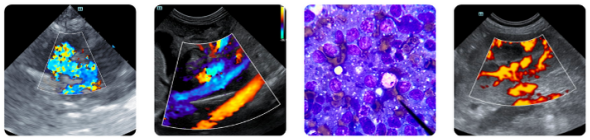


PATIENT

Fizgig Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

N/A

WEIGHT

4.64 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10854

DATE

12/3/2025

PRESENTING CLINICAL SIGNS

Thursday: Onset of vomiting (7–8 episodes by Friday). Friday: Seen for vomiting, lethargy, inappetence, and discomfort. Radiographs unremarkable; owner declined bloodwork. Saturday: Final vomiting episode occurred after gabapentin. Sunday: Marked lethargy—sleeping most of the day, minimal movement. Sunday hospitalization: Bloodwork performed elsewhere reportedly normal for pancreatitis (amylase/lipase not elevated). Stopped eating and drinking over the weekend. Drinking only small amounts; no observed defecation since illness began. Monday radiographs: Raised concern for possible foreign body. Progressive decline represented today.

Abnormal PE/Chem/CBC/UA Results: Vital Signs Temp: 38.0°C HR: 172 bpm RR: 32/min MM: Pink, CRT <2 sec BP: 187/100 (MAP 108) Mentation: QAR (quiet, responsive) Hydration: Adequate Chemistry Profile November 30, 2025 - Hypokalemia: 2.8 mmol/L (significant) ALT elevation: 190 U/L Normal renal values (no azotemia) Normal glucose Thrombocytopenia: 26 $\times 10^9$/L, Low RETIC-HGB.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.75 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

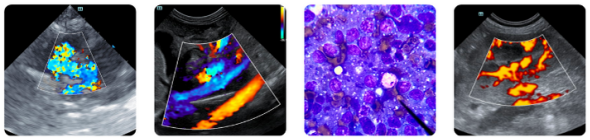
The left adrenal gland is normal in size measuring 0.31 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.61 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



PATIENT

Fizgig Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

N/A

WEIGHT

4.64 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10854

DATE

12/3/2025

The liver is normal in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The gallbladder wall appears mildly thickened and hyperechoic measuring 0.16 cm. Luminal contents are mild and likely incidental at this time. The bile duct appears mildly dilated and tortuous measuring at 0.3 cm distally. No evidence of an obstruction is visualized.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of 0.28 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured 0.24 cm in diameter and the jejunum measured 0.21 cm in diameter. Visualized peristalsis appears appropriate. Much of the small intestine has a prominent muscularis layer, and the ileum is prominent measuring 0.27 cm.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with mild/moderate pancreatitis in both limbs.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild jejunal lymphadenopathy. Examples of lymph nodes measure 0.42 cm, and 0.33 cm. The omentum is hyperechoic in the cranial abdomen around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic changes most consistent with moderate pancreatitis in both limbs.
- Heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.
- Mildly prominent/thickened hyperechoic gallbladder wall with a dilated/tortuous bile duct. Dilation of the common bile duct could be consistent with a functional obstruction (i.e. primary hepatic disease resulting in hepatocellular swelling) or with an extrahepatic bile duct obstruction (ie. choledocholith, bile duct tumor, pancreatic disease, other).

