PATIENT

Pandora Vartanian

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

7 years

WEIGHT

3.58 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Roundhill Animal Hospital

REFERRING VET

Dr. Carl Kelly

INVOICE

11927

DATE

5/12/2026

PRESENTING CLINICAL SIGNS

Reduced appetite over past month and a half. Emesis started a few weeks ago, usually thick foamy bile. Vomit turned into "coffee grounds" texture over past 2 weeks. Very dark feces over past 2 weeks. Concern for upper GI bleeding or gastritis. Started omeprazole and cerenia last week. Sedated with 0.1cc ketamine IV. Has positive titer for FIP (detected in October 2025.)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.63 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.

The left kidney is normal is size (3.39 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 right adrenal gland is normal in size (0.49 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

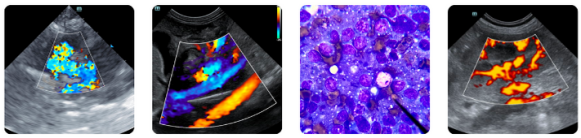
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

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.

The 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



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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.

Diffusely the visible small intestine demonstrates areas of moderate to severely thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic but focally the proximal duodenum is focally thick measuring 0.41 cm to 0.55 cm thick with loss of layering. Additionally, there's a second loop of bowel in the mid abdomen, suspect jejunum, that demonstrates emerging loss of layering. 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. Contents are consistent with normal formed feces and gas.

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.

Multiple small hypoechoic lymph nodes are noted in the cranial abdomen adjacent to the thick duodenum.

ULTRASONOGRAPHIC FINDINGS

- The diffuse bowel changes could represent a benign inflammatory process. However, the loss of layering in the proximal duodenum and mid abdomen/suspect jejunum could indicate a more severe process including infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other. Having said that, a benign inflammatory process causing all of the change cant be ruled out without tissue sampling.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Mildly to moderately reactive cranial abdominal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- A mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, 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 routine fecal/giardia exam is recommended if not recently evaluated.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further

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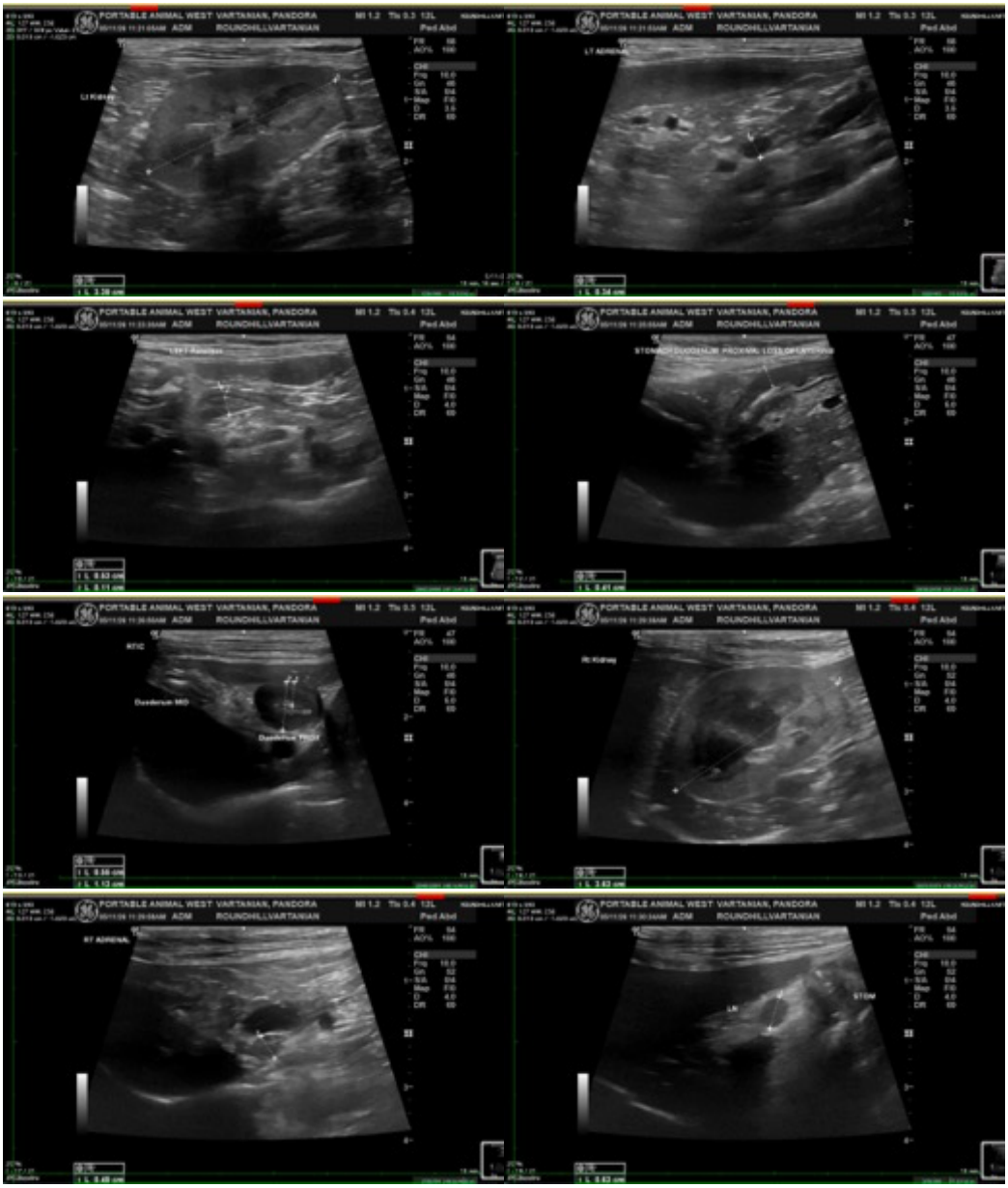
evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Ultimately, biopsies of the GI tract, being sure to include the focally thick duodenum as well as the focally thicker mid abdominal loop and ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management. Intra-op ultrasound could be considered to help identify the more focally abnormal loops.

Patient's reported history described a positive Titer for FIP, however, the provided results are positive coronavirus, which is not a sign of FIP or a prediction that patient will develop FIP, therefore should be interpreted cautiously.



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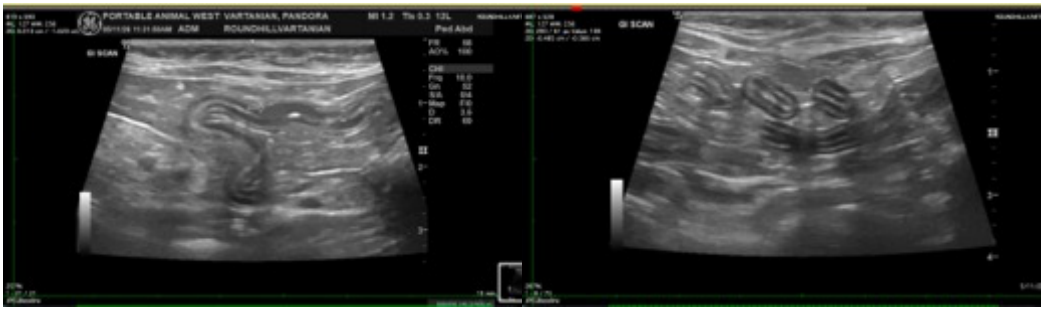

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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