



PATIENT

Alice Shmykov

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

11yr

WEIGHT

4.4kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary
Services Ltd.

REFERRING VET

Alpine 24/7 / ER
doctor

INVOICE

23090

DATE

12/2/2025

PRESENTING CLINICAL SIGNS

presented for re-evaluation as her condition has not improved. The owner reports that she seems worse, has become lethargic, and has had a poor appetite and reduced water intake since yesterday. She vomited once yesterday morning. The owner reports a history of intestinal issues, described as "impassibility," since birth. Surgical history includes a procedure for an intestinal blockage at 1 year of age. The owner states this blockage was located near the exit of the stomach. Blood work and a urine test were performed 3 days prior to this visit. The veterinarian noted that the blood work showed mild dehydration.

Abnormal PE/Chem/CBC/UA Results: Weight: 4.4 kilograms Temp: 38.9 HR: 169/bpm
Respiratory Rate: 36/min Mucous Membranes: pink, tacky CRT: <2sec BP: 96/68 (78 General
Appearance/Attitude: QAR Hydration: estimated dehydration 6-8% based on PE

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate non-dependent particulate sediment and minor dependent bladder lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and mild asymmetrical margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.6 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.4 cm width. The right adrenal gland measured 0.42 cm width

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.3 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.37 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.0 cm x 0.5 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract/ pancreas
- Age-related renal changes exhibiting mild medullary mineral
- Urinary bladder sediment and mild dependent lumen mineral
- Intermittent mild mesenteric lymphadenopathy- consistent with benign criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. At times, the gastrointestinal and pancreatic presentation may not correlate with clinical history. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for non-structural or occult intestinal disease or mild pancreatitis is recommended.

Correlation with UA +/- C/S if inflammatory sediment or UPC if non-inflammatory proteinuria is suggested.

No evidence of gastrointestinal mechanical obstructive pattern, i.e. foreign material, mass, etc. Gastrointestinal support is recommended with clinical monitoring. Given patient history and if persistent clinical signs, upper gastrointestinal endoscopy with potential biopsies may be indicated.



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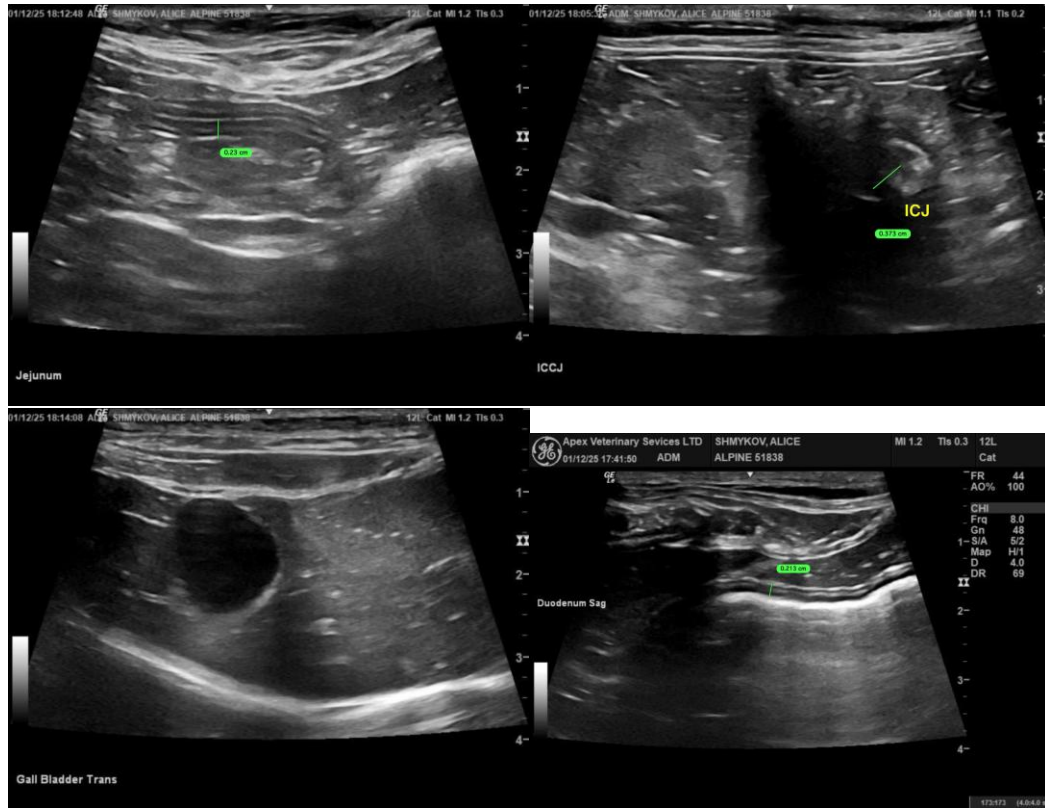
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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