



PATIENT

Mazzy Tavani

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Female

AGE

19 weeks

WEIGHT

5 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Carmellini

INVOICE

32933

DATE

9/15/22

PRESENTING CLINICAL SIGNS

History: Presented 9/8/22 for s3 weeks hx of dramatic PU/PD. Patient did have symptomatic head trauma from a fall on 6/29 but had recovered. CBC / Chem / T4 - mildly elevated SDMA (may be normal for pediatric patient), mildly decreased Sodium & Chloride (so not typical of diabetes insipidus), else unremarkable. U/A - SpGr 1.007, else unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 (2.0) cm.

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 (3.0) cm in length. The right kidney is (2.8) cm in length.

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 (2.9) mm at the cranial pole and (2.9) mm at the caudal pole. The right adrenal gland height is (2.8) mm at the cranial pole and (2.8) mm at the caudal pole.

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. The spleen measured 7.2 mm at the hilus.

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 empty. The gastric wall is (2.3) 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 focal changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are slightly increased up to (2.9)mm. Overall wall layering is preserved.

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The visible portions of the colon are of normal thickness, up to (1.0) mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

Normal kidneys.

SECONDARY FINDINGS:

Mild thickening of the small bowel.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no cause for the reported polyuria and polydipsia on today's scan. A modified water deprivation test or a trial with DDAVP can be considered as the history suggest the possibility of a central diabetes insipidus due to head trauma. A urine culture is also recommended to rule out the possibility of occult pyelonephritis.

The significance of the thickened small bowel is uncertain, if the patient has no gastrointestinal signs then this may be an incidental finding. Given the patient's young age a fecal parasite check or empirical deworming are recommended.

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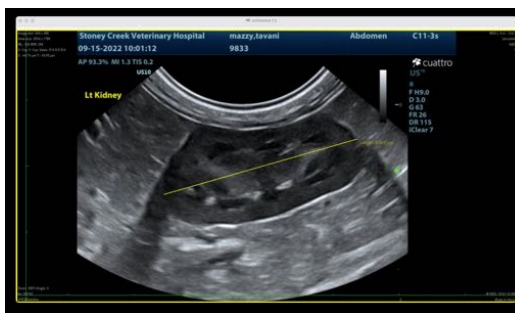
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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