



**PATIENT**

Missy Dempler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

11.8 Years

**WEIGHT**

6.9 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

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

**INVOICE**

16807

**DATE**

6/8/20

**PRESENTING CLINICAL SIGNS**

History: One week hx of decreased appetite, had lost 1 pound on exam. CBC / Chem / T4 - ALT 246, AST 102, ALP 133, GGT 9, else all within normal limits

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is minimally 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 pelvic urethra is seen to 1.0 cm.

The left kidney is hyperechoic and exhibits mild loss of cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The left kidney measures 3.35 cm.

The right kidney is hyperechoic and exhibits mild loss of cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureter is not visible (normal). The right kidney measures 3.46 cm.

**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 3.0 mm at the cranial pole and 2.5 mm at the caudal pole. The right adrenal gland height is 2.5 mm at the cranial pole and 2.9 mm at the caudal pole.

**Spleen**

The spleen is at the upper limits of size for this patient, and has a subtle mottling throughout the 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 9.7 mm.

**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 minimally 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 moderately distended with normal ingesta. The gastric wall is 2.1 mm with normal deviations due to rugal folds and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel is diffusely thickened with the jejunum measuring up to 3.1 mm and the duodenum measuring up to 2.9 mm. The normal 1:3 muscularis to mucosal ratio is preserved and overall wall layering is normal.

The colon is focally thickened, up to 1.8 mm with intact wall layering.



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***Pancreas***

Missy Dempler

The left limb and right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct is mildly dilated.

**SPECIES**

***Free Abdomen***

Feline

There are many enlarged hypoechoic lymph nodes, including hepatic nodes, measuring up to 7.7 mm x 5.7 mm and mesenteric nodes, measuring up to 1.2 cm and 0.6 cm. There is no evidence of free fluid within the peritoneal cavity. The aortic trifurcation has normal blood flow with no evidence of thrombosis. The omental fat is hyperechoic in the area of the pancreas but is otherwise normal.

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DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

**Primary Findings**

Spayed Female

- Many enlarged abdominal lymph nodes
- Acute pancreatitis
- Diffusely thickened small bowel

**AGE**

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**Secondary Findings**

- Chronic renal changes
- A borderline splenomegaly

**WEIGHT**

6.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the many enlarged lymph nodes could be consistent with either significant inflammatory disease or malignancy such as lymphoma. Recommendations include:

- confirmation with fine needle aspiration, using a 25-gauge needle
- additional sampling for flow cytometry or PARR could be considered

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The changes in the small intestines, pancreas and the elevations in the liver blood work are suggestive of triaditis. Recommendations include:

- 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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- Ultrasound-guided fine needle aspiration with a 25G needle, after pre-medicating with diphenhydramine.

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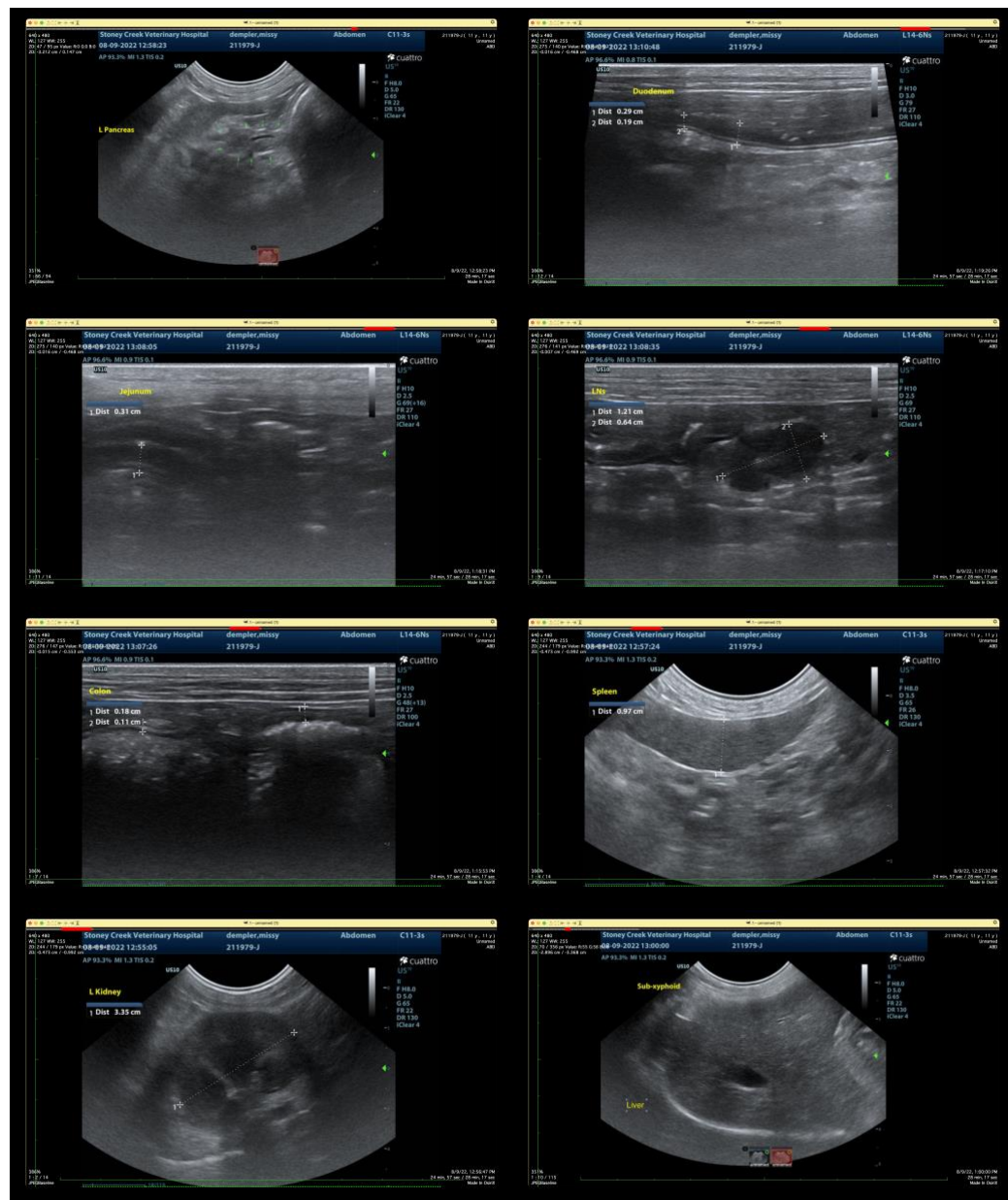
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6/3/20

The changes in the kidneys are consistent with chronic renal disease. Recommendations include:

- a CBC, chemistry panel, urinalysis, urine protein creatinine ratio and blood pressure measurement are recommended
- urine culture should also be considered, particularly if urine sediment is active
- dietary and supportive care recommendations can be made, based on the staging of the disease as outlined in the IRIS guidelines



The information and recommendations provided are based on the images presented by the



**PATIENT**

Missy Dempler

**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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