



PATIENT

Artemis Kociencki

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years 2 Months

WEIGHT

8.88 pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Jenni Tudini
MRCVS, SDEP Cert
(abd)

HOSPITAL NAME

East Aurora Veterinary
Hospital

REFERRING VET

Dr. Jenni Tudini
MRCVS, SDEP Cert
(abd)

INVOICE

15029

DATE

04/11/26

PRESENTING CLINICAL SIGNS

Presents for abdominal ultrasound. Transferred from ER - been there since 4:30 this morning. Patient has had intermittent vomiting for a while, usually a few times a week. Usually a few hours after eating, half-digested food. Overnight, patient had diarrhea around midnight and vomited about 5 times since. Initially half-digested food, then bile and last time has blood in vomit. Patient is a bit lethargic today. ER was concerned for possible foreign body. X-rays and bloodwork done. Bloodwork also suggested pancreatitis. No treatments were given at ER as declined and wanted to transfer care to primary DVM

Abnormal PE/Chem/CBC/UA Results: Patient QAR, mm pink, thoracic ausc unremarkable, abdominal palpation relaxed and NSF palpable. No FB palpable, no ascites and no distended loops of bowel noted. All LN's palpated WNL. - Based on radiographic findings during the night, I elected to repeat a right lateral and VD views which confirmed that the gas present has shifted and is sitting in the transverse and descending colon. No obstructive pattern observed - CBC: WNL - Biochem: SDMA 17 (0-14), Chol 69 (65-225), Pancreatic Lipase 4.7 (0-4.4) - U/a: WNL - T4: WNL - FELV/FIV/HW: NEG x 3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 were 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 3.45 cm in length. The right kidney measured 3.43 cm in length.

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 0.24 cm width. The right adrenal gland measured 0.38 cm width.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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



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thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed minor uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Some reactive mesentery was noted associated with the small intestine.

Pancreas

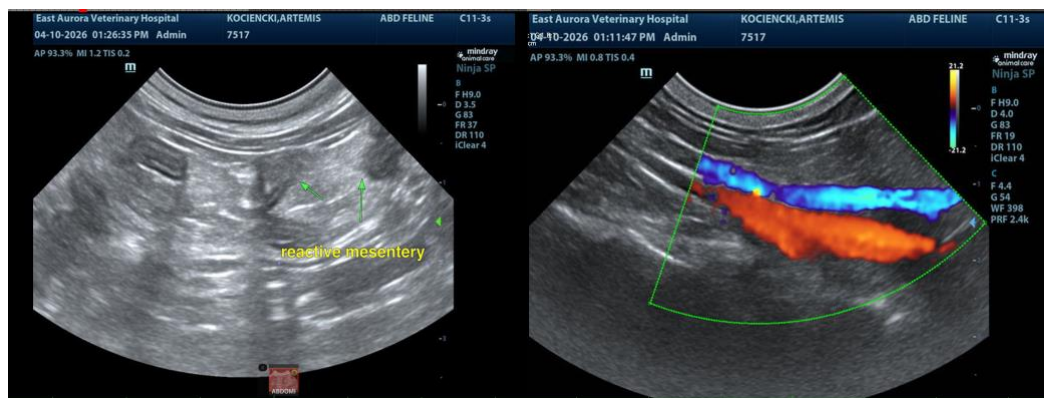
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic inflammatory bowel presentation with reactive mesentery/enteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Parasite management, diet change to hydrolyzed diet, management for any enterotoxins are all indicated. Potential prednisone trial may be necessary. The pathology appears to be localized to the intestine and mesentery. If clinical signs persist, recheck sonogram in one week. No overt neoplastic criteria or foreign matter was present.





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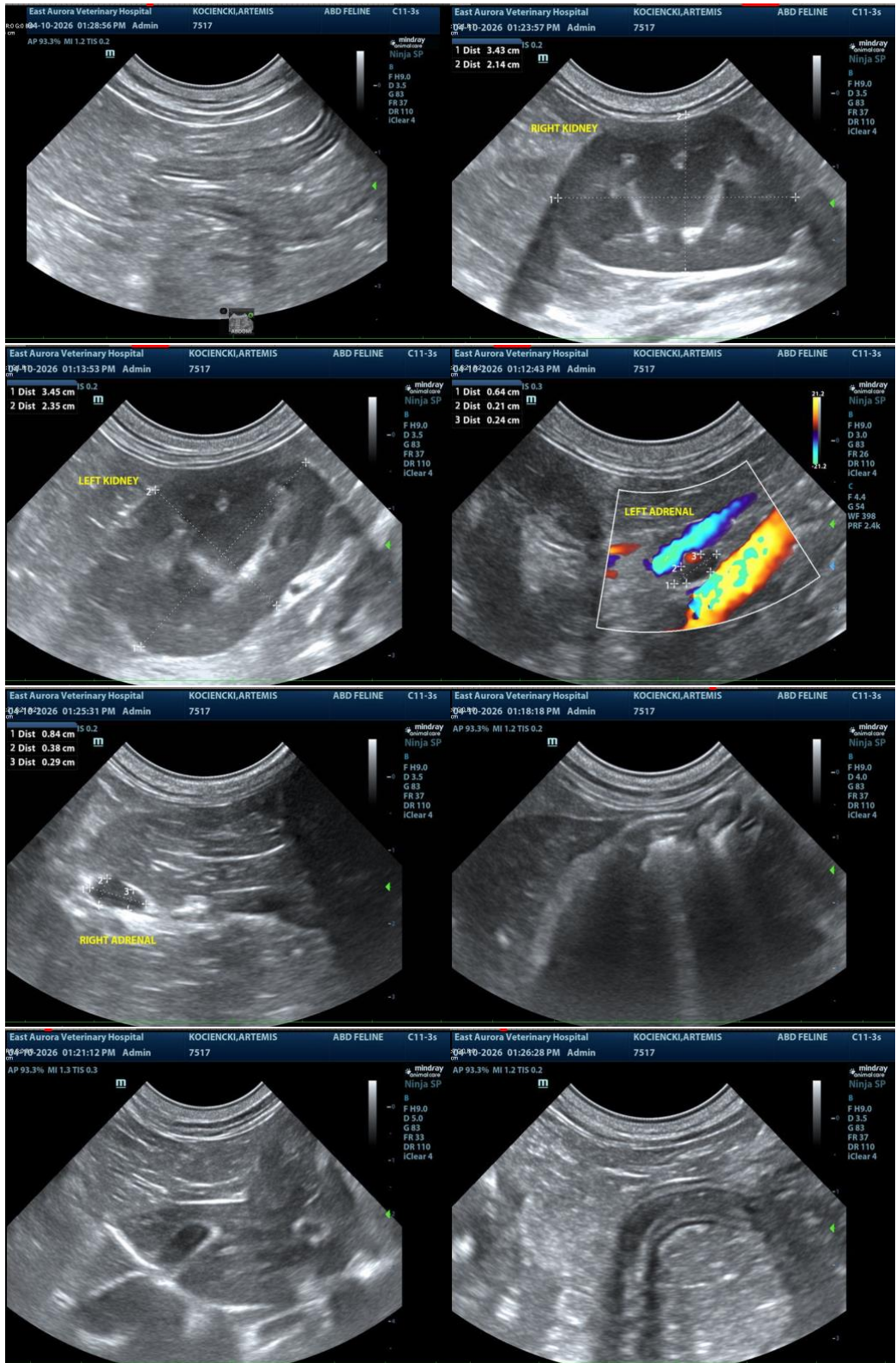
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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