



## PATIENT

Damien Madara

## SPECIES

Feline

## BREED

ASH

## SEX

Neutered Male

## AGE

9 Years 9 Months

## WEIGHT

13.3

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Nader Shafik

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Nader Shafik

## INVOICE

14862

## DATE

04/03/26

## PRESENTING CLINICAL SIGNS

Blue pearl ER Tuesday night for possible bloody vomiting, regular vet yesterday for possible pancreatitis, not eating for 2 days only treats.

Abnormal PE/Chem/CBC/UA Results: • ↑ creatinine • ↑ lactate • worsening pancreatitis

## 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 and trigone 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. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 3.6 cm in length. The right kidney measured 4.2 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 3.5 mm. The right adrenal gland measured 3.3 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 5.7 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 fluid measuring 1.7 mm. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

### Gastrointestinal

The stomach is moderately distended with fluid. The gastric wall measures 1.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus was not seen.

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.



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The visible portions of the colon are of normal thickness with intact wall layering measuring 1.2 mm. The ileocecal junction was not seen.

### Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. 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 stomach. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

### PRIMARY FINDINGS

- Steatitis associated with the stomach.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive explanation for the patient's symptoms on today's ultrasound. The visualized region of the pancreas appear normal, although occasionally sonographic signs of pancreatitis can lag behind serum markers, thus if not already performed, a serum pancreatic marker would be recommended to further evaluate for pancreatitis.

The stomach is fluid dilated, and the pylorus cannot be seen, thus the possibility of a pyloric outflow obstruction cannot be excluded. If the patient's symptoms persist, then abdominal exploratory for biopsies and to completely rule out the possibility of obstruction would be recommended. Additional recommendations would 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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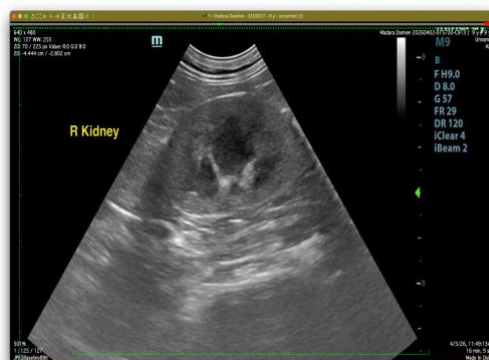
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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