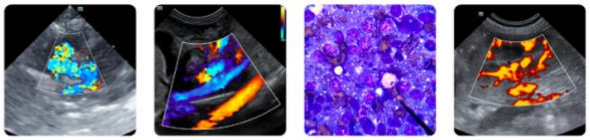


PATIENT

Zeus Klein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

6.8 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

35516

DATE

1/19/26

PRESENTING CLINICAL SIGNS

- Persistent fever of unknown origin, anorexia, lethargy, and abdominal pain.
- Hospitalized since Jan 18 for lethargy and inappetence. Persistent high fever (40.3–41.0 °C). Previously treated with maropitant and prednisolone (5 mg SID, continued). Not eating voluntarily.

Abnormal PE/Chem/CBC/UA Results: Mentation: Lethargic Wt: 6.84kg BCS: 5/9 T: 40.6C (@ 9am) P: 190bpm R: 42/min BP: 120/95 (101) MM: pink/moist. CRT < 2sec. Hydration: estimated dehydration <5% based on PE Visited his regular veterinarian on 12/01. Radiographs of the chest and abdomen were performed, with interpretation suggesting possible bronchitis, asthma, or pancreatitis. Mild non-regenerative anemia (HCT 29.8%), hyperglobulinemia (56), eosinopenia. UA: USG 1.033, mild proteinuria, suspected cocci.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (4.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Trace pyelectasia is noted in the left kidney.

Right kidney is normal in size (4.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Mild pyelectasia was noted, measuring 0.21 cm in the transverse view.

Adrenal Glands

Left adrenal gland is normal in size (0.3 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

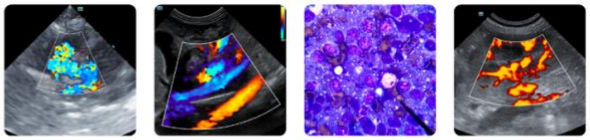
Right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT
Zeus Klein

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
11 Years 7 Months

WEIGHT
6.8 kg

INTERPRETED BY
Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME
Apex VS

REFERRING VET
Alpine 24/7 ER Doctor

INVOICE
35516

DATE
1/19/26

Additionally, in the left caudal liver, are several punctate, discrete, homogenous, bright echogenic, potentially mineral, but nonshadowing, densities.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation. In the right cranial abdomen, there is an approximately 0.3 cm in diameter, hypoechoic density, that appears potentially associated with the right limb of the pancreas, although an adjacent small lymph node can't be ruled out.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Markedly reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- The liver changes are nonspecific but suggest a concurrent microscopic hepatopathy, such as bacterial or lymphoplasmacytic, cholangiohepatitis, other infectious or inflammatory hepatopathy, hepatic lipidosis, or infiltrative neoplasia can't be ruled out without tissue sampling.
- Age-related pancreatic remodeling with possible pancreatic nodular hyperplasia versus reactive adjacent lymphadenopathy noted. Infiltrative neoplasia causing a nodule in the pancreas is considered much less likely.

Secondary Findings

- Hyperechoic splenic nodules- most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation,

PATIENT

Zeus Klein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

6.8 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

35516

DATE

1/19/26

granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

- Mild bilaterally pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

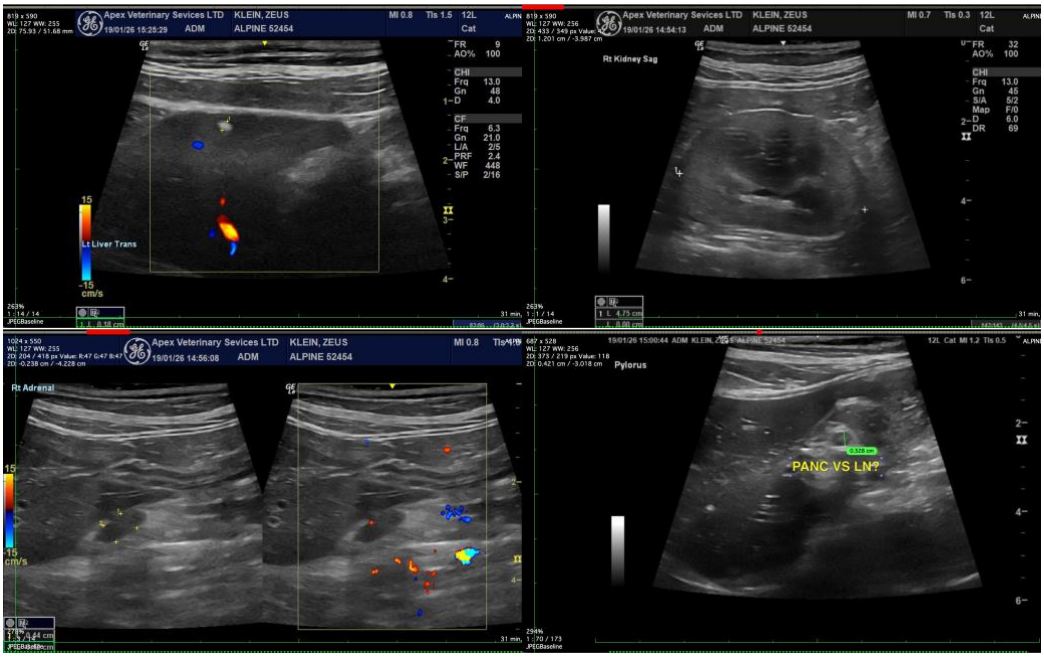
As is reportedly already pending, fine needle aspirates of the enlarged mesenteric/jejunal lymph nodes for cytology, culture and sensitivity, etc., is recommended if patient's coagulation status is appropriate.

