



**PATIENT**

Patrick Vetsas

**PRESENTING CLINICAL SIGNS**

History: Patient with history of dental disease presents for poor appetite and then not eating. Owner reports the patient is not eating at all despite mirtazapine.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: 7/22/22: Superchem/CBC/T4/FreeT4 all WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder is moderately distended 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.

**SEX**

Neutered Male

The prostate is of appropriate size for patient age and neutering status, with a homogenous parenchyma and smooth capsule. The prostatic urethra is non-dilated with normal margins).

**AGE**

13 Years

Both kidneys are hyperechoic and exhibit moderate loss of 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 measures 4.2 cm.

**Adrenal Glands**

**WEIGHT**

11.25 Pounds

The left adrenal gland is identified in its normal location. It is normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is (3.7) mm at the cranial pole and (3.9) mm at the caudal pole.

The right adrenal gland is not definitively visualized, but the region of the right adrenal gland is normal.

**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.

**IMAGING PERFORMED BY**

Kelly Vazquez

**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.

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

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Dr. Hartwick

**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.

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The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. The jejunal wall measurements are diffusely increased, up to (4.3) mm. Overall wall layering is preserved. The duodenum wall is normal, measuring 2.4 mm. The ileocecolic junction is visualized and has a markedly thickened muscularis layer with an overall wall thickness of 3.2 mm.

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The visible portions of the colon are of normal thickness, up to (1.8) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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**Pancreas**

**SPECIES**

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.

Feline

**BREED**

**Free Abdomen**

There is a 4.9 cm x 5.0 cm undifferentiated mass in the mid abdomen. The abdomen is filled with a large amount of anechoic free fluid with hyperechoic omental fat throughout the abdomen.

DSH

**SEX**

A 1.4 cm x 0.9 cm lymph node is visualized in the region of the mesentery.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

- Large undifferentiated mid abdominal mass
- A large amount of ascites
- Infiltrative bowel changes

13 Years

**WEIGHT**

**Secondary Findings**

11.25 Pounds

- Chronic renal changes

**INTERPRETED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

Premedication with diphenhydramine, followed by FNA of the abdominal mass and sampling of the ascites for fluid analysis, is recommended for a definitive diagnosis. Possible origins of the mass include the small bowel, or an adjacent lymph node. The presence of the mass along with more diffuse changes to the small bowel are concerning for infiltrative neoplastic disease, such as lymphoma or visceral mast cell disease. A GI panel and three view chest radiographs are also recommended.

**IMAGING PERFORMED BY**

Kelly Vazquez

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

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- ❖ a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- ❖ urine culture should also be considered, particularly if urine sediment is active
- ❖ dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines

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**SPECIES**

Feline

**BREED**

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**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

11.25 Pounds

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**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

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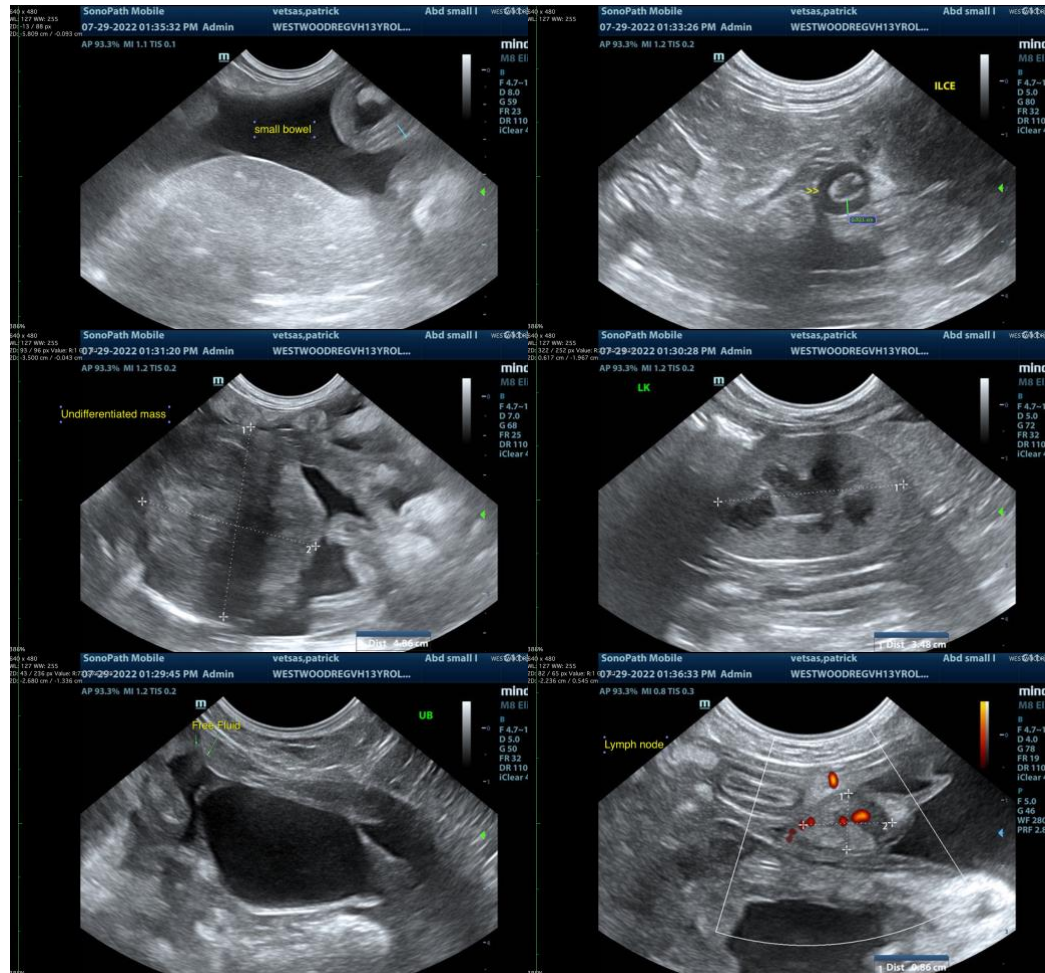
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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