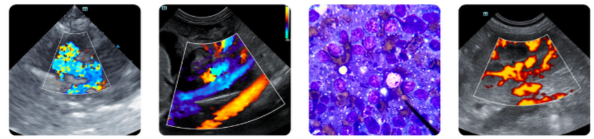

PATIENT

Ajax Thornton

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

6 years

WEIGHT

4.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

11795

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PRESENTING CLINICAL SIGNS

Ajax presented to HAEC on 4/24/26 at 7pm as a transfer from his primary care veterinarian for possible pancreatitis vs triaditis vs hepatic lipidosis. He presented to the rDVM for a 4 day history of inappetance and vomiting. PE: Mild discomfort on cranial abdomen palpation. When sedated for ultrasound- 1 sore/linear lesion caudal left tongue, no FB under tongue seen.

Abnormal PE/Chem/CBC/UA Results: Diagnostics rDVM 4/24/26 530pm: CBC: HCT 55.2 (H), Hgb 18.3 (H), Lymphocytes 0.45 (L), Eosinophils 0.11 (L), Platelets 47 (L) Chem: BUN 38 (H), Ca 7.7 (L), Cl 110 (L), TP 9.0 (H), Globulins 6.2 (H), ALT 146 (H), ALP 12 (L), Bilirubin 1.0 (H) cPL: 10.2 (H) T4: 1.5 (WNL) Radiographs: Abdomen is reported as generally unremarkable. Diagnostics HAEC 4/24/26 O/N: CBC: Lymphocytes 0.75 (L), Eosinophils 0.12 (L), Platelets 14 (L) Invue: platelets >150K (adequate) PT/aPTT: 23.3 (H, but not >25% increase)/121.7 (WNL) SNAP Feline Triple: negative x 3 UA: protein +1, RBC 33/hpf, bilirubin 3mg/dL, bilirubin crystals 1-5/hpf BP: 110mmHg (systolic, doppler) EPOC: Sodium 148 H 129 143 mmol/L Chloride 113 H 94 108 mmol/L Calcium, ionized 1.13 L 1.40 1.77 mmol/L BUN 29 H 9 25 mg/dL.

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.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio, with a subjectively hyperechoic cortex. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left kidney measures 4.2 cm and the 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 adrenal measures 4.3 mm at the caudal pole, and the right adrenal measures 4.6 mm at the caudal pole.

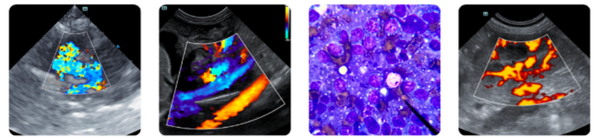
Spleen

The spleen is diffusely thickened, measuring 1.2 cm at the hilus. The capsular margins are regular and the parenchyma is normal. 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 and a small amount of freely-moveable echogenic sludge. 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 empty. The gastric wall is normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.2 mm for duodenum and 2.7 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.5 mm, with intact wall layering. The ileocecal junction was visualized and appears normal.

Pancreas

The left limb of the pancreas is hypoechoic, but of normal size and with no changes to the surrounding mesenteric fat. 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. There are mildly enlarged lymph nodes seen throughout the abdomen, most within the mesenteric region, as well as some that are undifferentiated within the cranial abdomen. Most retain a normal short to long axis ratio, and echogenicity, but several are rounded and hypoechoic, measuring up to 1.2 cm in length. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Focal small bowel changes, typical of infiltrative bowel disease, along with reactive mesenteric lymph nodes.
- Bilateral hyperechoic renal cortices, which may indicate underlying nephritis.
- Hypoechoic left pancreas, without apparent steatitis, suggestive of chronic pancreatic remodeling.
- Hypoechoic mildly enlarged lymph nodes in the cranial abdomen.

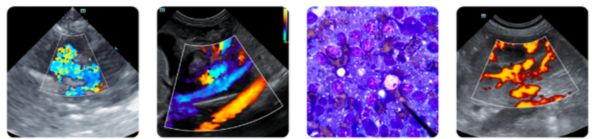
SECONDARY FINDINGS

- Mildly thickened spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small bowel and pancreas, as well as the reactive mesenteric lymph nodes, would support concurrent infiltrative bowel disease and pancreatitis. Additional recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation



