



PATIENT

Meelo Kemencei

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Morse LVT
CVT

HOSPITAL NAME

East Fishkill Animal
Hospital

REFERRING VET

Dr. Baffi

INVOICE

14849

DATE

04/03/26

PRESENTING CLINICAL SIGNS

Chronic hx of ALP elevations and most recently ALT became elevated but improved after being on Denamarin. Chronic wt loss

Current meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: ALP 240 ALT was 184 (12/25) but after Denamarin is down to 126

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 (visible to 2.0 cm) 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 3.5 cm in length. The right kidney measured 3.4 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 3.1 mm. The right adrenal gland measured 3.6 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 9.8 mm.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a homogenous echotexture. The hepatic vasculature is subjectively dilated likely secondary to sedation 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.

Gastrointestinal

The stomach is moderately distended with gas. The gastric wall is 1.7 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.



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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 1.1 mm. The ileocecal junction was normal.

Pancreas

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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.

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Free Abdomen

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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.

PRIMARY FINDINGS

WEIGHT

Not Provided

- Diffusely hyperechoic liver.
- Small amount of gallbladder sludge which can be incidental in a cat but also associated with inflammatory cholecystitis.

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SECONDARY FINDINGS

- Hepatic venous congestion, likely secondary to the patient's sedation protocol and an incidental finding.
- Evidence of chronic pancreatic remodeling.

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CVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the liver are nonspecific and may be seen with inflammatory disease, both infectious and noninfectious, vacuolar hepatopathy, storage hepatopathy, and less likely infiltrative neoplasia such as lymphoma. The presence of gallbladder sludge with concurrent elevation in ALP suggests the possibility of bacterial cholangiohepatitis as a more likely differential, however, sampling would be needed for a definitive diagnosis. Additional recommendations, if liver biopsies or fine needle aspiration is not pursued, would include:

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- ❖ bile acid testing is recommended to further assess severity of hepatic disease
- ❖ Initiation of liver support therapies such as SAME, Vitamin E and ursodiol
- ❖ Broad spectrum antibiotic therapy, such as a combination of amoxicillin or amoxi-clav, in combination with a fluoroquinolone, is recommended. If recheck lab values in 1 week show significant improvement, then a 4-6 week total course of antibiotics is recommended.
- ❖ If there is no response to supportive and antibiotic therapy, then empiric prednisone at 2-4mg/kg / day could be considered.

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The changes in the pancreas are common in older cats and likely incidental, however, given the phenomenon of concurrent elevation in ALP, pancreatitis, and cholangiohepatitis in cats, evaluation of



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a serum pancreatic marker such as an FPLI would be suggested to rule out the possibility of concurrent pancreatitis.



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.



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