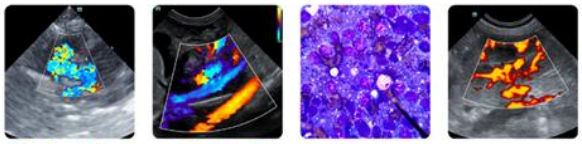


PATIENT

Kit Kat Govaerts

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5

WEIGHT

5.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Wilberger

HOSPITAL NAME

Wilvet South

REFERRING VET

Melissa Wilberger

INVOICE
24186

DATE
03/14/2026

PRESENTING CLINICAL SIGNS

- Pt has a hx of anxiety, recently got meds rx'd for pt, just waiting for it to arrive. Typical for pt w/ her anxiety, when it flares up, to have extreme nausea, dehydration and V+. Pt seemed to have a flare up earlier this week, O went to rDVM on the 11th for inappetence, V+. Pt got an injection of an anti-nausea. Pt did not want to eat following administration of the anti-nausea injection, which is very unusual for pt. O's have not seen pt defecate since the visit--O does have another cat, there is one shared litterbox that had fecal material in it, but pt also has her own personal litterbox that did not have any fecal material in it. Pt seemed uncomfortable at home, vocalizing.
- O's did mention they caught pt playing with a piece of floss on the 10th--pt does not have a hx of foreign ingestion, but O's do not rule it out.
- Symptoms: Inappetence, V+, not defecating, vocalizing Duration (Date & Time):
- E/D/U/D: eating less/pt drank water right before coming in and immediately V+/wnl/no confirmed BM since yesterday V/D/C/S: V++/none/none/none Indoor/Outdoor/both: indoor only Previous Medical Conditions: Anxiety
- Current Medications: (dosage, how often, last time/dose given, why is the pt on this medication?): None
- Abnormal PE/Chem/CBC/UA Results: No abnormal PE EPOC: K+ 3.2, Ca 1.19, Glu 134 CBC: HCT 53.5%

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

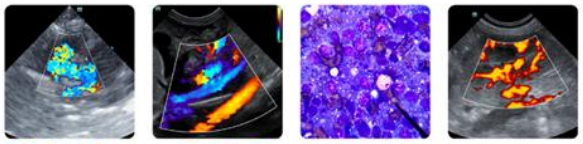
The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.



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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 mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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 intestinal walls demonstrated generalized intact thickened small intestine while exhibiting altered to borderline inverted wall layer ratio with propensity for thickened muscularis layer. Minor duodenal ileus without evidence of obstructive pattern to the level of the colon was present. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.33 cm width. The ileocolic wall measured 0.43 cm width.

Normal visible colon wall layers were present. The colon was subjectively mildly distended with formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No omental masses, overt swollen lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal empty stomach
- Thickened small intestine exhibiting altered /inverted wall layering
- Mildly distended colon containing formed fecal matter
- Sonographically normal area of pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. IBD favored given lack of significant or swollen mesenteric lymphadenopathy. Dry form FIP may also present in this manner. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD which may include dietary therapy, cobalamin supplementation, probiotics +/- steroids trial with assessment of clinical response and monitoring of body weight could be considered.

