



PATIENT PRESENTING CLINICAL SIGNS

Beau Small

History: P presented for an annual exam. Routine annual lab work was taken. A moderate hyperglobulinemia (7 mg/dL) was seen. P has moderate dental disease, which could be a contributor. AUS + Chest rads were taken today to r/o neoplasia.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Moderate hyperglobulinemia (7 mg/dL) . Moderate dental calculus with mild diffuse gingivitis.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The urinary bladder is minimally distended with anechoic urine. A large 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.

AGE

10 years

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 (4.3 cm) in length. The right kidney is (4.5 cm) in length.

WEIGHT

13.4 lbs

Adrenal Glands

INTERPRETED BY

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

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 (3.3) mm at the cranial pole and (2.3) mm at the caudal pole. The right adrenal gland height is (2.6) mm at the cranial pole. The caudal pole is not distinctly visualized.

Spleen

IMAGING PERFORMED BY

Dr. Hadi

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 () cm).

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Bethany Family Pet
Clinic

Liver

REFERRING VET

Dr. Hadi

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 / moderately /markedly) 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

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The stomach is mildly 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 mildly increased up to (3.1)mm. Overall wall layering is preserved.

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Domestic Shorthair

The visible portions of the colon are of normal thickness, up to (1.6) mm, with intact wall layering. The ileocecal junction is not visualized.

SEX

Neutered male

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.

AGE

10 years

Free Abdomen

WEIGHT

13.4 lbs

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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DABVP (canine/feline
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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Mildly thickened small intestine, typical of infiltrative bowel disease.

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SECONDARY FINDINGS:

Mucoid like sediment in the bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the small bowel are mild and would not typically be associated with the significantly elevated serum globulins. As noted, significant dental disease, especially if there is concurrent gingivostomatitis, could certainly be associated with a significant hyperglobulinemia. Other diagnostic testing would include a feline leukemia/FIV test, a Bence Jones urine protein level and serum protein electrophoresis. Alternately, dental care could be performed and the globulins rechecked a month later.

REFERRING VET

Dr. Hadi

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The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or gastrointestinal lymphoma. Recommendations include:

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❖ fecal parasite testing and empiric fenbendazole treatment



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- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel, with cobalamin supplementation if indicated.
- ❖ Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.

SPECIES

Feline

- ❖ 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. (dog only - Resting cortisol levels could also be considered).

BREED

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The sediment in the urinary bladder can be a normal variant in cats; however, if an active urine sediment is present then a urine culture is recommended.

SEX

Neutered male

AGE

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WEIGHT

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**IMAGING
PERFORMED BY**

Dr. Hadi

HOSPITAL NAME

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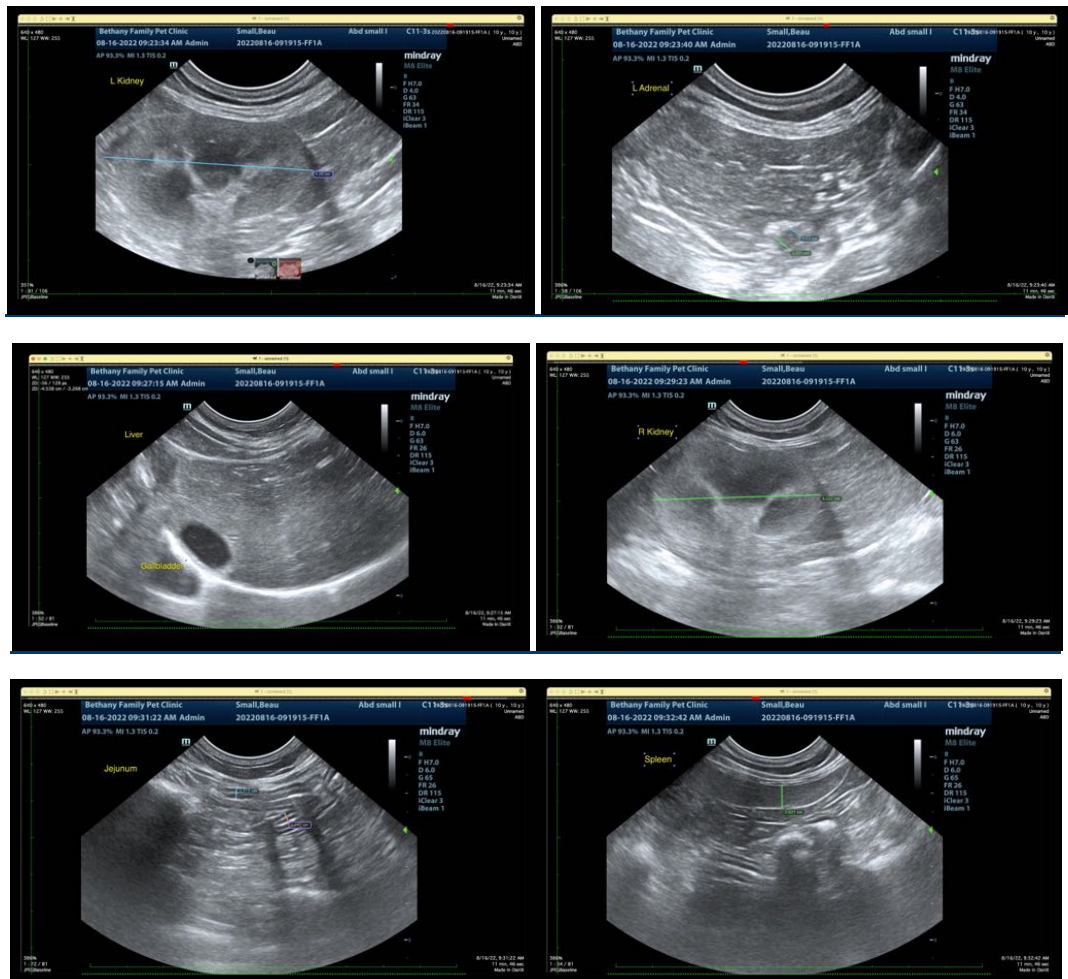
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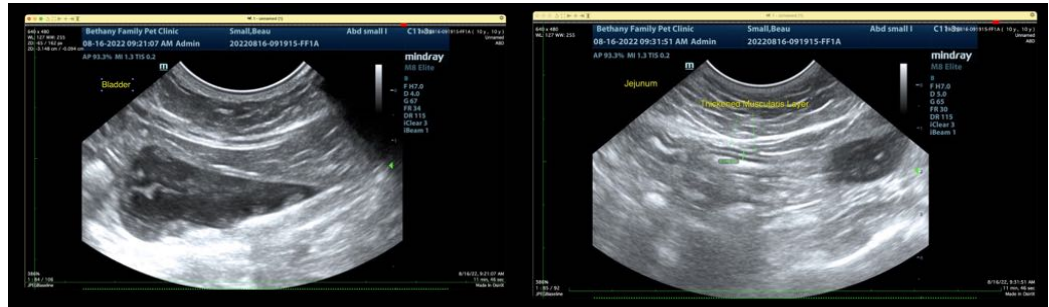
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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