



PATIENT

Tess Allen

PRESENTING CLINICAL SIGNS

History: 6 weeks weight loss and inappetence. Unremarkable labwork.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

BREED

Domestic Shorthair

Both kidneys are hyperechoic and exhibits mildly decreased corticomedullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measured 3.4 cm. The right kidney measured 3.6 cm.

SEX

Spayed female

AGE

13 years

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 (4.0) mm at the cranial pole and (2.5) mm at the caudal pole. The right adrenal gland height is (3.4) mm at the cranial pole and (3.6) mm at the caudal pole.

WEIGHT

7.8 lbs

Spleen

The spleen is diffusely enlarged with subtle, hypoechoic mottling. The spleen measures 1.6 cm at the hilus. The splenic vasculature is normal with no evidence of congestion or thrombosis. Blood flow through the splenic hilus appears normal.

INTERPRETED BY

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

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 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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Gastrointestinal

The stomach is empty. The gastric wall is (0.23) cm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

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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 (0.26) cm. The jejunal wall measures up to (0.19) cm. Intestinal motility appears normal.

DATE

8/11/22



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The visible portions of the colon are of normal thickness, up to (1.3) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

SPECIES

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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

Domestic Shorthair

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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Enlarged and irregular spleen.

WEIGHT

7.8 lbs

SECONDARY FINDINGS:

Chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic changes are concerning for infiltrative neoplasia such as lymphoma or splenic mastocytosis, though a reactive splenitis is also possible. Recommendations include:

- ❖ Ultrasound-guided fine needle aspiration with a 25G needle, after pre-medicating with diphenhydramine.

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

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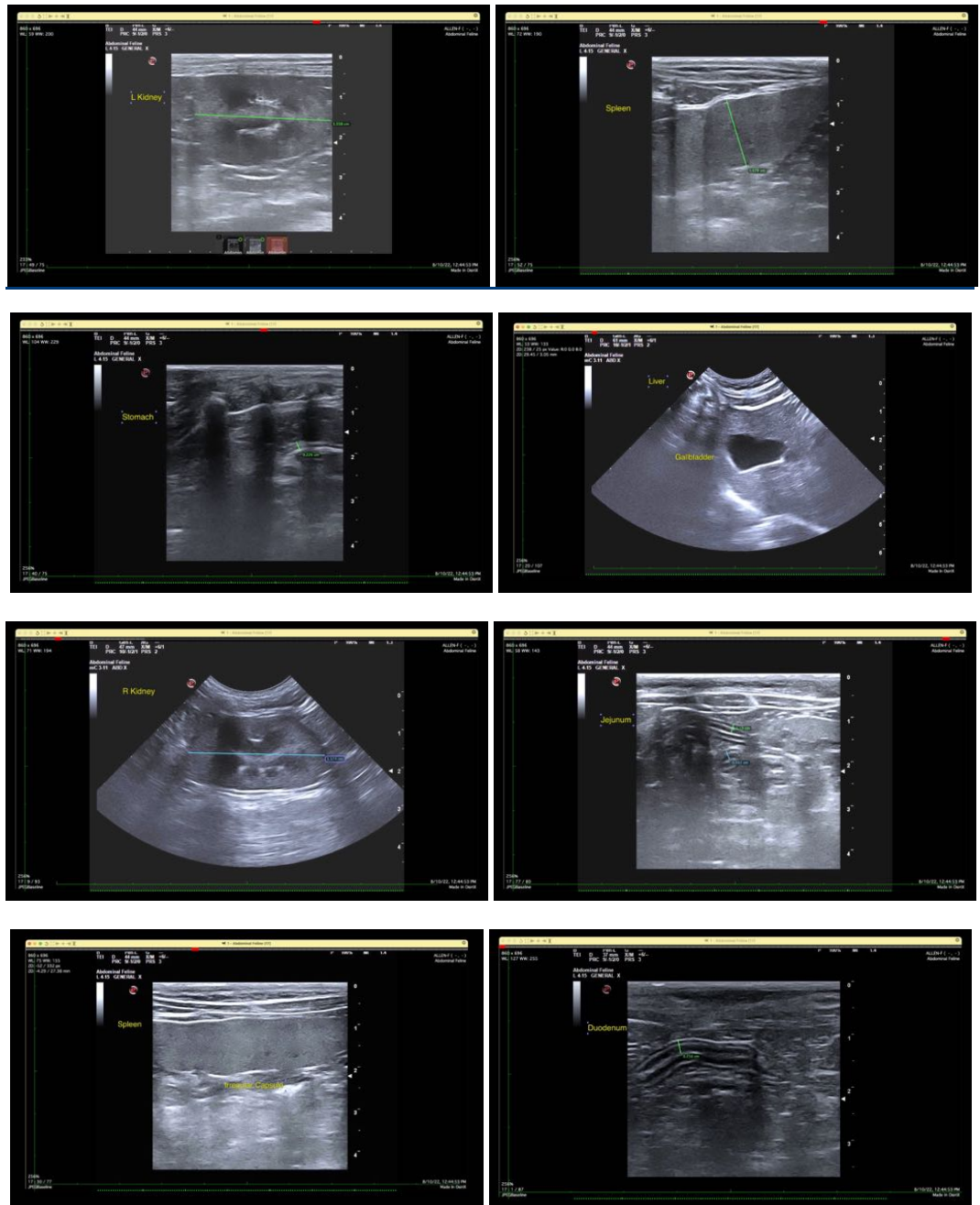
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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