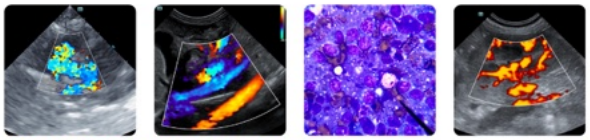


PATIENT

Lexi Horst

SPECIES

Feline

BREED

Bengal

SEX

Spayed female

AGE

4 ½ years

WEIGHT

8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hovenden

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Hovenden

INVOICE

71662

DATE

2/17/26

PRESENTING CLINICAL SIGNS

- Lexi was seen at her rDVM on 2/14 earlier in and she was given an FeLV vaccine. On the way home, she vomited in her carrier. When the owner got her home, she seemed lethargic and wobbly. She also passed some diarrhea. The owner brought her in here that evening. An AFAST was unremarkable at that time. All other diagnostics were declines. She was treated outpatient for a possible vaccine reaction with a dex. s.p. injection, diphenhydramine injection, and a Cerenia injection. The owner brought her back here on 2/15 but she was still lethargic and refusing to eat or drink. Her temp was 102.9F at that time. Bloodwork performed at that visit showed leukocytosis, elevated ALT and elevated GGT. Abdominal radiographs showed a mildly fluid-distended stomach but no signs of obstruction. She was treated outpatient with SQ fluids, a Cerenia injection, and a famotidine injection. She was sent home with an Rx for Mirataz. Over the last 2 days, she has continued to be lethargic. She is still refusing to eat or drink today. She has not passed any stool for the last 3 days and the owner has not observed her urinate in 2 days. She has not had any more vomiting but she has been licking her lips at times today. She is indoor only.
- IV treatments: IV catheter LRS started at 30ml/hr (about 2 X maintenance), Cerenia 1mg/kg IV q 24 hours, Pantoprazole 1mg/kg IV q 24 hours, Unasyn 30mg/kg IV q 8 hours, Pet is on Mirtazapine and Gabapentin
- CBC: HCT 44%(N), WBC 17.61(H), suspected bands, Lym 703(H), Mono 3.46(H), Baso 0.35(H), PLT 175(N) Chem17: Glu 215(H), BUN 15(L), ALT 151(H), ALP 15(N), GGT 0(N), Tbil 0.5(N) fPL: 1.4(N) --> Pancreatitis is unlikely UA (collected via cystocentesis prior to starting IVF): USH 1.065, pH 7, trace protein, Glu 1000(H), Blood 10/uL, WBC 3/hpf, RBC 5/hpf, no bacteria, unclassified crystals <1/hpf.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

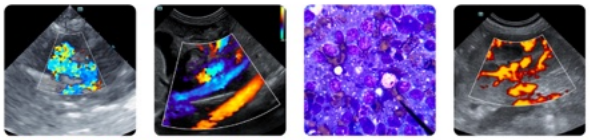
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A minor amount of suspended debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.1 cm. The right kidney measured 4.1 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.



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Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was over distended with anechoic fluid. The gastric wall was thickened and measured up to 1.2 cm with echogenic, hyperechoic surrounding, periserosal fat. This is consistent with inflammation. The pyloric wall measured up to 0.82 cm. The small intestines and colon were unremarkable with normal curvilinear mural patterns and content. Epigastric lymph node was slightly enlarged and measured 0.7 cm.

Pancreas

The **pancreas** revealed mixed, echogenic inflammation that extended from the stomach. However, the gastric wall appears to be the primary issue.

ULTRASONOGRAPHIC FINDINGS

Severe gastritis pattern with steatitis and reactive epigastric lymph node. Potential for emerging neoplasia.

The echogenic inflammation extended from the stomach to the pancreas.

Emerging hepatic lipidosis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or full thickness gastric biopsies are warranted. Aggressive treatment for gastritis and pancreatitis is indicated. Recheck sonogram is recommended after 48 hours of therapy to ensure adequate resolution as opposed to clinical progression. GI protectants, broad spectrum antibiotics, IV fluid support and pain management are all indicated. Endoscopy may be the best non-invasive option to obtain samples of the pyloric outflow. Toxin exposure or other causes of severe gastritis should be investigated. Prognosis is guarded.

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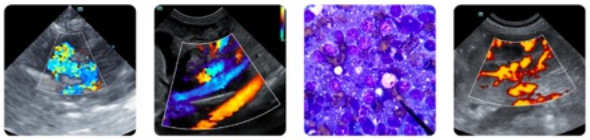

