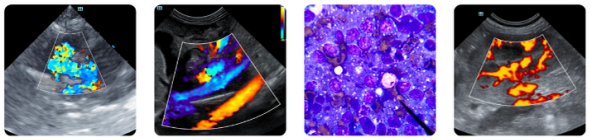


PATIENT

Kitty Primiterra

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years 10 months

WEIGHT

7.09 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10843

DATE

12/2/25

PRESENTING CLINICAL SIGNS

On December 1 presented Acute onset of weakness, lethargy, and abdominal pain beginning this afternoon. Owner also noticed increased vocalization and unsteadiness when walking. Not improving with outpatient treatment vomiting, lethargic, Hyperthyroidism, difficult to regulate; Felimazole dose adjusted 2 days ago. Past constipation resolved with Restoralax.

Abnormal PE/Chem/CBC/UA Results: Weight 7.09 kg; Temp 38.7°C, HR 180 bpm; RR 32/min MM pink; CRT <2 sec Hydration normal; Attitude QAR; vocalizing due to discomfort Abdominal discomfort on palpation Blood panel: Potassium 3.3 (mildly low) Total T4 normal (34) Kidney values high-normal Urinalysis: USG 1.025 pH 7.0 RBCs likely from collection trauma No crystals Abdominal radiographs On Dec 1: Moderate gas in GI tract, mostly colon, Fecal material present; no severe constipation Possible renal mineralization/nephroliths (poorly visualized) Lumbosacral spondylosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

Kidneys are bilaterally normal in size (left measures 4.04 cm, right measures 3.94 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. There are punctate non-obstructive nephroliths are noted bilaterally.

Adrenal Glands

The right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

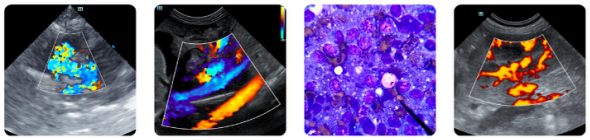
Spleen

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal. Multifocal discrete, homogenous, hyperechoic nodules are noted throughout the parenchyma.

Liver

The 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 moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.



PATIENT

Kitty Primiterra

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years 10 months

WEIGHT

7.09 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10843

DATE

12/2/25

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 intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen is diffusely, mildly to moderately distended with fluid.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

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

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

- Inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- Concurrent chronic low grade smoldering pancreatitis is suspected.
- Moderately reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor. Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.
- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

PATIENT

Kitty Primiterra

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years 10 months

WEIGHT

7.09 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10843

DATE

12/2/25

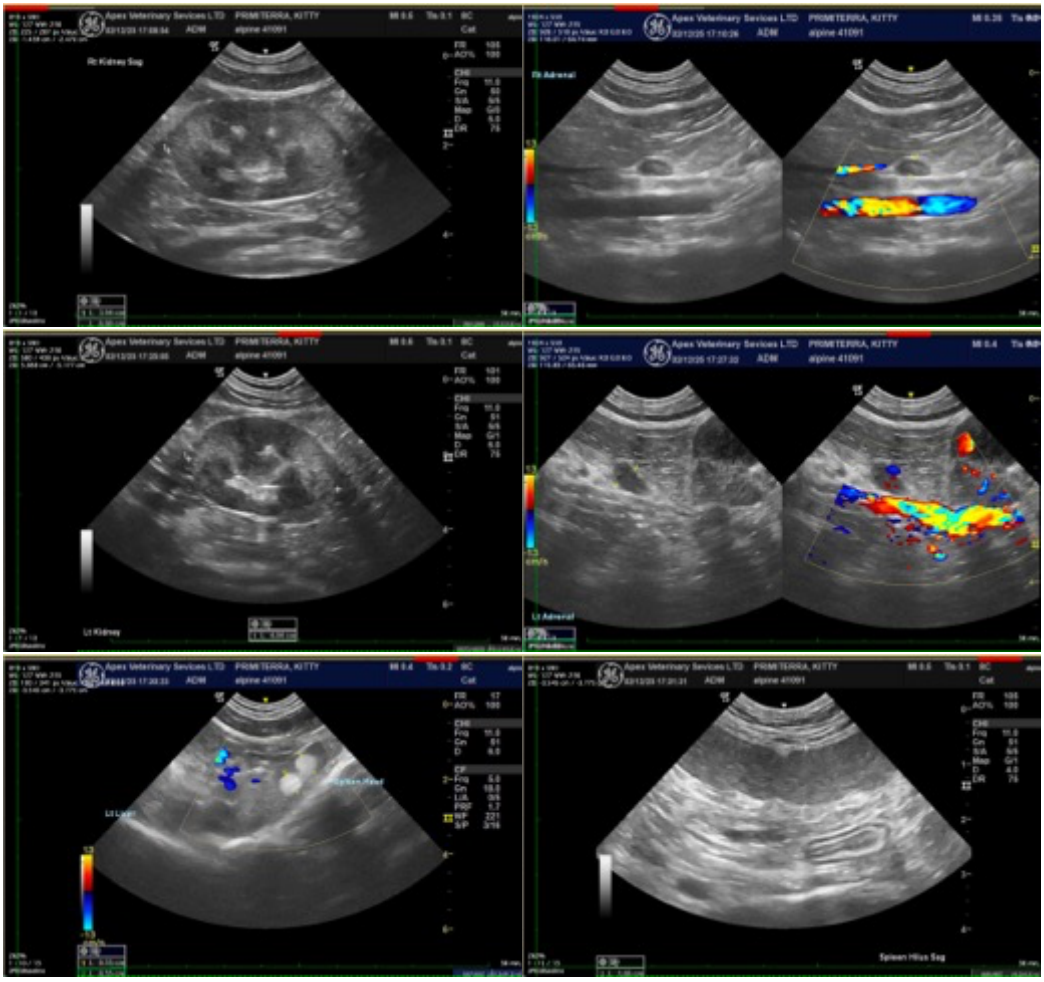
- Mild to moderate chronic kidney disease changes with bilateral non-obstructive punctate nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are largely mild to moderate/subtle with some, including the bowel changes, potentially being normal patient variant in a senior cat. Therefore, given patient's reported presenting complaint being weak and unsteady and potentially painful, further orthopedic and/or neurologic evaluation could also be considered, as could a blood pressure if not already evaluated.

