



**PATIENT**

Jasey Coppola

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

11.2 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mengine

**INVOICE**

32426

**DATE**

8/18/22

**PRESENTING CLINICAL SIGNS**

History: Patient has bx diagnosis of sclerosing eosinophilic enteritis. Patient had been well for almost a year after a short course of pred, now vomiting frequently again. CBC / Chem unremarkable except mild lymphocytosis (10k). Weight stable.

**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 (3.7) cm in length. The right kidney is (3.7) 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 (2.5) mm at the cranial pole and (2.7) mm at the caudal pole. The right adrenal gland height is (2.0) mm at the cranial pole and (2.4) mm at the caudal pole.

**Spleen**

The spleen is diffusely thickened and measured 1.1 cm at the hilus. The capsular margins are scalloped and the parenchyma is mottled with a honeycomb reticulated pattern. The splenic vasculature is normal with no evidence of congestion or thrombosis.

**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 empty. 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.

The small bowel has focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to (2.4)mm. Overall wall layering is preserved.



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The visible portions of the colon are of normal thickness, up to (1.0) mm, 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.

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**Free Abdomen**

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There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. The aortic trifurcation has normal blood flow with no evidence of thrombosis. There are numerous enlarged mesenteric, splenic and gastric lymph nodes measuring up to 2.0 x 0.9 cm.

**AGE**

7 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

11.2 lbs

**PRIMARY FINDINGS:**

- Diffusely enlarged and mottled spleen, slightly larger than at the last ultrasound in 10/21.
- Infiltrative bowel type changes to the small bowel.
- Multi-focal, abdominal lymphadenopathy.

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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.
- ❖ FNA of the enlarged lymph nodes is also recommended to differentiated reactive lymphadenitis from a neoplastic process.

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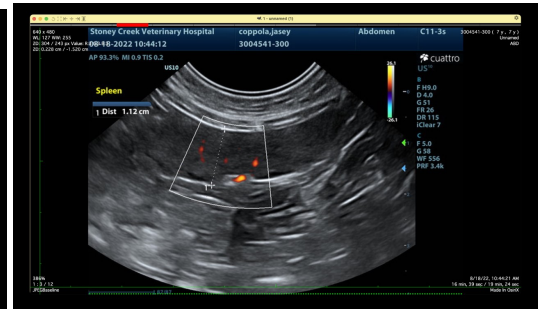
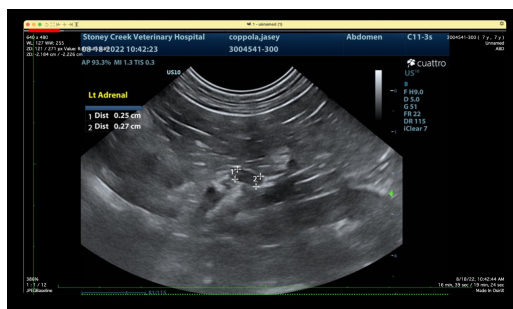
Dr. Mengine

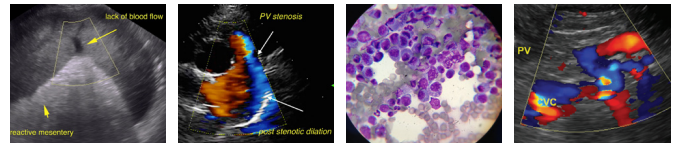
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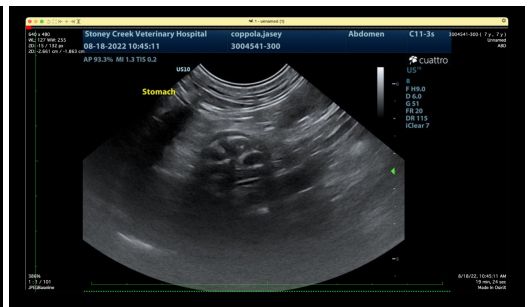
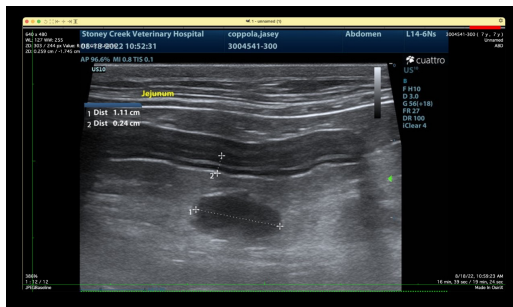
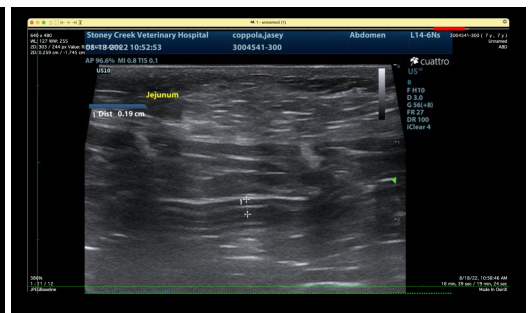
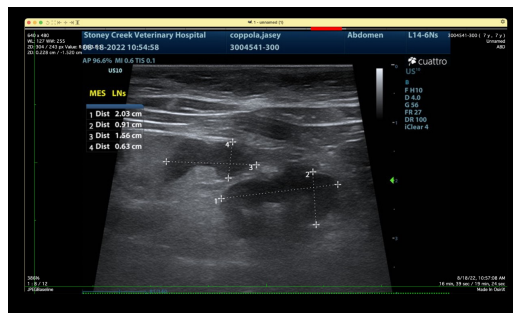
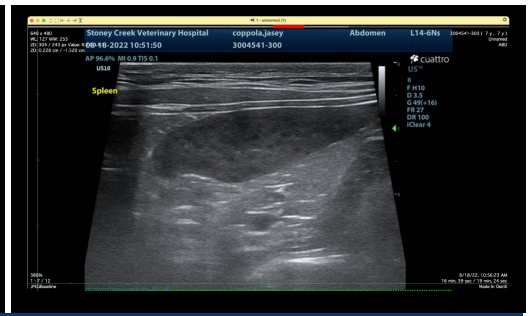
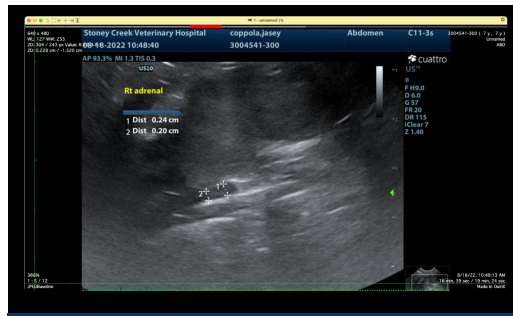
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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