

**PATIENT**

Morgan Henderson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed female

**AGE**

15.5 years

**WEIGHT**

9.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

31798

**DATE**

7/19/22

**PRESENTING CLINICAL SIGNS**

History: ~1 week history of decreased appetite, activity, and abd distention with loss of muscle mass. Bloodwork and fluid cytology pending. Focal cardiac U/S was unremarkable. Fluid is straw colored and a little turbid

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder has a mildly thickened wall and is minimally distended with anechoic urine. The wall thickness is consistent with the bladder being non-distended. The pelvic urethra could not be visualized. No masses, calculi or mucosal irregularities are noted.

The left kidney is hyperechoic and exhibits mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.5 cm.

The right kidney exhibits mildly decreased corticomedullary differentiation. There is focal mineralization present within the renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 2.9 cm.

**Adrenal Glands**

Neither adrenal gland could be visualized due to the large amount of ascites present.

**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. The spleen measures 6.6 mm at the hilus.

**Liver**

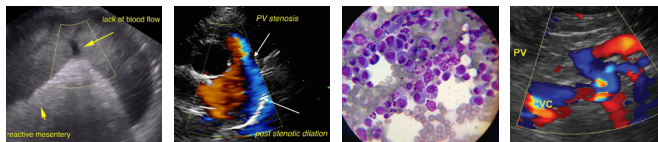
The liver appears subjectively enlarged and the margins have a rounded and sometimes undulating appearance. There are several hypoechoic nodules noted within the hepatic parenchyma. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is 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 wall layering of the stomach, small intestines and colon was not readily evident. The walls of the stomach and small bowel cannot be measured due to the lack of differentiation of layers.

The visible portions of the colon are of normal thickness, up to (1.2) mm. The ileocecal junction is visualized and appears normal.



**PATIENT**

**Pancreas**

Morgan Henderson

The pancreas is hyperechoic and enlarged, and is adhered to the spleen. The pancreatic duct cannot be visualized.

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Feline

**Free Abdomen**

The free abdomen is distended with large amounts of anechoic fluid.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

**SEX**

Spayed female

Hyperechoic pancreatic mass, concerning for pancreatic carcinoma

Large amount of ascites.

**AGE**

15.5 years

Enlarged, irregularly shaped liver.

Indistinct bowel wall layering.

**WEIGHT**

9.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the liver and GI tract along with the copious ascites are concerning for intraabdominal neoplasia. An abdominocentesis is recommended for diagnostic fluid analysis and patient comfort. Full CBC chemistry panel and three view chest radiographs are also recommended. It is my understanding that there has been an assessment of cardiac function and that congestive heart failure has been ruled out as a cause of clinical signs.

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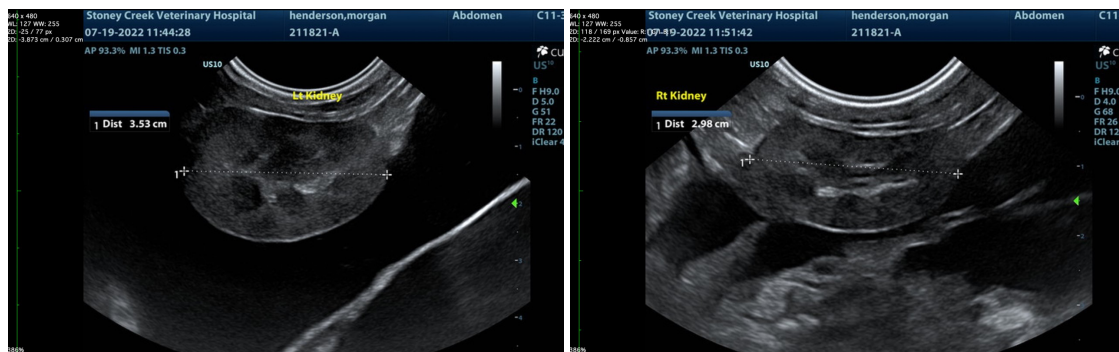
Dr. Mengine

