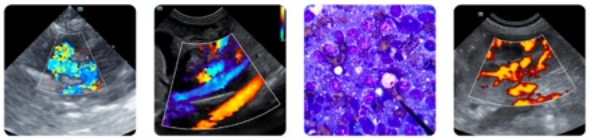

PATIENT

Kit Kat Oliver

SPECIES

Feline

BREED

Ragdoll

SEX

Neutered male

AGE

4 years

WEIGHT

4.8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Chmielinski

HOSPITAL NAME

Apex Veterinary Service

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

69452

DATE

12/19/25

PRESENTING CLINICAL SIGNS

History: Kit Kat is hospitalized for ongoing oral pain, gastrointestinal signs and inappetence. Diet/Appetite: He is not eating normal food but will eat cat tube paste when hand-fed. Additional Information: His nasogastric tube was replaced overnight after it was partially pulled out. Ongoing intermittent fever.
Abnormal PE/Chem/CBC/UA Results: QAR HR 180bpm , RR 36/min , MM pink CRT<2sec , BP 122/102 (108) , T 39.8C Marked dental disease is present (dental calculus, stomatogingivitis Mild discomfort on abdominal palpation. Poor quality coat. Grade 3/6 systolic heart murmur o CBC: Mild lymphopenia o Chemistry: Low BUN, elevated globulins o Abdominal radiographs: Empty stomach, diffuse intestinal gas → functional ileus, Radiographs (repeated overnight): Significant gas accumulation is present in the small and large intestines, suggestive of gastrointestinal inflammation or ileus, with paralytic ileus being highly suspected. o Thoracic radiographs: Marked diffuse bronchial pattern suspected feline asthma/chronic bronchitis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed hyperechoic medullary rim sign with mildly increased cortical echogenicity. The kidneys were mildly enlarged. The left kidney measured 3.95 cm. The right kidney measured 4.15 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.28 cm. The right adrenal gland measured 0.22 cm.

Spleen

The **spleen** was enlarged and measured 1.55 cm. Scalloping contour was noted with subtle heterogenous parenchymal changes.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** was structurally unremarkable with empty upper gastrointestinal tract and normal curvilinear patterns. However, the colon was fluid filled. Slight colic lymph node enlargement was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

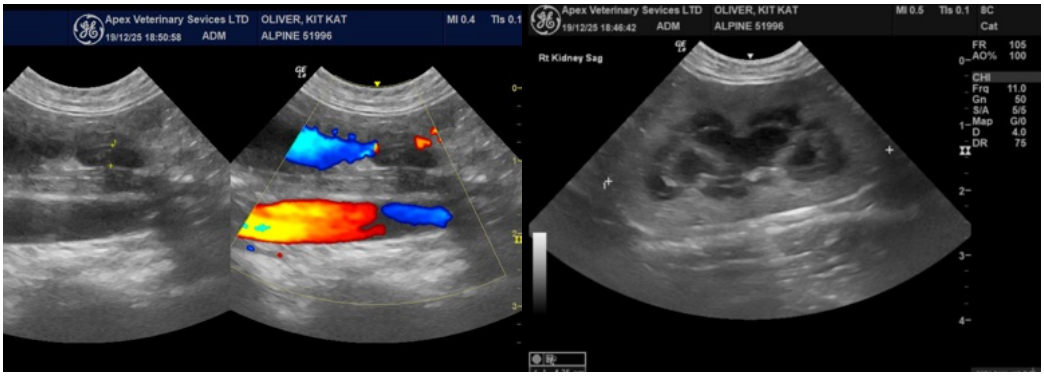
Splenomegaly. Differentials are splenitis, round cell neoplasia or reactive spleen.

Enlarged kidneys with idiopathic medullary rim sign. Idiopathic versus emerging round cell neoplasia or FIP.

Colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Coagulation panel and 25-gauge FNA, cytology and culture of the spleen and FNA of either renal cortex are both indicated to further assess this patient. The prognosis is guarded.