PATIENT

Fizgig Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

N/A

WEIGHT

4.64 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

Alpine 24/7 – ER Doctor

INVOICE

10854

DATE

12/3/2025

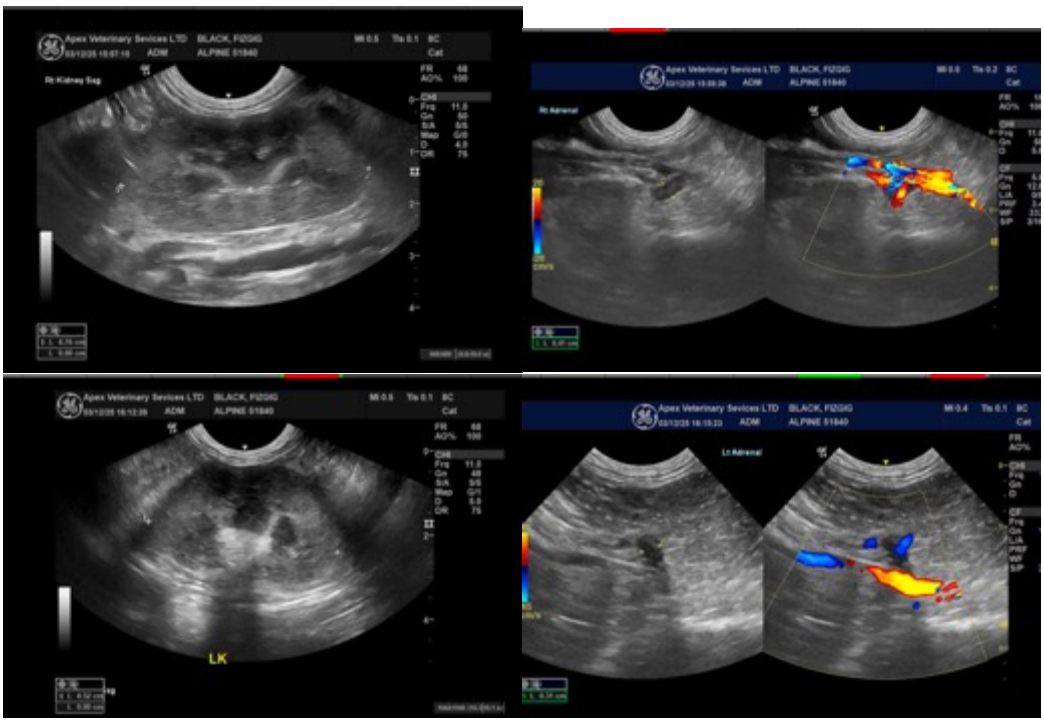
- Fluid/ingesta distended stomach. No evidence of a clear obstruction is noted. Gastric ileus/delayed gastric emptying is suspected secondary to pancreatitis.
- Mildly thickened small intestine with prominent muscularis. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

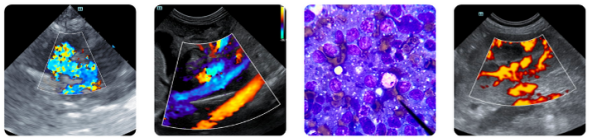
The pancreas is prominent, and hypoechoic in both limbs with surrounding reactive mesentery most consistent with pancreatitis. No evidence of a concurrent obstruction is clearly visualized. Although, a partial obstruction or similar cannot be definitively ruled out. There is a moderate amount of fluid and ingesta in the stomach. No evidence of an obstruction at the level of the pylorus is visualized at this time. Gastric ileus is suspected. Consider aggressive treatment for pancreatitis, including promotility medications for ileus.

The liver is mildly heterogenous, and the gallbladder wall appears mildly thickened and hyperechoic with a mildly dilated tortuous bile duct. Findings could be consistent with mild cholecystitis. If this fits clinically, you could consider a course of ursodiol, denamarin +/- antibiotics.

Additionally, some areas of the small intestine have a prominent muscularis layer. These changes are most consistent with inflammatory type change. Given the combination of pancreatic, biliary, and small intestinal changes, mild triaditis also may be a factor. If there is no response to therapy, you could consider repeat imaging. Eventually biopsies of the GI tract, liver, and pancreas may eventually be warranted.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Fizgig Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