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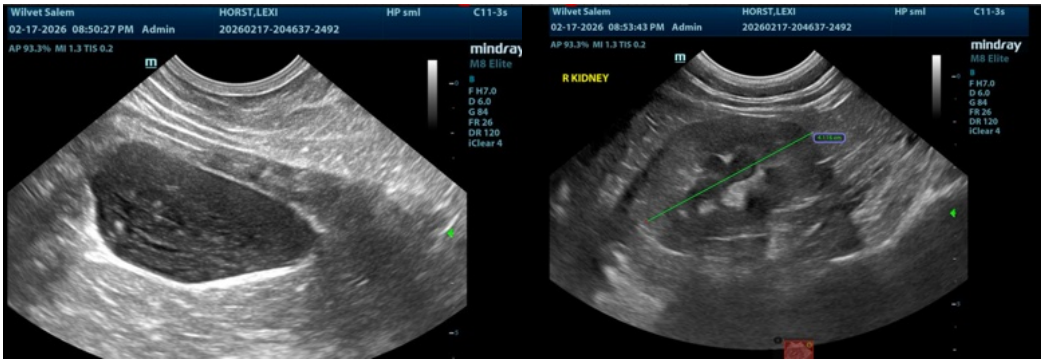

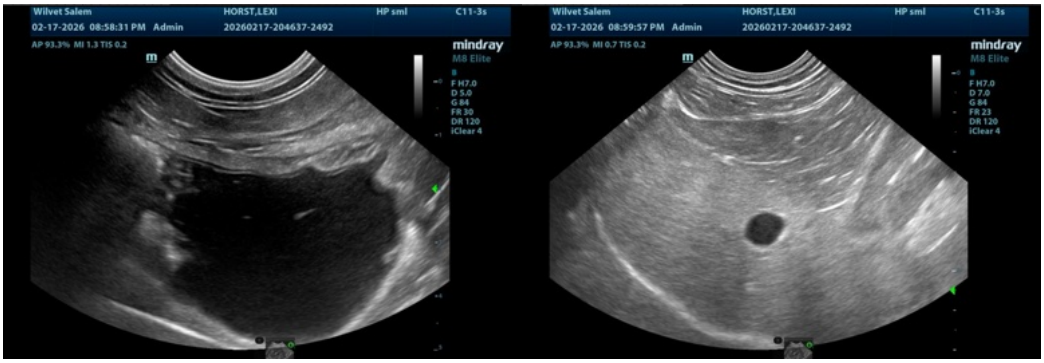

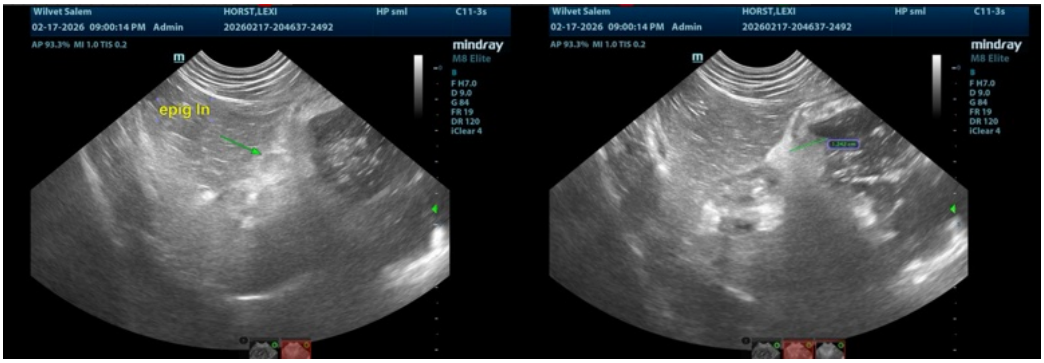

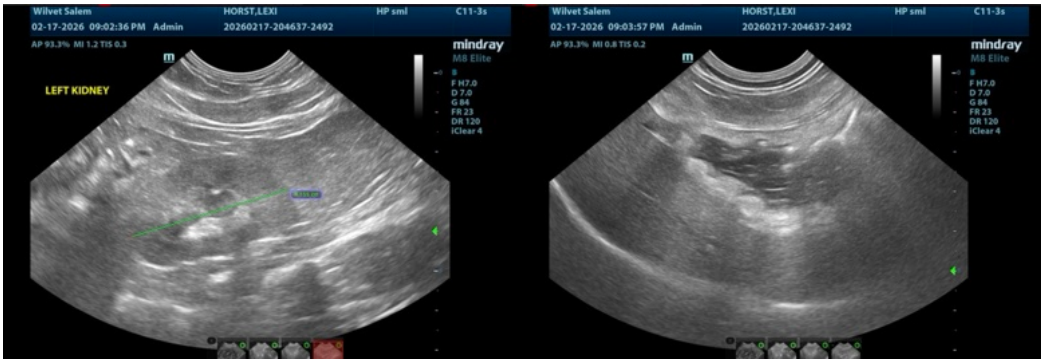

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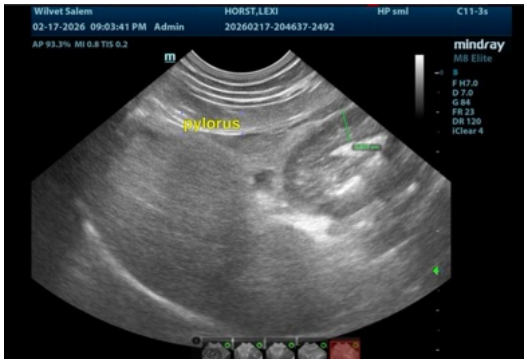

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@SonoPath.com