

**PATIENT PRESENTING CLINICAL SIGNS**

Snafu Sobschak

May have eaten a string or plastic FB. Rads were sent to Sonopath Telemedicine to Dr. Nele Eley and ultrasound was recommended. IVF, Ampicillin, Metronidazole and Cerenia

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

DSH

The urinary bladder is minimally distended with anechoic urine. While the wall appears thickened, this is likely a normal variation due to lack of distention. 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 2.0 cm.

**SEX**

Neutered Male

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 3.9 cm. The right kidney measures 4.3 cm.

**AGE**

9 Years

*Adrenal Glands*

**WEIGHT**

11.79 Pounds

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 2.8 mm at the cranial pole and 2.8 mm at the caudal pole. The right adrenal gland measures 3.6 mm at the cranial pole and 3.6 mm at the caudal pole.

*Spleen*

**INTERPRETED BY**

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

The spleen is of appropriate size (7.8 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. Thickness at the splenic hilus is normal.

**IMAGING PERFORMED BY**

Crystal Hill

*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**

St. Catharine's AH

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.

**REFERRING VET**

Dr. Boctor

*Gastrointestinal*

The stomach is empty. The gastric wall is normal in thickness (2.1 mm) with deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

**INVOICE**

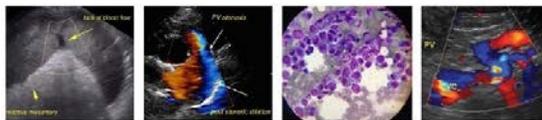
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The visualized portions of the jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenum is diffusely corrugated and mildly thickened up to 2.9 mm with normal wall layering. The jejunal wall measures up to 2.2 mm.

**DATE**

8/26/22

The visible portions of the colon are of normal thickness (1.3 mm) with intact wall layering. The ileocecal junction is visualized and appears normal.



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**Pancreas**

The areas of the pancreatic 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 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.

**ULTRASONOGRAPHIC FINDINGS**

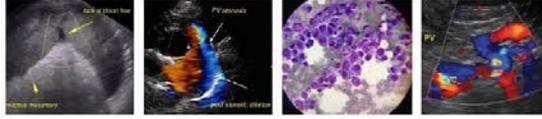
**PRIMARY FINDINGS:**

- Mild inflammatory changes in the duodenum

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes in the gastrointestinal tract are consistent with gastroenteritis of unknown etiology. Recommendations include:

- ❖ fecal parasite testing and empiric fenbendazole treatment
- ❖ probiotic therapy
- ❖ bland diet
- ❖ treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- ❖ If signs persist, trials with a novel protein or hydrolyzed diet, a resting cortisol level and a GI panel could be considered.



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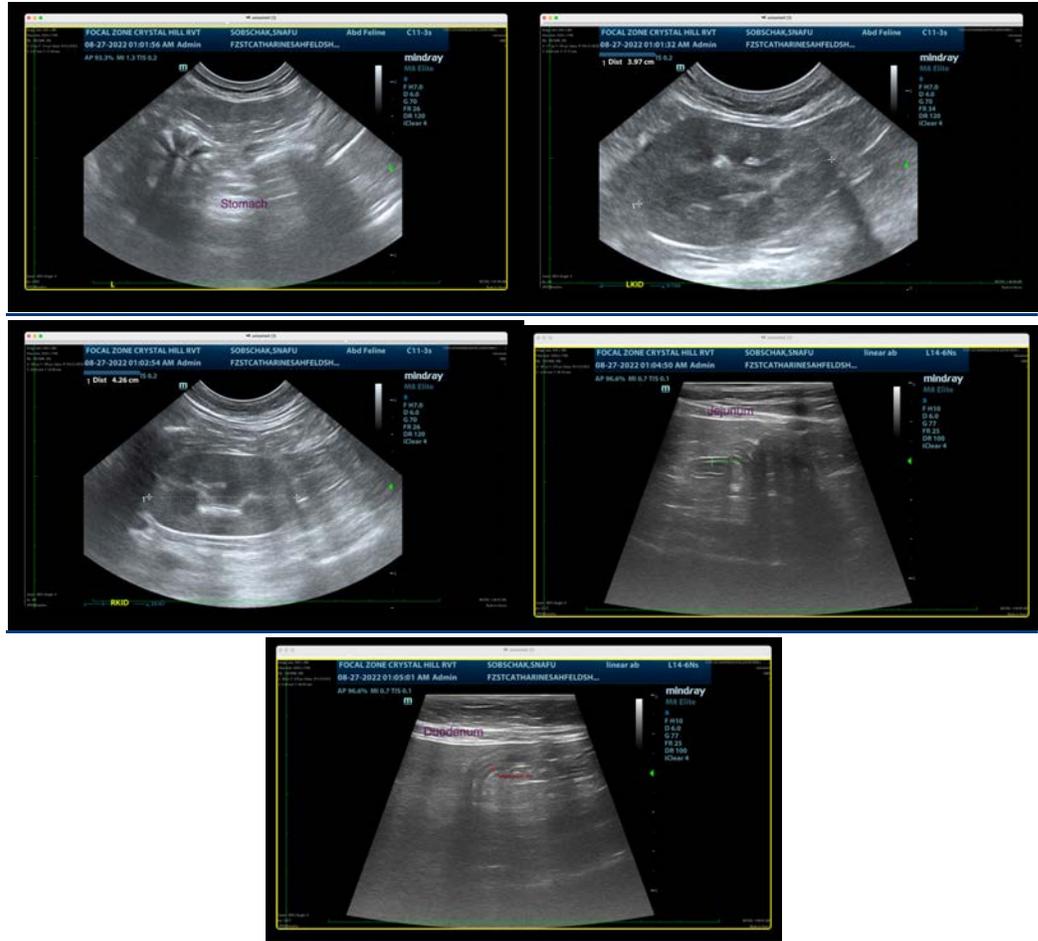
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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