N/A

WEIGHT

4.64 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

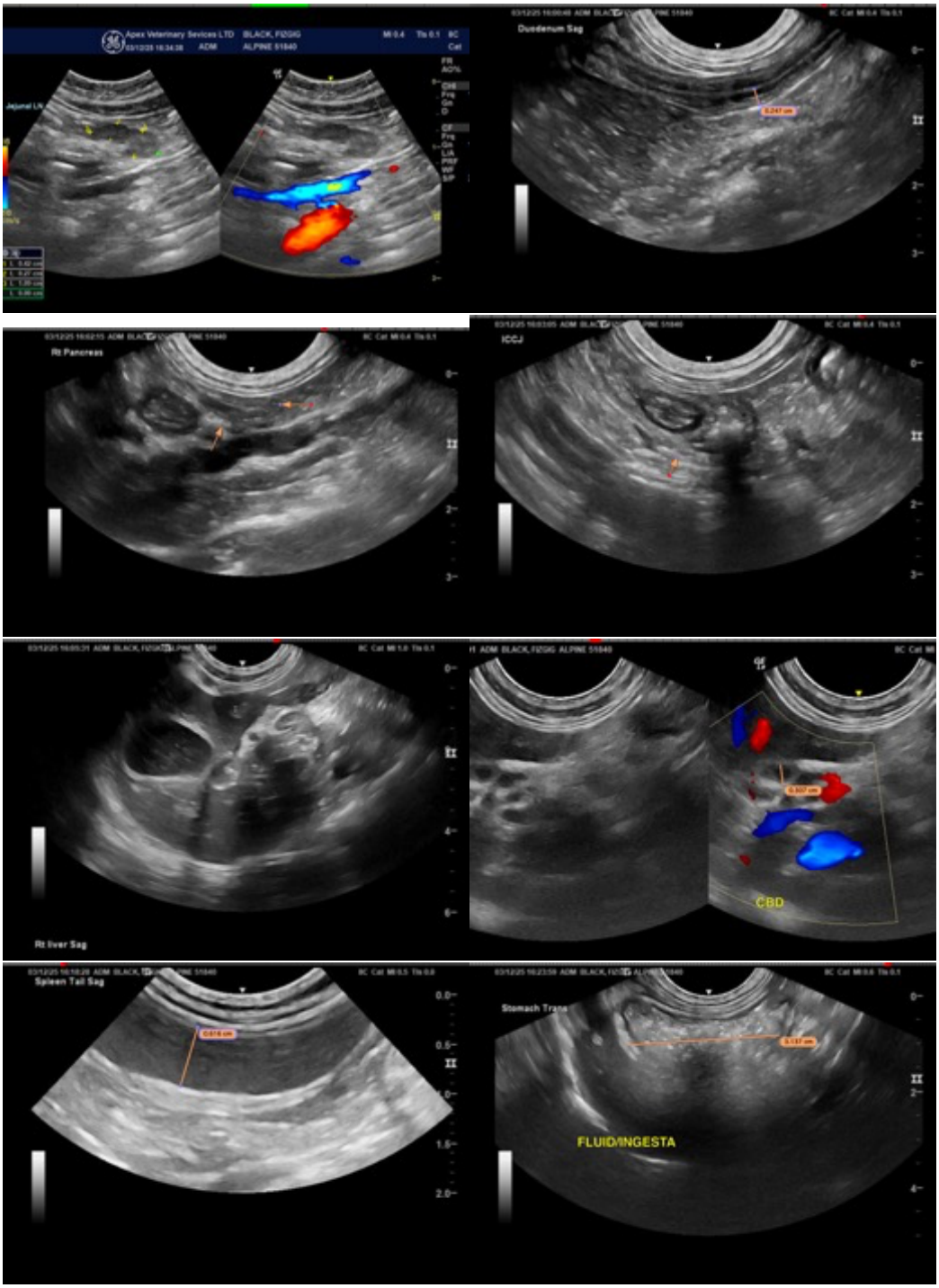
Alpine 24/7 – ER Doctor

INVOICE

10854

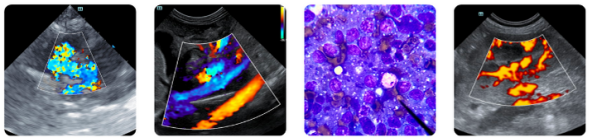
DATE

12/3/2025



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Fizgig Black

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

N/A

WEIGHT

4.64 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Mariusz Chmielinski

HOSPITAL NAME

Apex Veterinary Services Ltd.

REFERRING VET

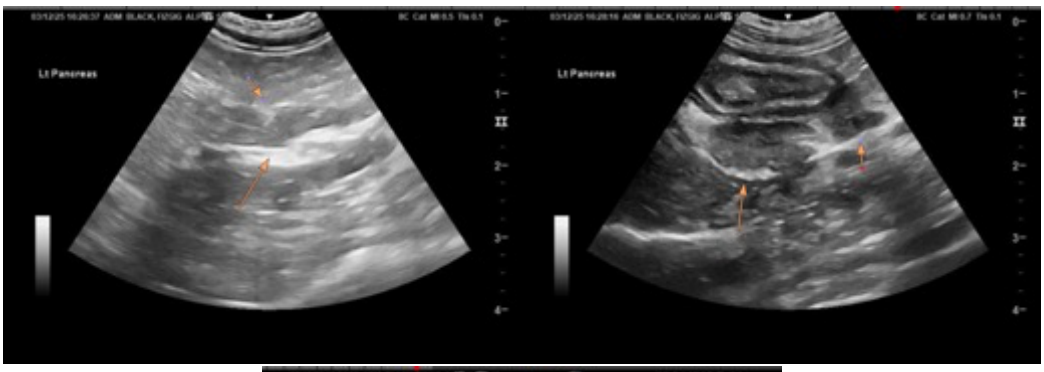
Alpine 24/7 – ER Doctor

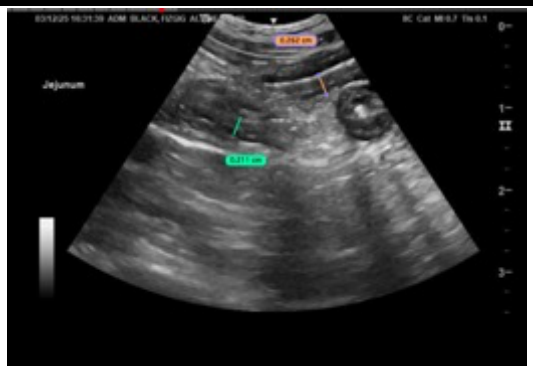
INVOICE

10854

DATE

12/3/2025





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com