



## PATIENT

Elias Kozlowski

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

5.5

## WEIGHT

18

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Christensen

## HOSPITAL NAME

Tranquility VC

## REFERRING VET

Dr. Castellani

## INVOICE

35651

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

History: Decreased appetite but eating cat litter. Lethargic and has history of chewing on plastic.  
Abnormal PE/Chem/CBC/UA Results: BW showed increased basophils and decreased platelets.

## 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 (4.3 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 pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (4.7 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 pyelectasia, mineral or infarcts observed.

### Adrenal Glands

The area of the left adrenal gland is examined without evident adrenal gland pathology, but it's difficult to fully visualize/isolate for measurement.

Right adrenal gland is normal in size (0.4 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

Spleen is subjectively large in size (1.2 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 mildly distended with fluid, as well as a small to moderate amount of echogenic nonshadowing but bright possibly mineral or sand luminal contents and gas, consistent with some normal ingesta, as well as potentially the reported litter ingestion. There is no evidence, however, obstruction or infiltrative disease. The pyloric outflow tract appears patent.



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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.

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

***Pancreas***

**BREED**

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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***Free Abdomen***

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

There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

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- Suspect a mild amount of nonobstructive gastric foreign material, consistent in appearance with possible litter ingestion.
- Splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on patient's history, my suspicion is that the gastric contents/suspect litter, are likely the result of underlying illness versus the cause, and further recommendations are:

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- A pica work up, including potentially routine fecal/giardia exam (if not recently evaluated).
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- 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.

Fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Ultimately, further investigation of the gastric contents may be indicated in the form of follow up imaging, potentially gastroscopy, etc., but therapeutic and additional diagnostic recommendations depend on results of above.



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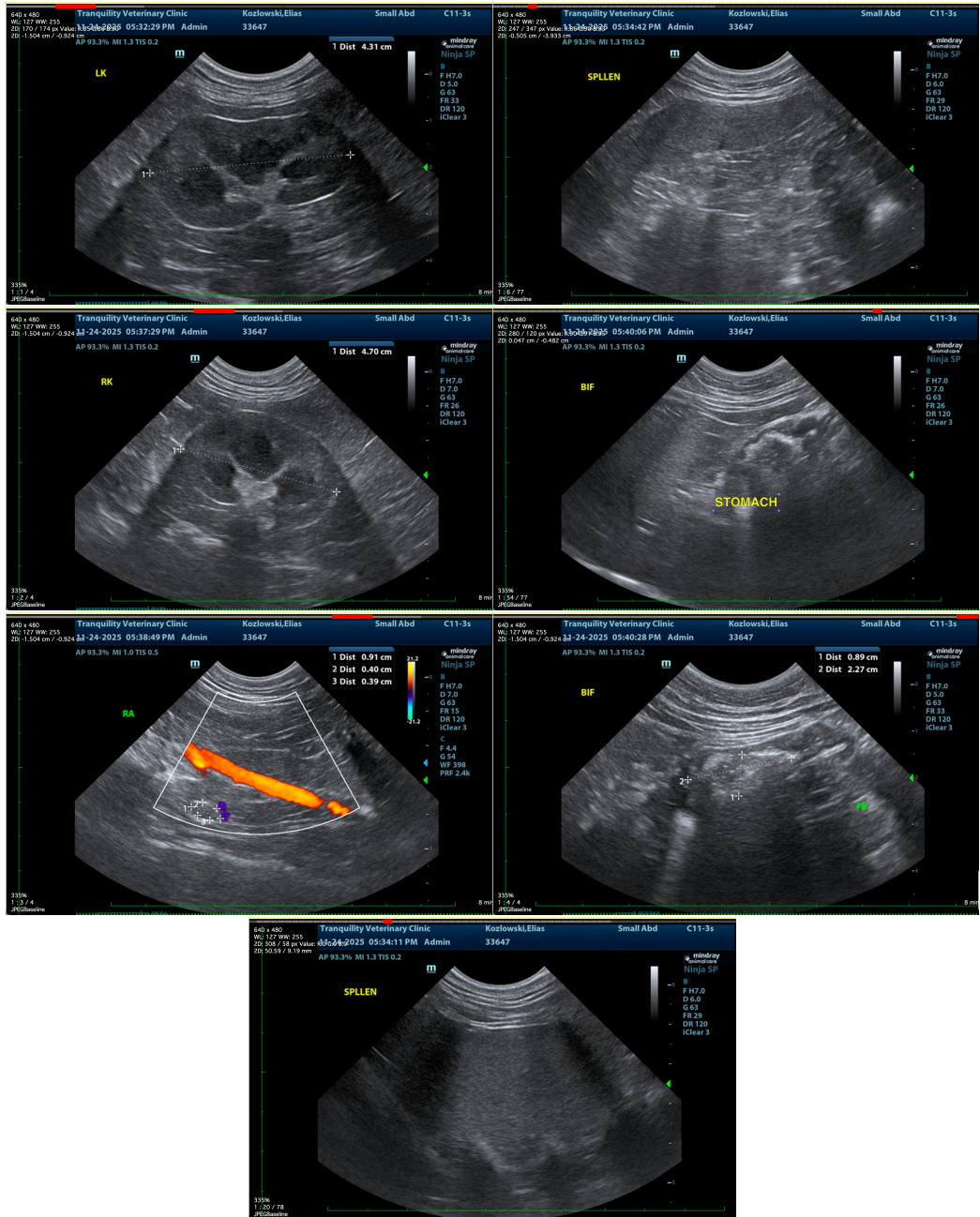
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM DACVIM**



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info@sonopath.com

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