



**PATIENT PRESENTING CLINICAL SIGNS**

Gates Sutton History: Chronic vomiting for past 2 months. No weight loss. Rads 1 month ago wnl. R/O Intestinal dz vs other. Eats Hill SD senior formula. Meds: Methimazole 2.5mg bid.  
**SPECIES** Abnormal PE/Chem/CBC/UA Results: T4 5.15 (4.3 H) rest of bw wnl.

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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.

Neutered Male **AGE** 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 is 4.1 cm in length. The right kidney is 4.5 cm in length.

**WEIGHT** *Adrenal Glands*

14 lbs 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 3.7 mm at the caudal pole. The right adrenal gland height 3.6 mm at the caudal pole.

**INTERPRETED BY**

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

*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 9.1 mm.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

*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.

**HOSPITAL NAME**

Budd Lake AH

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.

**REFERRING VET**

Dr. Horn

*Gastrointestinal*

The stomach is moderately distended with normal ingesta. The gastric wall is 2.3 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.3 mm for duodenum and 2.1 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

**DATE**

7.26.23

The visible portions of the colon are of normal thickness, up to 1.6 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.



**PATIENT** *Free Abdomen*

Gates Sutton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years, 3 mos

**WEIGHT**

14 lbs

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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.

**ULTRASONOGRAPHIC FINDINGS**

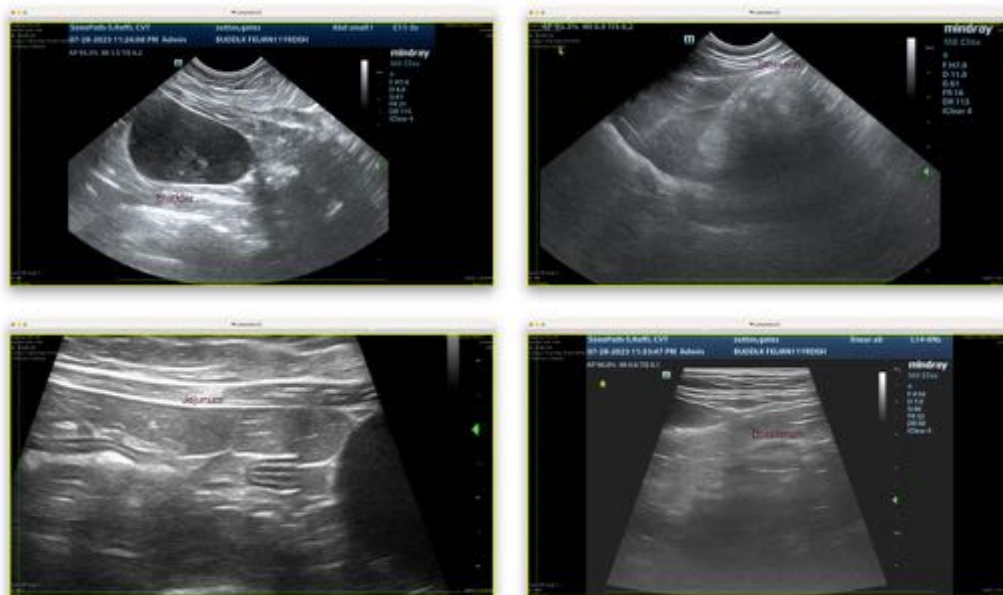
**Findings**

- Mild small intestinal changes, suggestive of infiltrative bowel disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the gastrointestinal tract are very mild, but are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or less likely, 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.



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.



**PATIENT** Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com

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Feline

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Neutered Male

**AGE**

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