



**PATIENT**

Logan Friends of  
Lakota Preserve

**SPECIES**

Feline

**BREED**

Lynx

**SEX**

Neutered male

**AGE**

4 years

**WEIGHT**

40 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Leal

**HOSPITAL NAME**

Blairstown AH

**REFERRING VET**

Dr. Leal

**INVOICE**

31475

**DATE**

7/5/22

**PRESENTING CLINICAL SIGNS**

History: Lynx presented with weight loss and inappetence. Bloodwork pending. Radiographs show good detail but NSF. Ultrasound done for further diagnostics

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is 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.

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 (5.3) cm in length. The right kidney is (5.5) cm in length.

**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.

**Spleen**

The visualized area of 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.

**Liver**

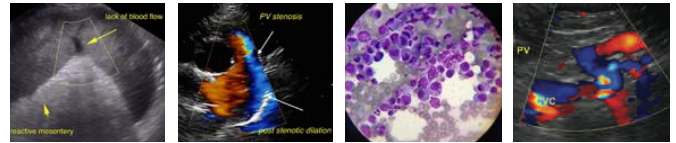
The liver is diffusely hypoechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

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

The visualized portions of the jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. There is diffuse corrugation of the duodenum.



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

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**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.

**BREED**

Lynx

**Free Abdomen**

Multiple, mildly enlarged, hepatic and mesenteric lymph nodes are noted in the free abdomen. There is no evidence of free fluid. Focal areas of hyperechoic omental fat is noted in the region of the liver and pancreas. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

**PRIMARY FINDINGS:**

- Hypoechoic, subjectively enlarged liver.
- Corrugated duodenum and multiple, mildly enlarged mesenteric lymph nodes.
- Hyperechoic fat in the region of the pancreas.

**WEIGHT**

40 lbs

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

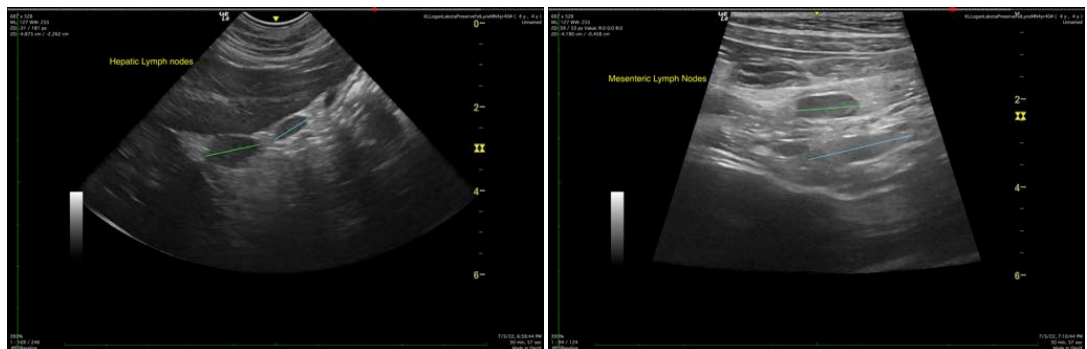
The changes in the liver are most consistent with inflammatory disease along with the other changes in the abdomen that may be suggestive of triaditis. Neoplasia is considered less likely. The GI panel may provide additional information regarding the possibility of triaditis. If coagulation profiles are normal then FNA of the liver and affected lymph nodes could also be considered. Given that the patient sounds like it is a non-domesticated animal infectious diseases should also be considered.

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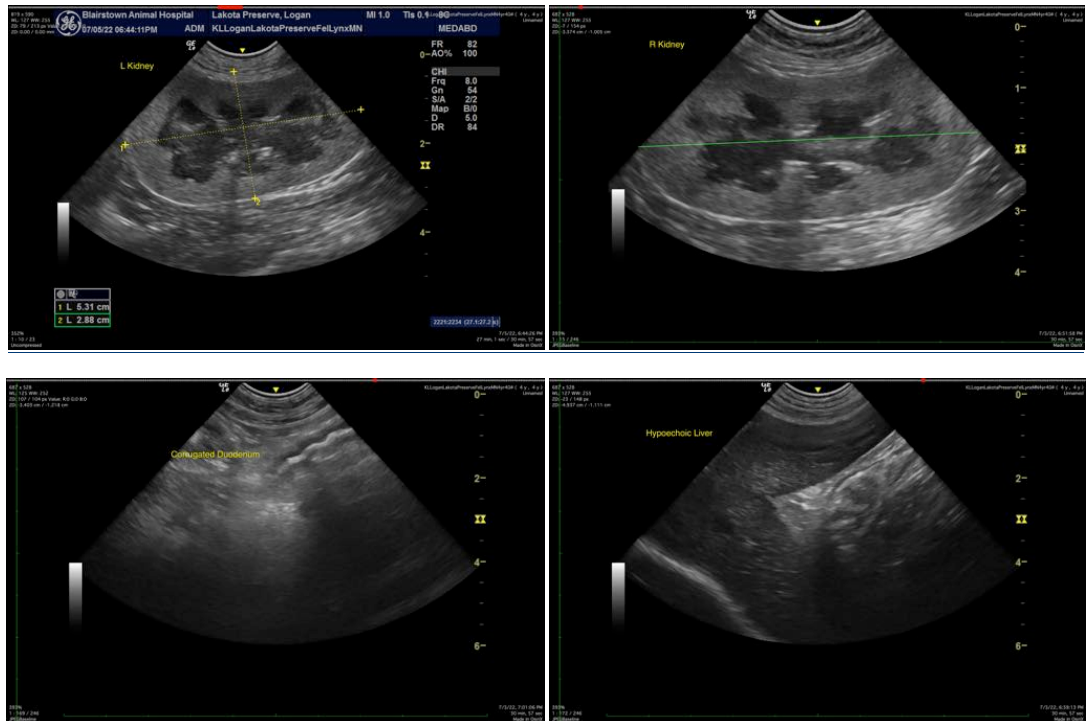
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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