



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Norman Honaker
SPECIES History: Presented to rDVM 8/19 with bicavitary effusion - tapped and transferred to ER. At ER, T-Fast suspicious for CHF - started on lasix and atenolol and referred for echo. Echo findings not typical of CHF, so also performed abdominal and thoracic U/S. Prior hx of chronic renal disease

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH 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 3.0 cm.

SEX

Neutered Male Both kidneys exhibit poor corticomedullary differentiation. Infarcts are seen within the renal cortex of the both kidneys. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.6 cm in length. The right kidney is 3.8 cm in length.

AGE

14.5 years

Adrenal Glands

WEIGHT

11.8 lbs

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 caudal pole. The right adrenal gland height 4.0 mm at the caudal pole.

INTERPRETED BY

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

Spleen

There are multiple hyperechoic masses within the splenic parenchyma, with no visible deviation of the splenic capsule. 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 7.30 mm.

IMAGING PERFORMED BY

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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.

HOSPITAL NAME

West Chester VMC

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is moderately distended with normal ingesta. The gastric wall is 1.9 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

REFERRING VET

Dr. Bell

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 duodenum is diffusely corrugated. The duodenal wall measures 2.5 mm. The jejunal wall measures up to 2.4 mm. Intestinal motility appears normal.

INVOICE

14217

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

DATE

8.23.23

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.



PATIENT *Free Abdomen*

Norman Honaker

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

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WEIGHT

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Free Abdomen
There is a large amount of anechoic fluid present around the peritoneal cavity. There is a diffusely nodular appearance to the omentum in the region of the left limb of the pancreas. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

Thorax
There is a moderate amount of pleural effusion observed throughout the thoracic cavity. Included images of the heart show a normal-to-subnormal left atrium, making congestive heart failure unlikely. Systolic function appears subjectively adequate. There are no enlarged thoracic lymph nodes or masses noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Bicavitory effusion
- Diffusely nodular omentum in the region of the pancreas, suggestive of carcinomatosis or lymphomatosis.

Secondary Findings

- Chronic renal changes with infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes to the omentum, along with the bicavitory effusion, are strongly suggestive of disseminated neoplastic disease. Cytospin of the abdominal and thoracic fluid may yield a definitive diagnosis.

Palliative chemotherapy may be of benefit. It is reasonable at this time to discontinue the furosemide, pimobendane, spironolactone and atenolol.





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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.

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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