Having said that, if the clinical signs are believed to be abdominal in nature, then further gastrointestinal workup could be considered, beginning with 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. Followed by fine needle aspirates of the spleen if patient's coagulation status is appropriate.

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



PATIENT

Kitty Primiterra

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years 10 months

WEIGHT

7.09 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

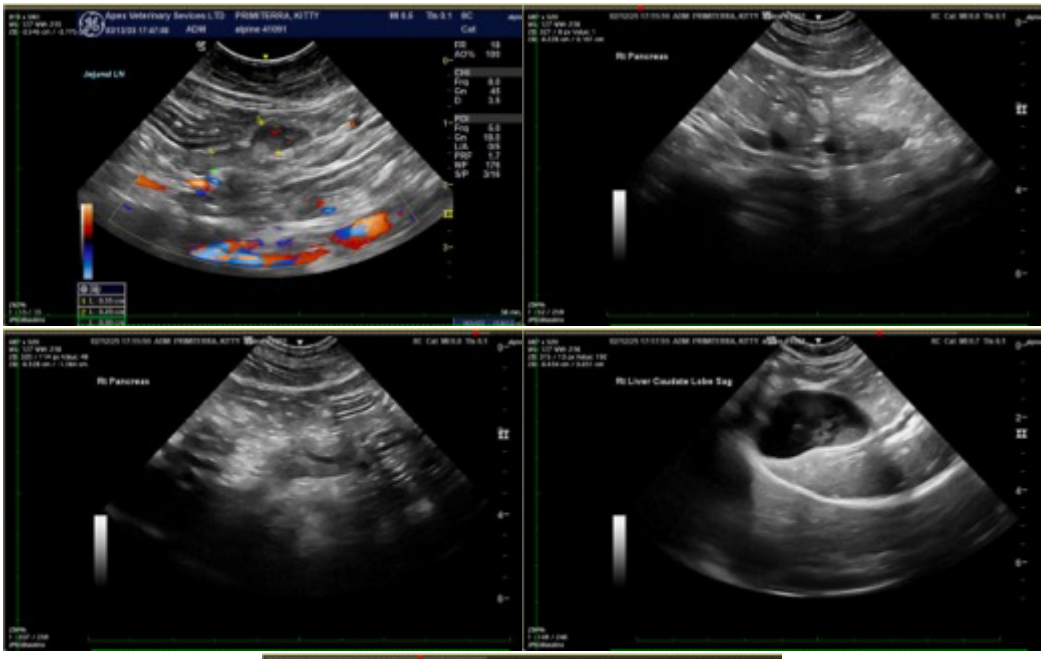
Alpine 24/7 – ER Doctor

INVOICE

10843

DATE

12/2/25



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