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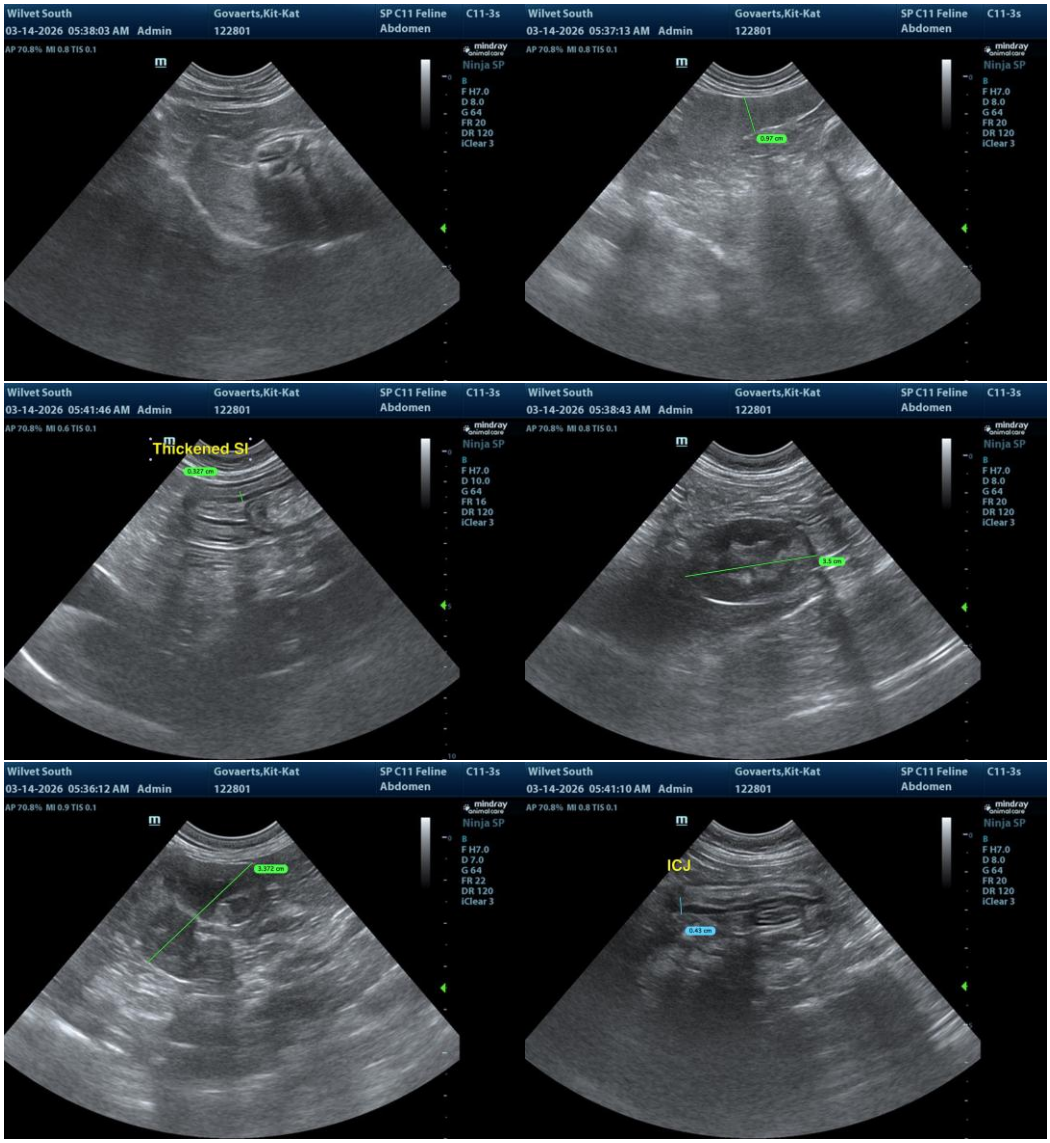

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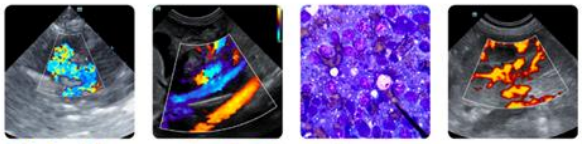

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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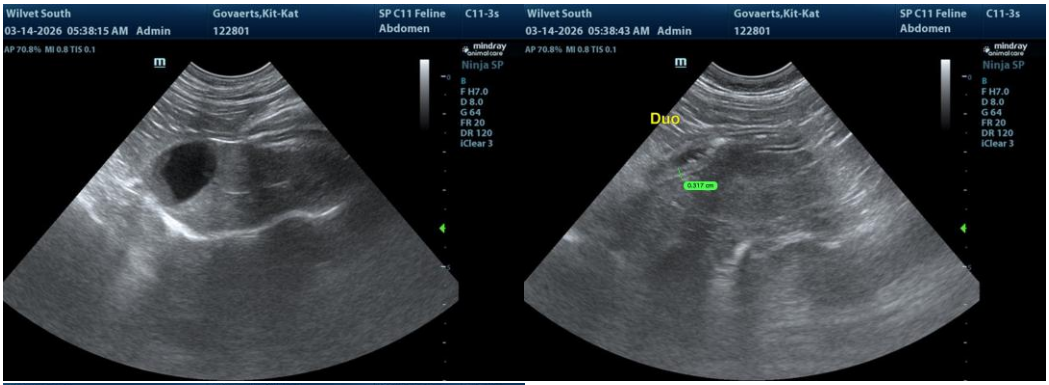

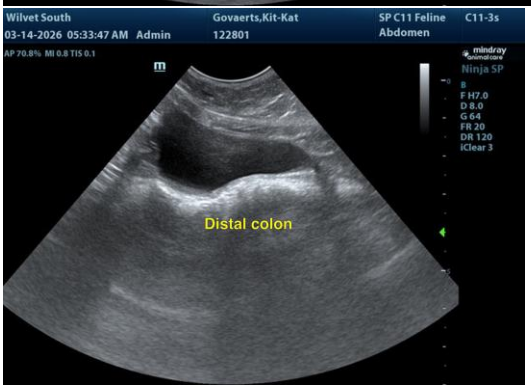

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com