



PATIENT PRESENTING CLINICAL SIGNS

Mickey McIlhenny History: Unexplained weight loss. IRIS Stage 1 renal disease and mild increase ALP, else normal CBC / Chem / T4

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder is moderately with anechoic urine, and no luminal sediment is present. 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.

BREED

DSH

Both kidneys have a hyperechoic cortex, but exhibit appropriate cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.0 cm in length. The right kidney is 4.3 cm in length.

SEX

Neutered Male

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 3.2 mm at the caudal pole. The right adrenal gland height 3.7 mm at the caudal pole.

AGE

14 years

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 7.6 cm.

WEIGHT

11.3 lbs

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Tam Mengine

Gastrointestinal

The stomach is empty. The gastric wall is 2.5 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

HOSPITAL NAME

Stoney Creek VH

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.9 mm for duodenum and 3.0 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

REFERRING VET

Dr. Mandy Becker

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The left and right limbs of the pancreas are swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

INVOICE

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 2.3 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

DATE

6.29.23



PATIENT

Mickey McIlhenny

ULTRASONOGRAPHIC FINDINGS

Primary Findings

SPECIES

Feline

- Diffusely thickened small bowel, with reactive mesenteric lymph nodes
- Swollen, hypoechoic pancreas

BREED

DSH

Secondary Findings

- Very mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

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

AGE

14 years

- 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.

WEIGHT

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SPECIES

Feline

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Neutered Male

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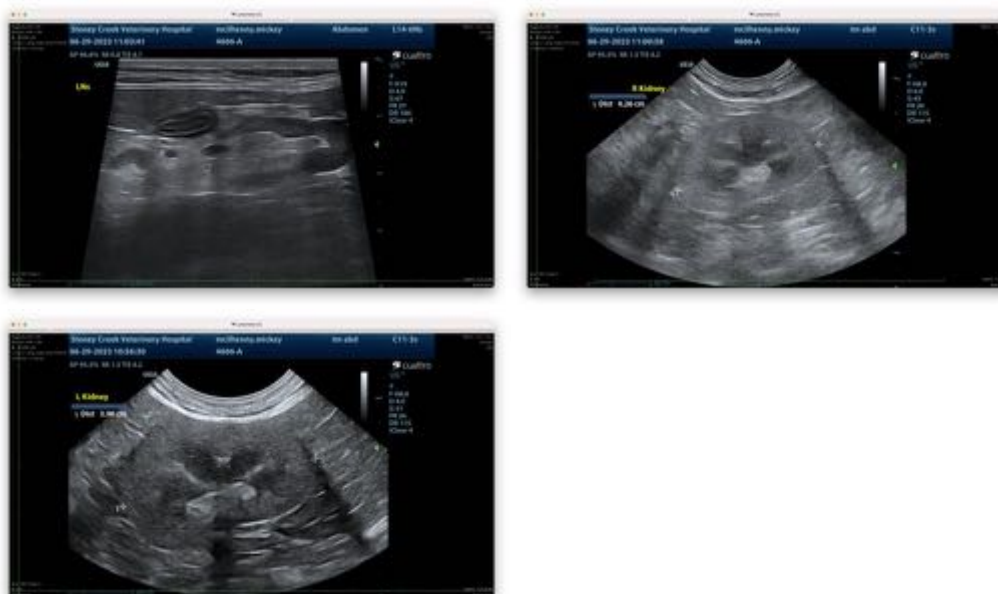
Dr. Mandy Becker

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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