



PATIENT PRESENTING CLINICAL SIGNS

Iris Keech One month history of decreased appetite. No vomiting / diarrhea but was coughing at onset of symptoms, this resolved with convenia and cerenia. CBC / Chem unremarkable. GI panel pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder is moderately distended with anechoic urine, and a small amount of suspended echogenic debris. 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.

DSH

SEX 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 measures 4.1 cm. The right kidney measures 4.3 cm.

Spayed Female

AGE Adrenal Glands

3.5 Years 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 2.9 mm at the caudal pole and 3.5 mm at the cranial pole. The right adrenal gland measures 3.7 mm at the caudal pole and 2.7 mm at the cranial pole.

WEIGHT

10.1 Pounds

Spleen

INTERPRETED BY The spleen is of appropriate size (8.9 mm at the hilus) 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.

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

Liver

IMAGING PERFORMED BY

Dr. Tam Mengine

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.

HOSPITAL NAME

Stoney Creek VH

The gallbladder is moderately distended with anechoic bile. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

REFERRING VET

Dr. Tam Mengine

The stomach is empty. The gastric wall is normal (up to 2.5 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

INVOICE

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The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased in the jejunum, ranging from 2.6 mm up to 4.6 mm. Overall wall layering is preserved. The duodenal wall is normal, measuring up to 2.5 mm.

DATE

8/2/22

The colon is diffusely mildly thickened up to 2.2 mm with intact wall layering. The ileocecal junction is visualized and appears normal.



PATIENT

Pancreas

Iris Keech

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.

SPECIES

Feline

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity.

BREED

DSH

The mesenteric lymph nodes are mildly enlarged up to 6.0 mm in length with normal short to long axis ratio and appropriate echogenicity.

SEX

Spayed Female

The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

AGE

3.5 Years

- Diffuse infiltrative bowel changes throughout the small intestines
- Diffuse mild colonic wall thickening

SECONDARY FINDINGS:

WEIGHT

10.1 Pounds

- Echogenic bladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

INTERPRETED BY

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

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ trials with a novel protein or hydrolyzed diet
- ❖ A complete GI panel.
- ❖ 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).

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The echogenic debris noted within the bladder lumen may be a normal finding in a young cat, but if clinical signs of lower urinary tract disease are present, then a urinalysis and urine culture would be recommended.

REFERRING VET

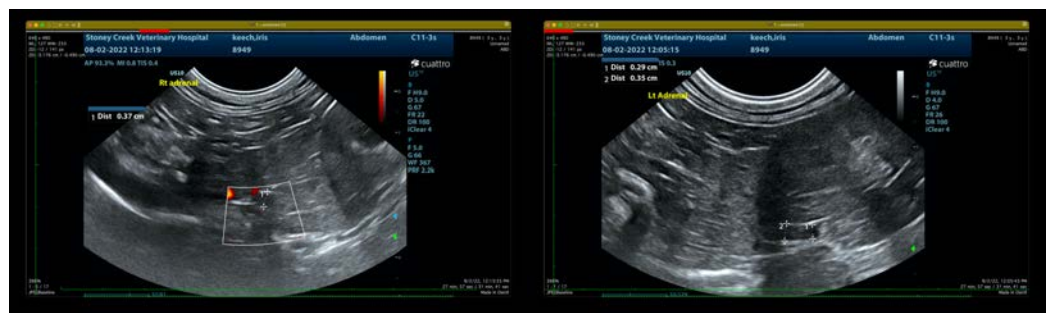
Dr. Tam Mengine

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PATIENT

Iris Keech

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

3.5 Years

WEIGHT

10.1 Pounds

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**IMAGING
PERFORMED BY**

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HOSPITAL NAME

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REFERRING VET

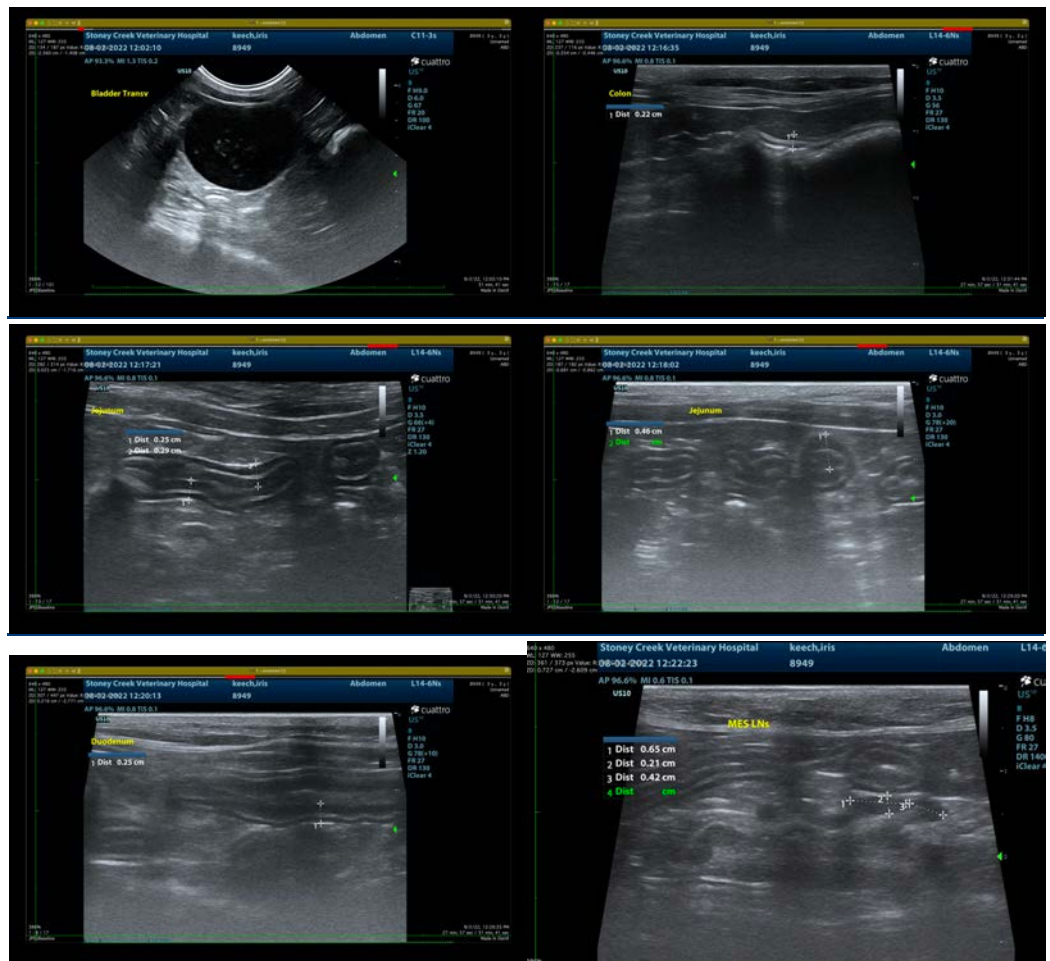
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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