

PATIENT

Bella Margarite

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.8 years

WEIGHT

9.5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

West Chester
Veterinary MC

REFERRING VET

Dr. Hillary Fordyce

INVOICE

13355

DATE

6.14.23

PRESENTING CLINICAL SIGNS

History: Several-month history of weight loss, vomiting.

Bloodwork 3/23 - very mild elevations in ALT / AST. Recheck bloodwork today all unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 3.0 cm.

Both kidneys exhibit moderately decreased corticomedullary differentiation. Infarcts are seen within the renal cortex of both kidneys. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.3 cm in length. The right kidney is 4.4 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 height is 3.3 mm at the caudal pole. The right adrenal gland height 4.5 mm at the caudal pole.

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 at 7.5 cm.

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. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

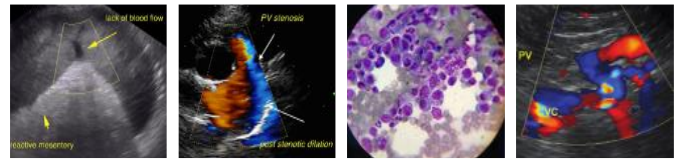
The stomach is mildly distended with normal ingesta. The gastric wall is not measured due to the deviations from the rugal folds, but exhibits appropriate wall layering and is of subjectively normal thickness. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 3.1 mm for duodenum and 2.8 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

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

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.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely thickened small bowel, typical of infiltrative bowel disease

BREED

DSH

Secondary Findings

- Gastric foreign material (most likely ingesta) suggesting delayed gastric emptying or ileus
- Chronic renal changes with infarcts

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14.8 years

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or low-grade gastrointestinal lymphoma. Recommendations include:

- Fecal parasite testing and empiric Fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- 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.

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The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.

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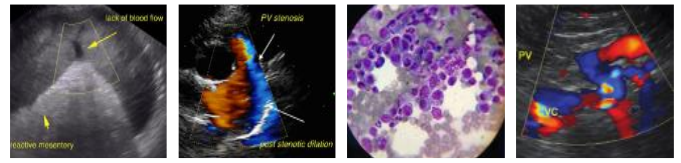
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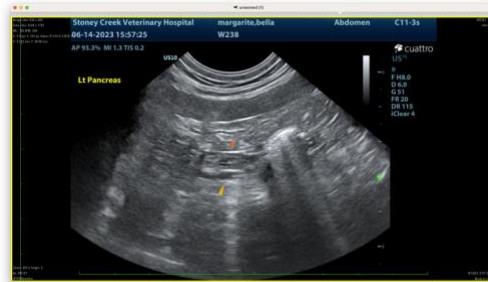
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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