



PATIENT

Maximus Johnson

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

9 Months

WEIGHT

5.62 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rachel Gray

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Rachel Gray

INVOICE

36813

DATE

4/26/26

PRESENTING CLINICAL SIGNS

History: P has not been normal all week. Vomited liquid on Thursday. O took him to VCA yesterday. P has labs and rads done. P was hospitalized for the day, ate some food and O decided to take him home. Not eating again today. P is indoor only with 2 catios. O feeds royal canin kitten.

Abnormal PE/Chem/CBC/UA Results: Marked stomatitis noted; Abdomen/Gastrointestinal - tense and painful (vocalized) on abd palpation. marked gas palpated within GIT. No organomegaly or obvious masses; Preanesthetic BW: CBC: 40.6, wbc 4.17, neut 2.12 (L), lymph 1.65, PLT 380 Chem10: all values wnl -- creat 1.7 ePOC: creat 2.28 (H) fPL: 1.2 (WNL) AFAST - no ff. stomach contains gas and fluid material. diffuse gastric distention with areas of hard shadowing. urinary bladder wnl. diffuse dilatation pattern, functional ileus is prioritized typically secondary to non-specific enterocolitis such as food allergy, hypersensitivity, toxicity, infectious etiology, and/or inflammatory bowel disease.

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 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 right kidney measured 4.4 cm. The left kidney measured 4.0 cm.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

Spleen

The **spleen** measured the upper limits of normal to slightly enlarged, up to 1.2 cm.

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

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

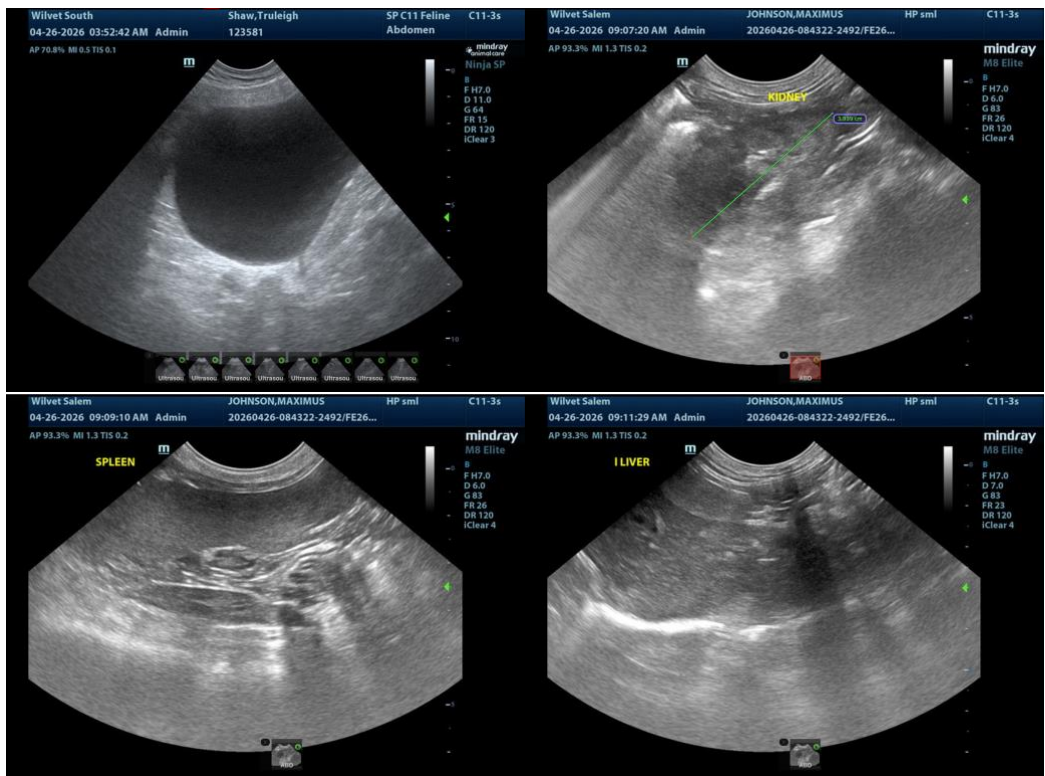
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Slight splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue, FNA is indicated, however, there's no evidence of significant visceral disease. Supportive care for GI upset should prove effective. The pancreas appears structurally normal, however, a very early pancreatitis can appear normal sonographically, so I cannot rule out that potential.





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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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