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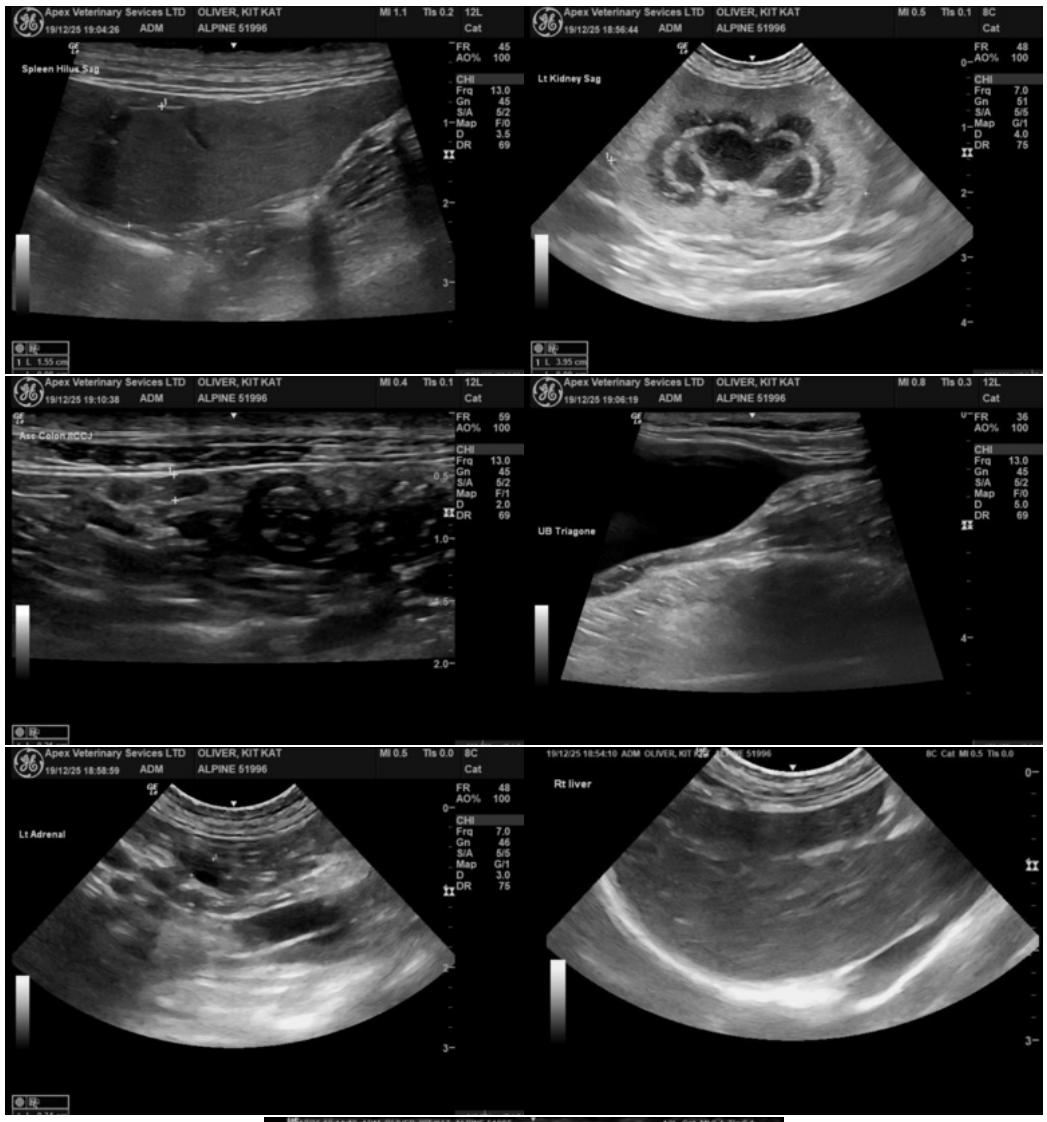
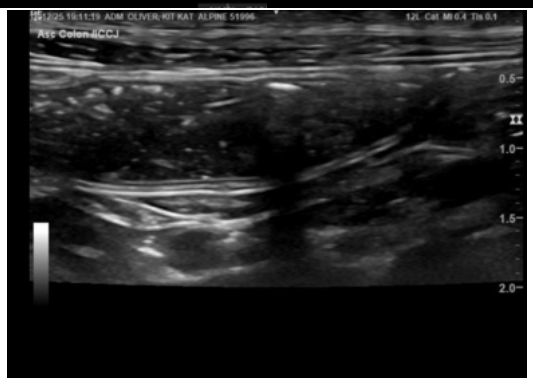
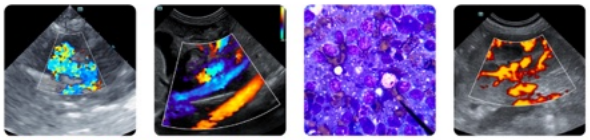




The information and recommendations provided are based on the images presented by the



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com