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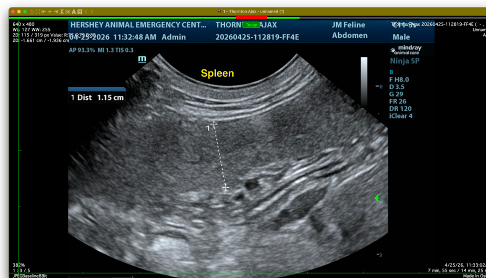
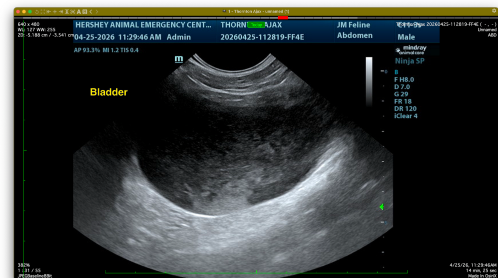
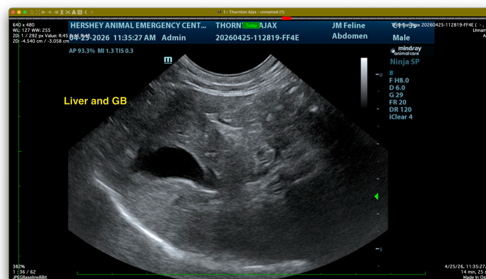
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance. If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

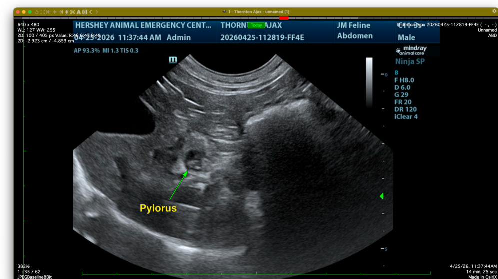
The mildly enlarged spleen may be secondary to Dexdomitor sedation, however if the patient's symptoms persist than fine needle aspiration of the spleen with a 25-gauge needle and diphenhydramine pre-medication should be considered to rule out the possibility of infiltrative within the spleen.

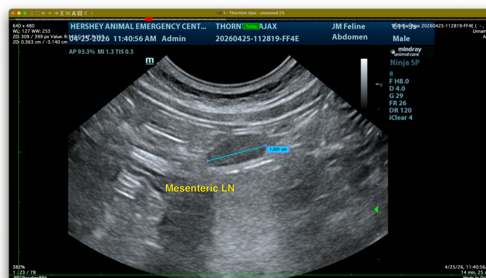
The renal changes are subtle, and of uncertain significance, given that the creatinine is normal. The hypoechoic lymph nodes in the cranial abdomen are only mildly enlarged, but their shape and echogenicity raise concern for significant pathology, including lymphoma. If possible, fine needle aspiration of these nodes would be recommended.

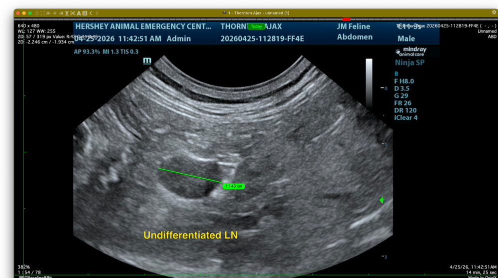


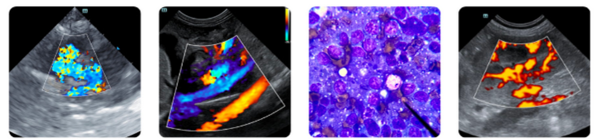












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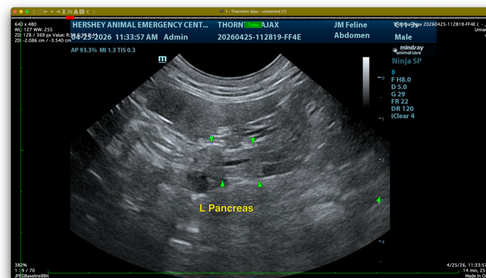

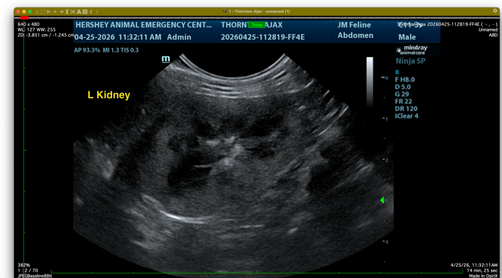

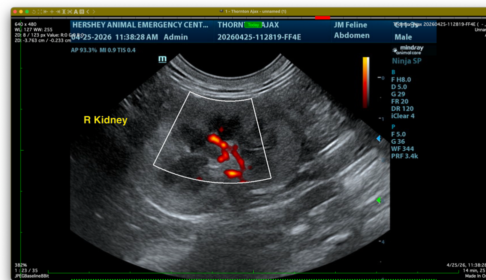

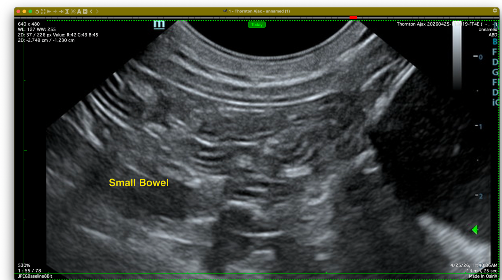

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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