



**PATIENT**

Tigger O'Brien

**PRESENTING CLINICAL SIGNS**

48 hrs of vomiting and lethargy. wt down 1 pounds from 1 year ago. CBC - wnl. Chem - ALT 853, AST 198, Tbili 0.9 (normal ALP / GGT)

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately full with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visualized to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

**BREED**

DSH

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 3.6 cm. The right kidney measures 3.4 cm.

**SEX**

Neutered Male

**Adrenal Glands**

**AGE**

15 Years

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 4.5 mm at the cranial pole and 4.5 mm at the caudal pole. The right adrenal gland measures 3.1 mm at the cranial pole and 3.1 mm at the caudal pole.

**WEIGHT**

8.3 Pounds

**Spleen**

The spleen is of appropriate size (7.9 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.

**INTERPRETED BY**

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

**Liver**

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. There is a heterochoic mass arising from the left caudal aspect of the liver, measuring 2.4 cm x 1.9 cm. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

**IMAGING PERFORMED BY**

Dr. Tam Mengine

The gallbladder is moderately distended with anechoic contents and a small amount of echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic duct was tortuous, which is a normal variant in a cat.

**HOSPITAL NAME**

Stoney Creek VH

**Gastrointestinal**

**REFERRING VET**

Dr. Amanda Carmellini

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

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. Jejunum wall measures 2.5 mm. Duodenum wall measures 2.8 mm. Intestinal motility appears normal.

**INVOICE**

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

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**Pancreas**

Tigger O'Brien

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

**SPECIES**

**Free Abdomen**

Feline

There is an undifferentiated 2.3 cm x 2.1 cm mass associated with the proximal duodenum and right limb of the pancreas. There is a scant amount of free fluid within the peritoneal cavity in the region of the liver. The omentum and intraabdominal fat are of appropriate echogenicity, except in the region of the pancreas. There is a mildly enlarged epigastric lymph node. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

**BREED**

DSH

**SEX**

Neutered Male

- Liver mass
- Undifferentiated mass associated with the duodenum and pancreas

**SECONDARY FINDINGS**

**AGE**

15 Years

- Chronic pancreatitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Definitive diagnosis for the two masses may be obtained by fine needle aspirate if coagulation parameters are within normal limits. If needle aspirate is non-diagnostic, then surgical biopsy or laparoscopic biopsy could be considered. 3-view chest radiographs are recommended as well.

The changes in the pancreas are consistent with acute pancreatitis. Concurrent pancreatic neoplasia, while less likely, cannot be ruled out. Recommendations include:

- ❖ an fPLI, or preferably a full GI panel, are indicated for confirmation and to screen for concurrent intestinal disease.
- ❖ supportive care including fluid therapy, anti-emetics, analgesics, appetite stimulants (if needed) and cobalamin supplementation are warranted.
- ❖ a highly digestible intestinal diet is recommended.
- ❖ if the patient is not responding to medical management, fine needle aspiration with a 25G needle for cytology could be considered after first checking a coagulation profile.

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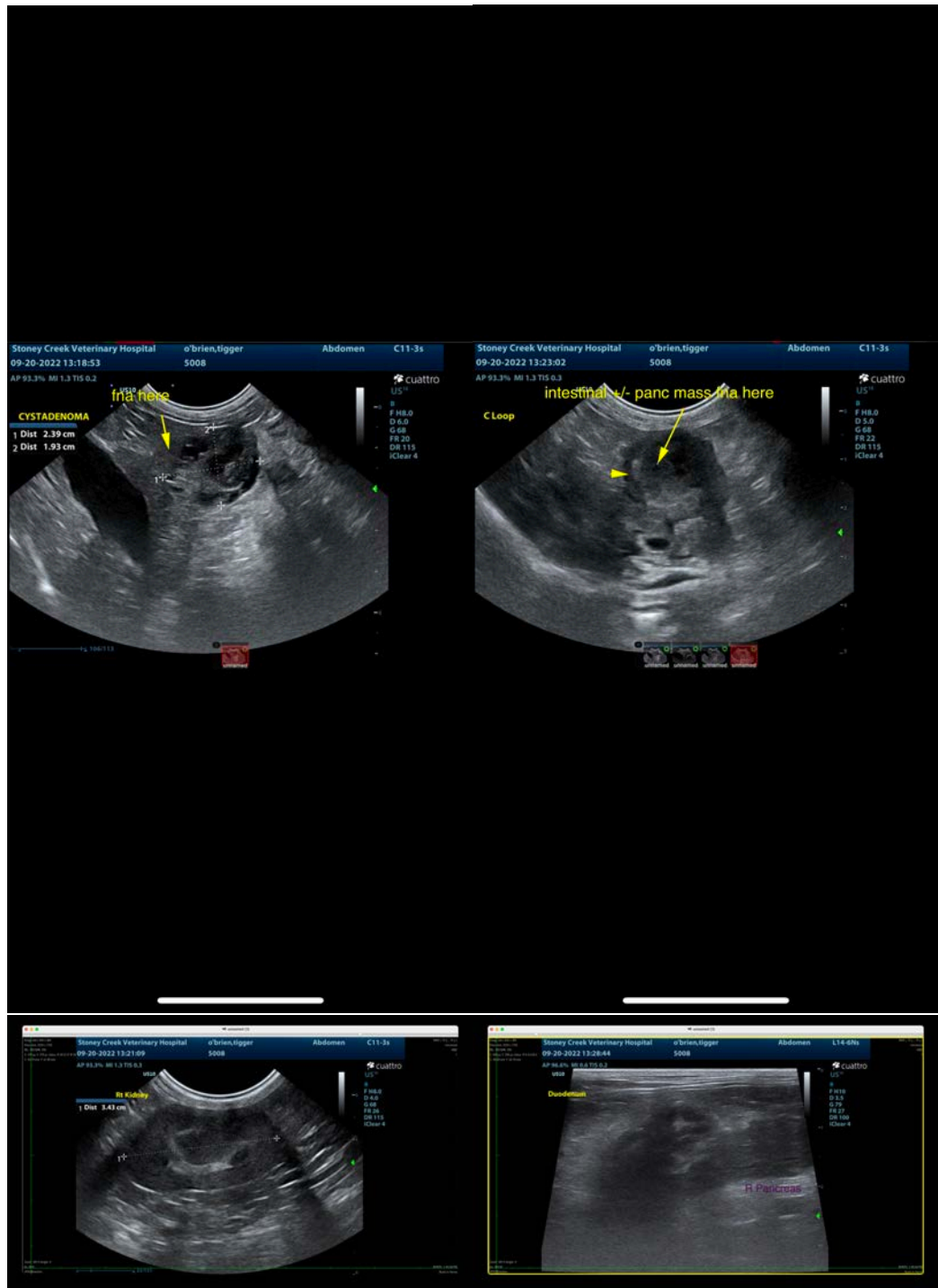
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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