


PATIENT PRESENTING CLINICAL SIGNS

Oscar Body History: diabetic in possible remission, elevated hepatic and pancreatic enzymes meds; glargine insulin was discontinued Apr 20/23

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

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. Urethra visualized to 2.0 cm.

BREED

DSH

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 4.9 cm in length. The right kidney is 4.3 cm in length.

Adrenal Glands

AGE

13 years

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 3.3 mm at the caudal pole. The right adrenal gland height 3.7 mm at the caudal pole.

WEIGHT

17 lbs

Spleen

The spleen is diffusely thickened, measuring 1.1 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. Thickness at the splenic hilus is normal at 1.1 cm.

INTERPRETED BY

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

Liver

The liver is diffusely hyperechoic and subjectively enlarged. 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 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.

HOSPITAL NAME

Mountain AH

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.

REFERRING VET

Woodward

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.1 mm for duodenum and 3.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

INVOICE

12890

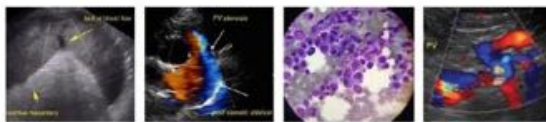
The visible portions of the colon are of normal thickness, up to 1.6 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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

DATE

4.28.23


PATIENT
Free Abdomen

Oscar Body

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Diffuse changes to the small bowel, consistent with infiltrative bowel disease
- Hypoechoic swollen pancreas, consistent with pancreatitis
- Hyperechoic liver

BREED

DSH

SEX

Neutered Male

Secondary Findings

- Mildly thickened spleen

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammatory changes in the liver, pancreas and GI tract are suggestive of feline “triaditis” syndrome. Recommendations include:

WEIGHT

17 lbs

- A complete GI panel and bile acids testing
- supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- trials with a novel protein or hydrolyzed diet
- Treatment with denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- 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.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Woodward

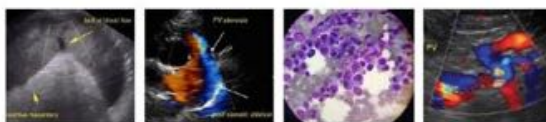
INVOICE

12890

DATE

4.28.23





PATIENT

Oscar Body

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 years

WEIGHT

17 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Mountain AH

REFERRING VET

Woodward

INVOICE

12890

DATE

4.28.23



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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com