Additionally, fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.

If not recently evaluated, urinalysis, and if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Due to the fever, further investigation of possible infectious diseases, including gastrointestinal infections, is also recommended. Therefore, in addition to a comprehensive systemic infectious disease evaluation, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



PATIENT

Zeus Klein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

6.8 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

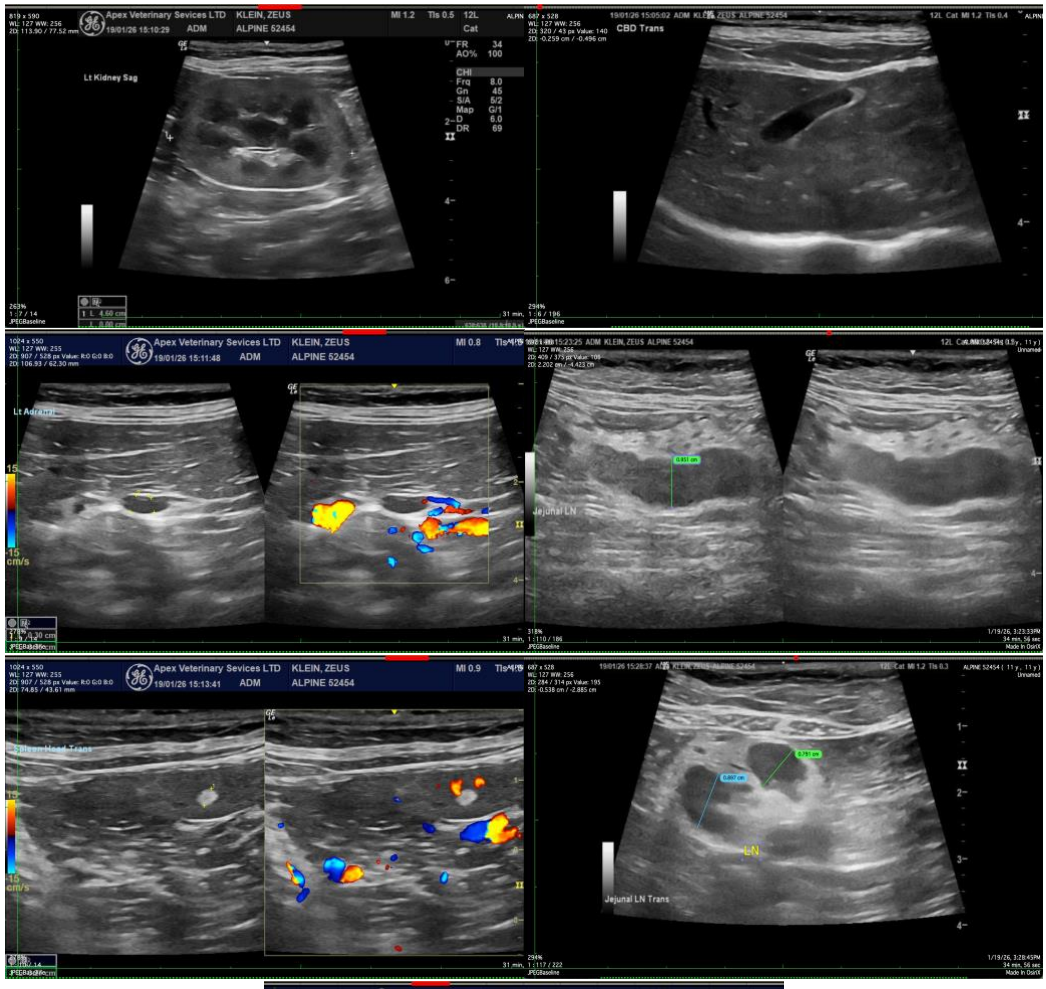
Alpine 24/7 ER Doctor

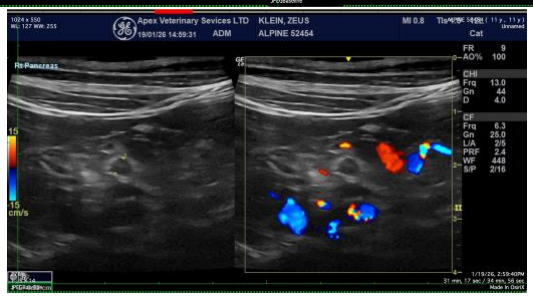
INVOICE

35516

DATE

1/19/26



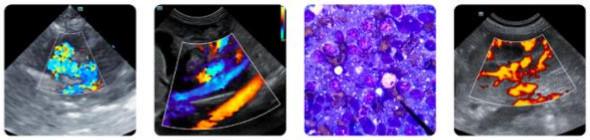


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM

info@sonopath.com



SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Zeus Klein

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

6.8 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex VS

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

35516

DATE

1/19/26