



**PATIENT**

Mittens Taylor

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

15.28 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ridge Road AH

**REFERRING VET**

Dr. Pathak

**INVOICE**

17232

**DATE**

9/9/22

**PRESENTING CLINICAL SIGNS**

History: Patient presents for lethargy and anorexia for the past 4-5 days; suspicion of abdominal mass vs. other.

Abnormal PE/Chem/CBC/UA Results: SDMA 58, ALT191, AST 223, Ca++ 12.7.

**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 4.5 cm in length. The right kidney is 4.7 cm in length.

**Adrenal Glands**

The adrenal glands were not definitively recognized due to the presence of infiltrative disease.

**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 9.1 mm.

**Liver**

The liver is diffusely hyperechoic and subjectively enlarged. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately 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 2.0 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. The duodenal wall measures 2.4 mm. The jejunal wall measures up to 2.1 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is not visualized.

**Pancreas**

The pancreas was not definitively recognized due to the presence of infiltrative disease.

**Free Abdomen**



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The abdomen is filled with hypoechoic infiltrative tissue throughout the omentum and mesentery. There is also free fluid present throughout the abdomen. The omentum and intraabdominal fat are hyperechoic. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

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**ULTRASONOGRAPHIC FINDINGS**

- Diffuse infiltrative neoplasia, consistent with lymphomatosis or carcinomatosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspiration of the hypoechoic infiltrates in the abdomen could be performed to achieve a definitive diagnosis. If the decision is made not to pursue a definitive diagnosis, palliative treatment with corticosteroids could be attempted, but prognosis ultimately is poor.

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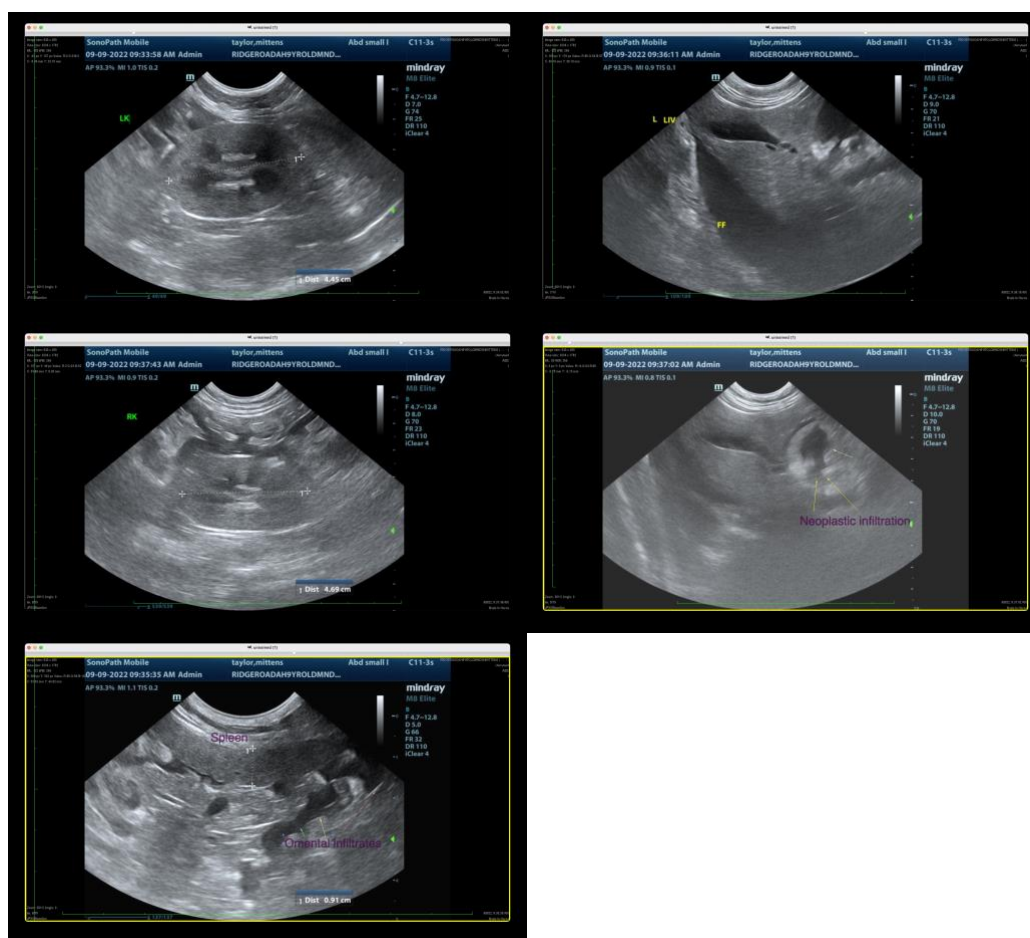
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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