



**PATIENT**

Simba Tobin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

23 Months

**WEIGHT**

9.9 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Marti Williams

**HOSPITAL NAME**

Limestone Vet Hospital

**REFERRING VET**

Lantana Vet Hospital

**INVOICE**

39290

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

Work up for PTH independent hypercalcemia and mild anemia. Presented 6/10/22 for urination in house and skin disease with decreased appetite, weight from 11.2 lbs to 10 lbs. Rare vomiting. 6/30/22 rads at RDVM - Thorax NSF. Abdomen - splenomegaly, small intestines clumped.

Abnormal PE/Chem/CBC/UA Results: 6/10/22: RDVM in house labwork UA - USG 1.052 else NSF, Calc 13.8, HCT 20.2, plates 96. (Not sure if sent out or run inhouse) PTH low at <0.5, iCa hi at 1.6, Calc 11.4

**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 4.0 cm in length. The right kidney is 3.9 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. The left adrenal gland measures up to 3.4 mm in height. The right adrenal gland measures 2.7 mm in height.

**Spleen**

The spleen is of appropriate size, measuring 0.9 mm at the hilus, and has a normal, homogenous parenchyma. It is folded at the tail, which is a normal variant. There is an isoechoic regional mid-splenic swelling with capsular expansion, measuring 1.26 cm x 0.59 cm.

**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 wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

**Gastrointestinal**

The stomach is distended with ingesta. The gastric wall is 1.9 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. No evidence of obstruction. The pylorus is of normal appearance.

The duodenum is segmentally corrugated with normal thickness at 2.3 mm. There is borderline thickening of the small bowel up to 3.3 mm with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosal ratio.



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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.

**SPECIES**

**Pancreas**

Feline

The left limb of the pancreas is hypoechoic, but surrounded by normal mesenteric fat. The pancreatic duct appears normal (not visible).

**BREED**

**Free Abdomen**

DSH

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.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

- Mildly thickened and corrugated bowel loops
- Hypoechoic pancreas
- Mid splenic swelling

**AGE**

23 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the small bowel and pancreas could be consistent with infiltrative bowel disease and pancreatitis. Recommendations would include fecal parasite testing and a complete GI panel. If these diagnostics are normal, then idiopathic hypercalcemia would be considered the most likely cause of weight loss and elevated calcium levels.

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Aspiration of the splenic swelling is recommended with a 25G needle, to differentiate hyperplasia from an emerging neoplastic lesion.

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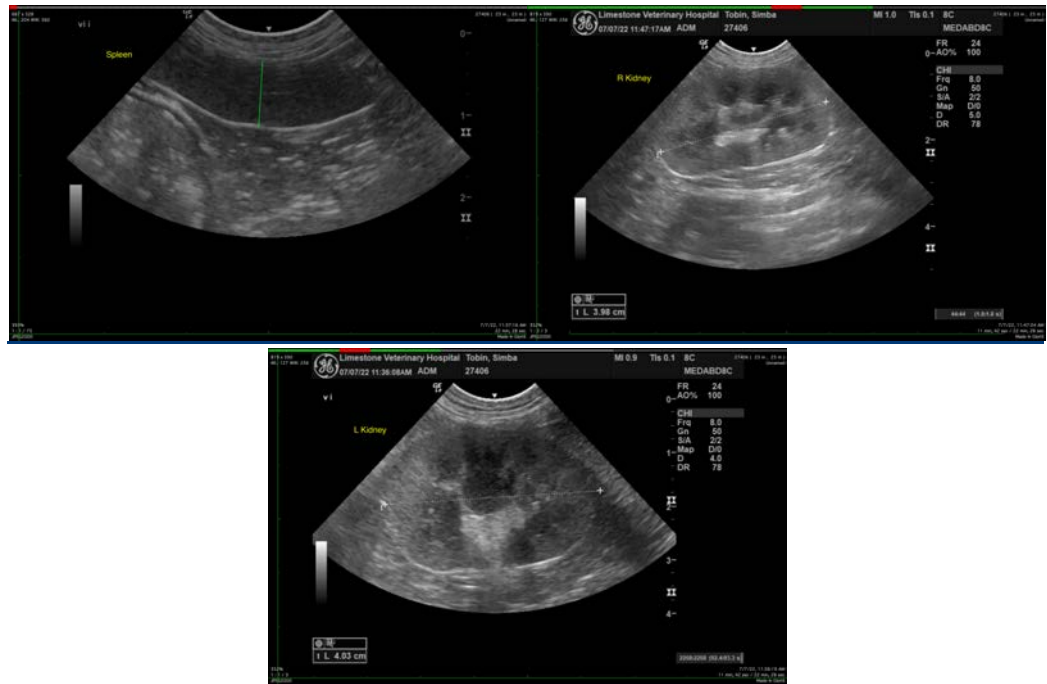
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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