



PATIENT PRESENTING CLINICAL SIGNS

Abby Leake
SPECIES
 Feline
BREED
 Maine Coon
SEX
 Spayed Female
AGE
 9 years
WEIGHT
 16 lbs

History: Several-day history of vomiting, which has stopped with Cerenia, but still not eating. Hx of heart murmur. CBC / Chem / T4 - unremarkable. Chest rads - unremarkable. Echo - unremarkable

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. Urethra visualized to 2.00 cm.

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 4.2 cm in length. The right kidney is 4.5 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. The left adrenal gland height is 4.7 mm at the caudal pole. The right adrenal gland height 4.5 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The head of the spleen is folded and there is a small amount of free fluid in that region. 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 9.4 mm.

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 moderately 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 2.2 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.8 mm for duodenum and 3.0 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.2 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tam Mengine

HOSPITAL NAME

West Chester VMC

REFERRING VET

Dr. Hilary Fordyce

INVOICE

14150

DATE

8.16.23


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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.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The mesenteric lymph nodes were moderately enlarged, up to 1.4 cm, with normal short to long axis ratio and appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS
Primary Findings

- Diffuse small intestinal changes, typical of infiltrative bowel disease

Secondary Findings

- Reactive mesenteric lymph nodes
- Small amount of free fluid in the region of the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significance of the free fluid in the area of the spleen is uncertain. There is no apparent inflammation in the region, and it is possible that it is an incidental finding related to the folded head of the spleen. However, if the patient's symptoms persist, despite treatment for the intestinal disease, then a recheck ultrasound and potentially splenic aspirates would be recommended, to rule out underlying pathology.

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

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete GI panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- 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.



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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.

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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.

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