



PATIENT

Lilu Blagrove

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

12 Years 1 Month

WEIGHT

8.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Green

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Sarah Green

INVOICE

15688

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Presented due to hyporexia, vomiting, and icteric appearance to sclera. Significant weight loss since previous visit 14 months ago.

Abnormal PE/Chem/CBC/UA Results: Mildly febrile (T=102.8°F). Icterus and hepatomegaly noted on exam. ALT=371 (20-100) U/L, ALP=244 (10-90), AST=156 (12-43) U/L, tbili=8.9 (0.1-0.6) mg/dL, leukocytosis (WBC=45.6K) associated with increased neutrophils, lymphocytes and monocytes, borderline anemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. A small amount of echogenic luminal material is present, typical of mucus. 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 1.0 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). The left kidney measured 4.1 cm in length. The right kidney measured 3.6 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 3.4 mm. The right adrenal gland measured 2.9 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 8.4 mm.

Liver

The liver is diffusely hyperechoic and subjectively enlarged, with sharp borders and a heterogeneous echotexture with complete loss of portal markings. 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 is thickened to 2.0 mm without evidence of rupture. The cystic and common bile ducts are normal.

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.



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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.

The visible portions of the colon (1.2 mm) are of normal thickness with intact wall layering. The ileocecal junction is normal. There is a 2.0 cm in length of bowel, which exhibits complete loss of wall layering and is thickened, typical of an intramural mass. It is unclear whether this is arising from small or large bowel. The associated omental fat is hyperechoic.

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 evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.7 cm, with normal short to long axis ratio and appropriate echogenicity.

PRIMARY FINDINGS

- Diffusely hyperechoic rounded liver.
- Thickened gallbladder wall with sludge consistent with cholecystitis.
- 2.0 cm bowel mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver parenchyma is nonspecific, and could indicate underlying infectious or inflammatory disease, infiltrative neoplastic disease, or hepatic lipidosis. Fine needle aspiration with a 25-gauge needle and diphenhydramine premedication is recommended, provided that coagulation parameters are normal.

The bowel mass most likely represents malignancy, given the associated inflammation, however, biopsy would be needed for definitive diagnosis. Three view chest radiographs would be recommended if not already performed.





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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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