

## PATIENT

Binx Zimmerman

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

2 Years

## WEIGHT

8.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Julia Wiederholt

## HOSPITAL NAME

Dreaming Summit  
Animal Hospital

## REFERRING VET

Dr. Julia Wiederholt

## INVOICE

16599

## DATE

05/29/26

## PRESENTING CLINICAL SIGNS

Progressive diarrhea for 3+ months. Dehydrated but physical exam today otherwise unremarkable. Fecal negative. CBC unremarkable, moderate hyperproteinemia and hyperglobulinemia. FPL normal. No improvement with probiotics or metronidazole.

PE: dehydrated, "doughy" abdomen. Vitals normal. Fecal (2/16/26) negative. FPL (2/18/26) normal. CBC (4/10/26) unremarkable. Chem 17 (4/10/26) TP 9.4 (H), globulins 6.7 (H), remainder normal. UA (4/27/26) unremarkable.

## 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 3.0 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 4.0 cm. The right kidney measured 4.4 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. The left adrenal gland measured 3.6 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 7.2 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 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 and fluid. The gastric wall is 2.1 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.

The descending most portion of the colon is visualized and is thickened at 2.8 mm with intact wall layering. Lymph nodes in the region are mild to moderately enlarged, measuring up to 1.5 cm. There is a markedly thickened loop of bowel seen more cranial within the abdomen, with loss of wall layering and a thickness up to 7.0 mm, which is suspected to also represent the descending colon, however, this is not definitively determined with the signal loops included. The ileocecal colic junction is clearly visualized, and appears normal, however, the surrounding omental fat is hyperechoic and the lymph nodes in the region are prominent.

### **Pancreas**

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

### **Free Abdomen**

There is scant free fluid within the peritoneal cavity adjacent to the spleen. The colic and ileocolic lymph nodes were moderately enlarged, up to 1.5 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

### **PRIMARY FINDINGS**

- Markedly thickened bowel loop, suspected to represent the descending colon with loss of wall layering.
- Hypoechoic left pancreas with steatitis typical of pancreatitis.
- Reactive ileocecal colic and colic lymph nodes with steatitis.
- Scant free fluid of uncertain etiology.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopic biopsies of the colon are recommended, as the changes seen on ultrasound are concerning for infiltrative disease, including lymphocytic plasmocytic disease, FIP, and lymphoma. Assessment of a serum pancreatic marker is also recommended to investigate the possibility of concurrent pancreatitis. Additional recommendations would include:

- Fecal PCR testing for less typical or less common parasites, such as tritrichomonas, if not already performed.
- PCR testing for FIP.
- Feline leukemia and FIV testing if not recently performed.
- Trials with a novel protein or hydrolyzed diet.
- Empiric therapy with prednisolone at 2-4 mg/kg daily could be considered if biopsies are not pursued.



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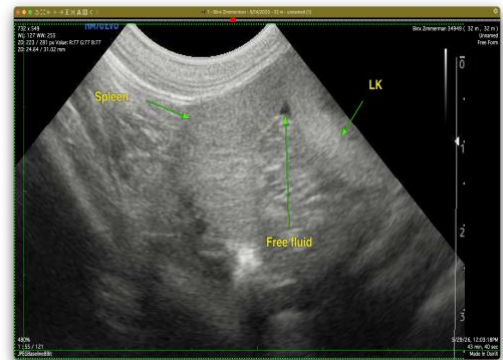
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

info@SonoPath.com