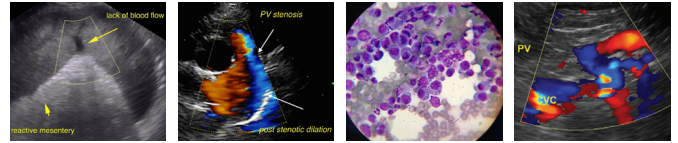
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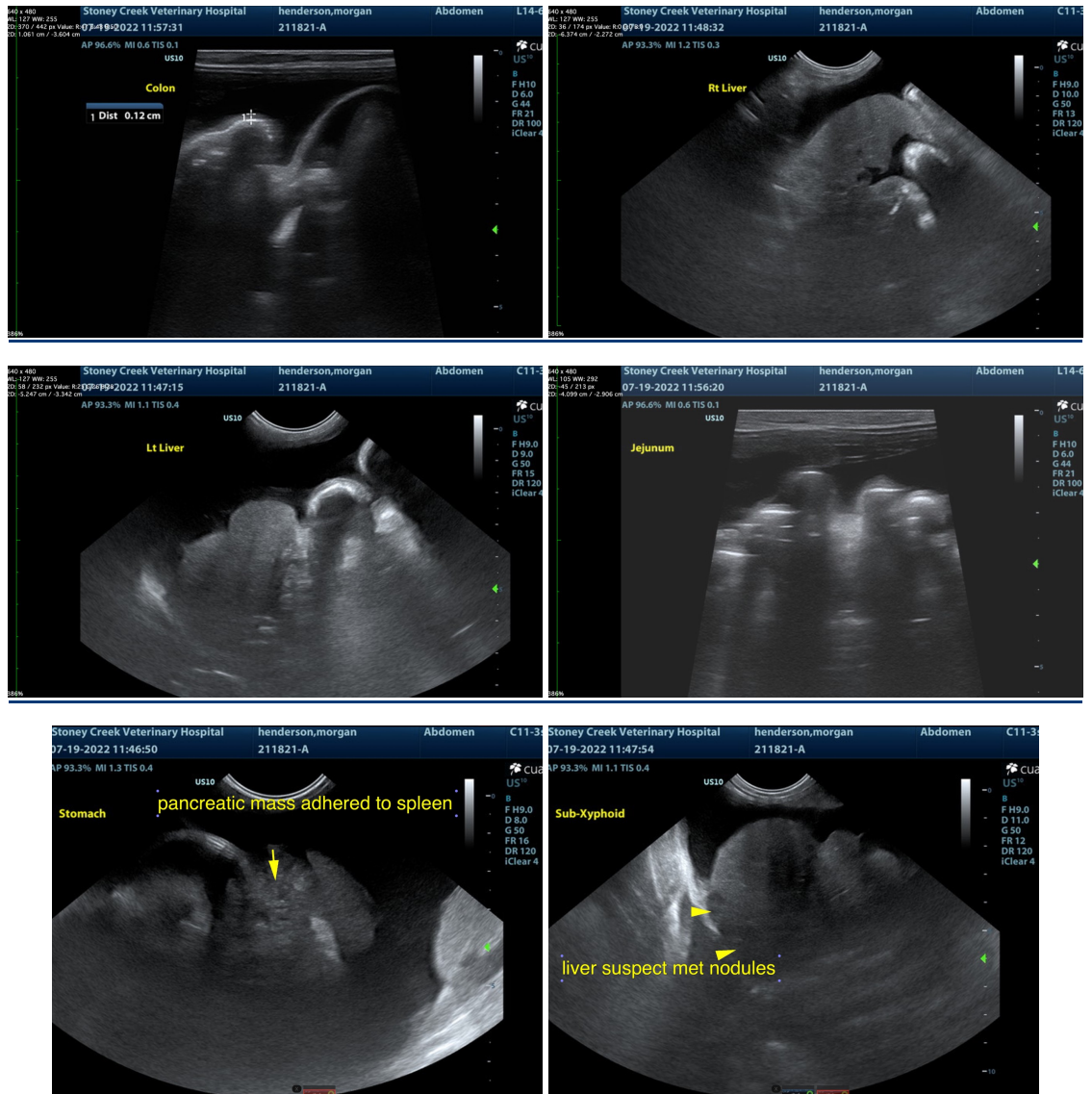
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**

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