

**PATIENT PRESENTING CLINICAL SIGNS**

**Fiyero Forney**  
**SPECIES** History: presented to ER for history of decreased appetite, vomiting multiple times. PE: 5% dehydration, moderate to significant pain with abdominal palpation. treatments: iv fluids, Cerenia, Ondansetron, Buprenex, Unasyn.

**Feline**  
**BREED** Abnormal PE/Chem/CBC/UA Results: radiographs read by radiologist as regional peritonitis and pancreatitis CBC: wnl chem; wnl snap PLI: normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**

**SEX** *Urinary System*

**Female Spayed**

The urinary bladder is moderately distended with anechoic urine. A large amount of echogenic luminal sediment is present, which is freely-movable. 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.

**AGE**

**5 years**

**WEIGHT**

**5 kg lbs**

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 3.8 cm in length.

**INTERPRETED BY**

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

*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 3.7 mm at the caudal pole. The right adrenal gland height 3.7 mm at the caudal pole.

**IMAGING PERFORMED BY**

Meghan Myers VMD

*Spleen*

The spleen is of appropriate size 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 at 8.2 mm.

**HOSPITAL NAME**

Hershey AEC

*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.

**REFERRING VET**

Dr. Rebecca Lupole

The gallbladder is moderately distended with anechoic contents. The wall is thickened to 1.5 mm without evidence of rupture. The cystic and common bile ducts are normal.

*Gastrointestinal*

The stomach is moderately distended with hypoechoic fluid. The gastric wall is 2.0 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

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The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 2.8 mm. The duodenum is diffusely corrugated. Overall wall layering is preserved.

**DATE**

8.6.23

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.

*Pancreas*



**PATIENT** 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.

Fiyero Forney

**SPECIES** *Free Abdomen*

Feline

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There is no evidence of free fluid within the peritoneal cavity. A caudal abdominal lymph node is mildly enlarged, up to 1.1 cm, and is surrounded with hyperechoic omental fat. It has a 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

- Diffusely thickened small bowel consistent with infiltrative bowel disease
- Diffusely thickened gallbladder wall

#### Secondary Findings

- Bladder sediment
- Reactive caudal abdominal lymph node

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The inflammatory changes in the small bowel and gallbladder are suggestive of feline "triaditis" syndrome. Although the pancreas appears normal, ultrasound is not always a sensitive modality for detecting pancreatitis, so this may also be present. Recommendations include:

- A complete GI panel and bile acids testing
- supportive care including fluid therapy, antiemetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- trials with a novel protein or hydrolyzed diet
- Treatment with Denamarin and ursodiol are recommended, and treatment with antibiotics such as amoxicillin-clav and/or a fluoroquinolone could be considered as empiric treatment for cholangiohepatitis.
- Empiric treatment with prednisolone at 2-4 mg/kg/day could be considered, particularly if response to other treatments is lacking.
- 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.

The presence of sediment in the bladder may be mucous, which is a normal finding in a cat. However, if not already performed, urinalysis is recommended to rule out the possibility of cystitis.



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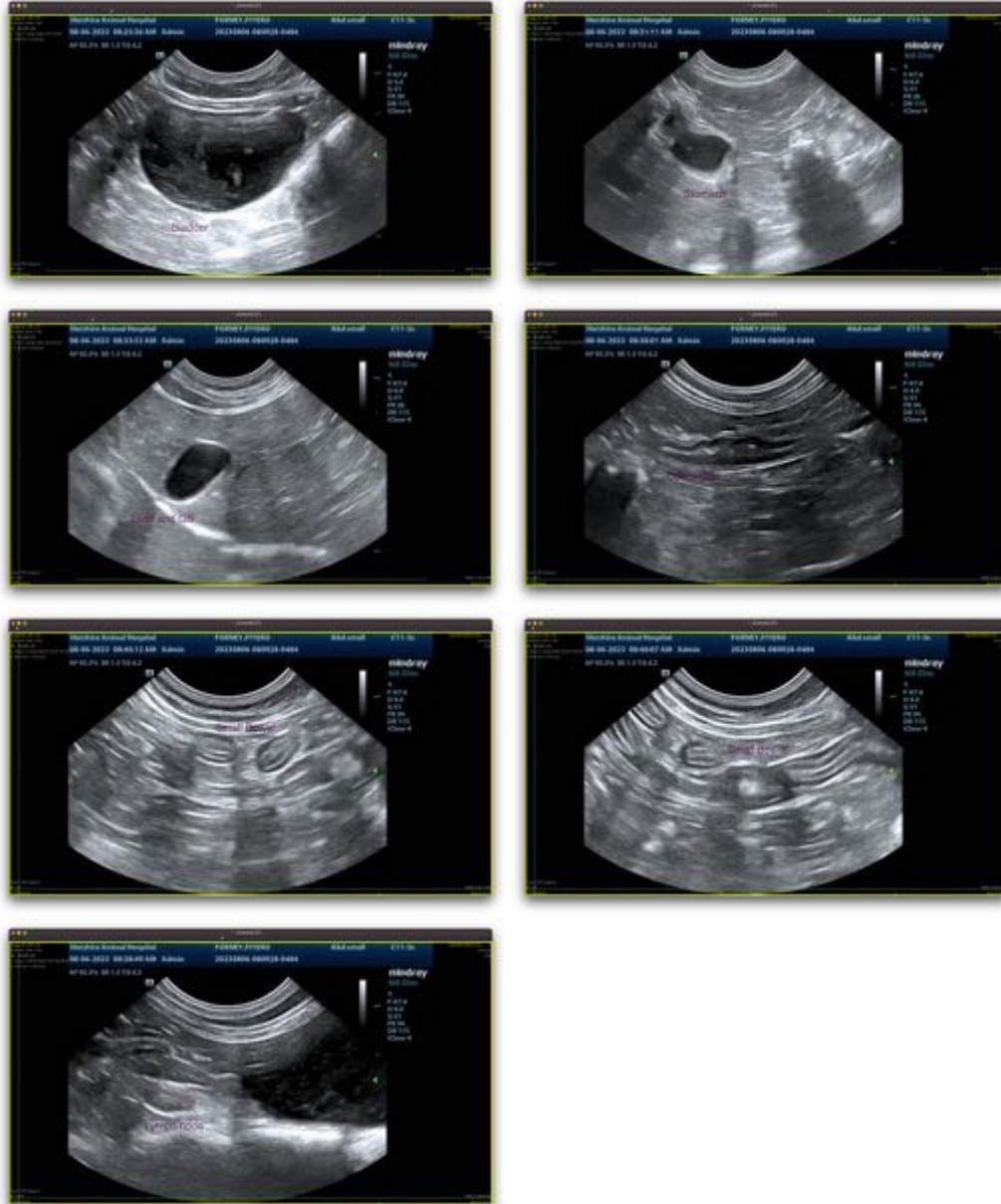
Meghan Myers VMD

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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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