



## PATIENT

Lola Snyder

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

3 years

## WEIGHT

3.03 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. Leann Murphy

## INVOICE

11792

## DATE

4/24/2026

## PRESENTING CLINICAL SIGNS

Yesterday morning vomited, hiding under the bed. Decreased defecation. Seemed ataxic in hind limbs. Not eating or drinking since Wednesday. Last night increased respiratory rate. Plays with hair ties, chews on plastic. Yesterday morning vomited, hiding under the bed. Decreased defecation. Seemed ataxic in hind limbs. Not eating or drinking since Wednesday. Last night increased respiratory rate. Plays with hair ties, chews on plastic.

Abnormal PE/Chem/CBC/UA Results: Increased RR/RE, lungs mildly harsh bilaterally Painful on palpation, firm structure mid/cranial abdomen (suspect stool) AXR/CXR: Minimal diffuse bronchial pattern, moderate gas distention of stomach, no obstructive pattern Blood pressure: 2 pm- 100 mm Hg (Doppler), 5 pm- 50 mm Hg (Doppler) EPOC: pH 7.137 L, BE -8.6 L, Lactate 10.73 H, BUN 48, Creatinine 2.37 H CBC: MCHC 27.6 L, Neut 1.77K L, Monocytes 0.88K H, Eosinophils 0.09K L, Platelets 99K L (clumping- dot plot) Chem15: BUN 44 H, Creatinine 1.9, Tbili 2.5 H, ALT too high to read Catalyst panc lipase: >50 H Lactate: 7.1 H Urinalysis: USG 1.038, pH 6.0, protein 3+, blood 4+, bilirubin 1+, RBC >50/hpf, cocci and rods Urine culture, pending 4:30pm BG: 48 Ammonia: 368 H PT/pTT: PT did not coagulate, E012 error on PTT.

## 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 3.0 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 3.3 cm, and the right kidney measures 3.3 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 2.4 mm at the caudal pole. The right adrenal gland height is 2.5 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 5.2 mm.

### Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is not clearly visualized, however, there is a structure seen in one cine loop that I believe represents the gallbladder. This structure appears to have a thicker than normal wall, and minimal luminal contents.



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## Gastrointestinal

The stomach is markedly distended with hypoechoic fluid. The gastric wall is thickened at 3.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is not clearly visualized.

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. The proximal duodenum appears fluid dilated, however, the rest of the small bowel contains a small amount of chyme, as would be considered normal.

The visible portions of the colon are of normal thickness, up to 1.0 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

## Pancreas

The left limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

## Free Abdomen

There is no free fluid noted within the abdomen. There is hyperechoic, inflamed omental fat noted in the region of the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

## PRIMARY FINDINGS

- Diffusely hyperechoic liver.
- Suspected thickened gallbladder wall.
- Markedly fluid dilated stomach with thickened wall, consistent with gastritis.
- Hypoechoic left pancreatitis with steatitis, consistent with pancreatitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver, gallbladder, and pancreas would support a diagnosis of concurrent cholangiohepatitis and pancreatitis, typical of feline triaditis syndrome. The possibility of a pyloric outflow obstruction is not completely excluded, and I suspect the patient would not permit thorough interrogation of this region due to discomfort from pancreatitis. If the patient's stomach remains dilated, despite supportive therapy, then sonographic reassessment, ideally with a safe sedative such as Alfaxalone would be recommended to try to further evaluate the region of the pylorus and proximal duodenum.

Finally, if the patient is not responding to supportive care, liver sampling would be recommended to rule out other pathology, such as infiltrative neoplasia and hepatic lipidosis, provided that coagulations parameters are normal.



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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)**

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