliary obstruction. Additional recommendations include:

**WEIGHT**

3.47 kg

- An fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- 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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**REFERRING VET**

McKeown

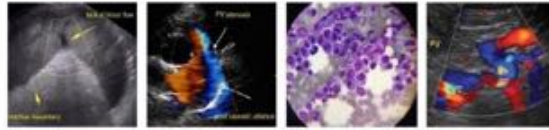
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**PATIENT**

Rosie Hill

**SPECIES**

Feline

**BREED**

DMH

**SEX**

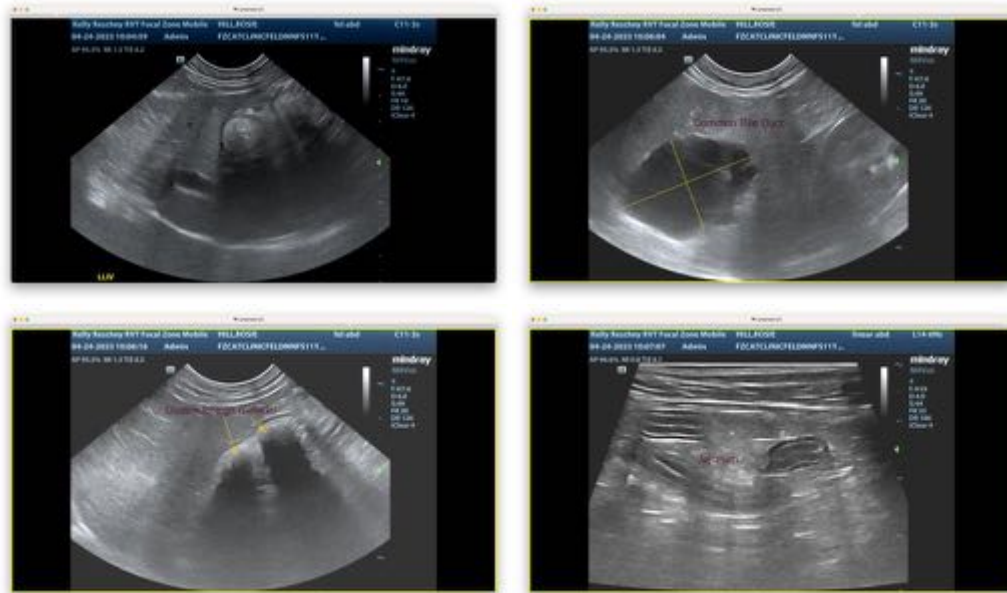
Female Spayed

**AGE**

11 years

**WEIGHT**

3.47 kg



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.

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