



PATIENT

Penelope Poo Jennings

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

9 years

WEIGHT

10.7 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

31800

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Few day history of decreased appetite and one episode of vomiting. CBC/ Chem unremarkable, U/A SpGr 1.022 with marked rods, WBC, RBC. Urine culture = E. coli. Hx of R ureterolith with ureteral reimplantation in 1/22 . Long history of mild IBD managed with 2.5mg of pred daily, normal recent GI panel.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended and moderately full with anechoic urine, along with a moderate amount of echogenic sediment. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit adequate 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 is (3.56) cm in length. The right kidney is (3.64) cm in length with an area of focal mineralization. There is no evidence of obstruction.

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 (3.4) mm at the cranial pole and (3.0) mm at the caudal pole. The right adrenal gland height is (2.7) mm at the cranial pole and (2.8) 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. The spleen measures 7.9 mm at the hilus.

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 distended with anechoic contents. The gallbladder is bilobed, which is a normal variant. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



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Gastrointestinal

The stomach is empty. The gastric wall is (2.4) mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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. The duodenal wall measures (2.5) mm. There are small, focal areas of the jejunum that do not exhibit the normal 1:3 muscularis to mucosal ratio. The jejunal wall measures up to (2.3) mm. Intestinal motility appears normal.

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 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 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.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

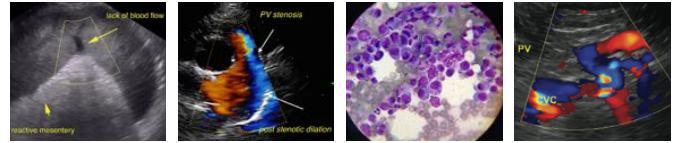
- Resolution of the right ureteral obstruction and pyelectasia seen on the last ultrasound in January 2022.

SECONDARY FINDINGS:

- Small areas of mineralization in the right kidney and mild inflammatory changes in the small bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient has a confirmed urinary tract infection which is being appropriately treated as directed by culture. The patient is also being treated for inflammatory bowel disease and my understanding is that symptoms are well controlled at this time. No further recommendations as long as the patient is doing clinically well.



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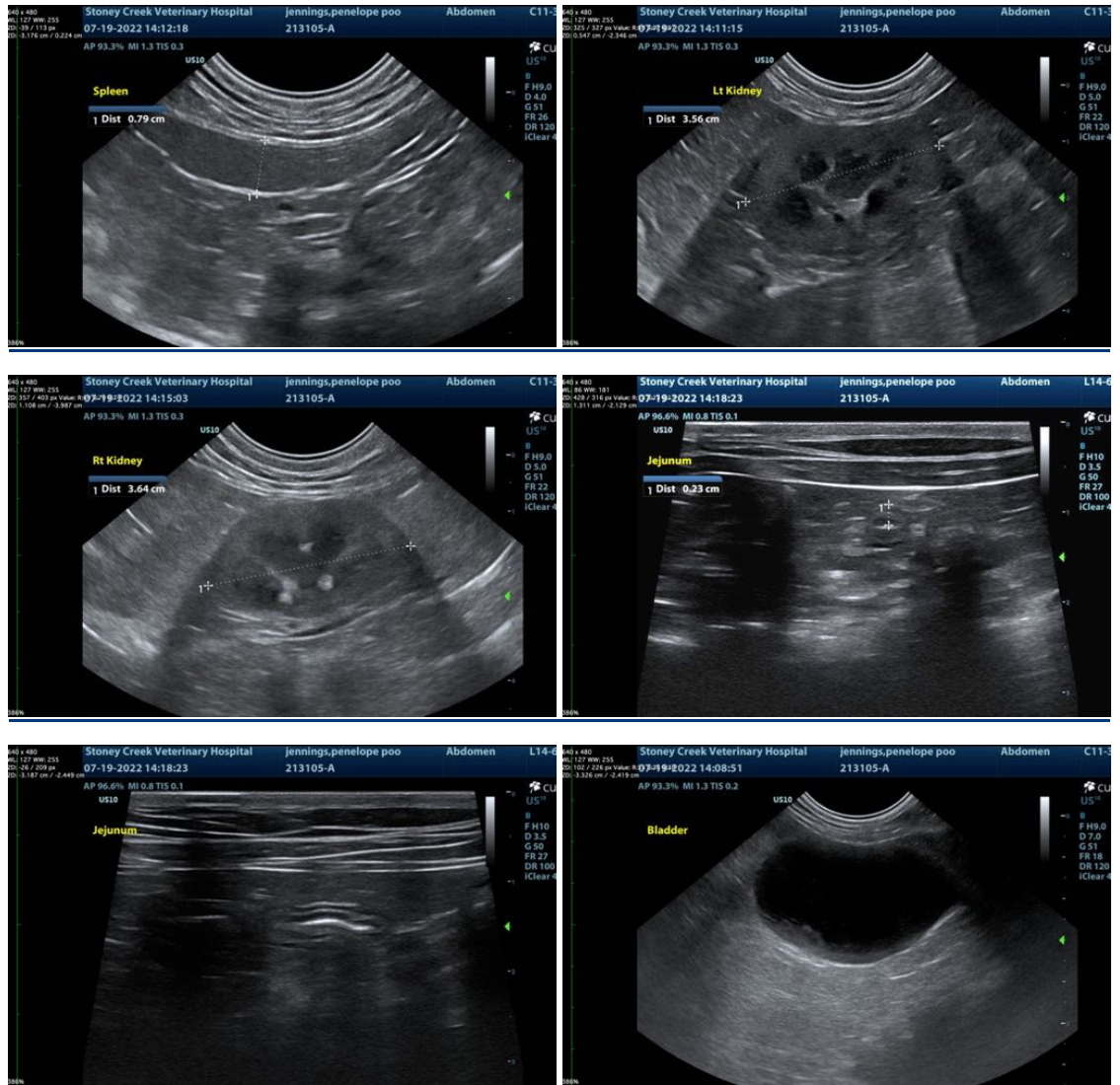
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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