

## PATIENT

Princesa Marquez  
Crispin

## SPECIES

Feline

## BREED

Domestic Short Hair

## SEX

Female Spayed

## AGE

12 Years

## WEIGHT

11.8 lbs

## INTERPRETED BY

Sebastian Jawinski,  
German Board Certified  
Vet Specialist in  
Diagnostic Imaging

## IMAGING PERFORMED BY

Dr. Ferrer DVM

## HOSPITAL NAME

Paseos Veterinary  
Center

## REFERRING VET

Dra. Maria Martes

## INVOICE

48392

## DATE

11-16-21

## PRESENTING CLINICAL SIGNS

Princesa presented for an abdominal ultrasound to evaluate vomiting. The vomit seems to be chronic and has been vomiting for about 6 months. Pt had BW done and it was unremarkable. PT eats Hills i/d diet. Fecal was NPS. The vomits seems to be yellow/clear color and seems to have abdominal effort and it happens sporadically about 3 times a week. No diarrhea  
Abnormal PE/Chem/CBC/UA Results: PE: no major abnormalities BW: done in May 2021 it was unremarkable.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary system

The urinary bladder and trigone present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a slightly age-appropriate fuzzy corticomedullary transition.

Renal pelvises and exits to the ureters are unremarkable.

### Adrenal glands

Both adrenal glands are normal.

### Spleen

Splenic margins are mildly rounded, transverse diameters measure 0.9 cm. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins. There are no signs of nodular/focal changes noted.

### Liver/Gallbladder

Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder and -wall are unremarkable without signs of relevant sludge, a florid process or cholestasis.

### Gastrointestinal

The stomach, the small intestine and colon present intact wall layers with a subtly prominent, hyperechoic submucosal layer. Layers are normal in width and echogenicity apart from that. Adjacent mesentery and fat tissue are of normal appearance. There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process.

Mesenteric, epigastric and portal lymph nodes are considered to be normal.

### Pancreas

All pancreatic parts displayed show isoechoic echogenicity to the surrounding omental fat. Signs of inflammatory changes or focal lesions are missing.

### Free Abdomen

There is no evidence of peritoneal or retroperitoneal effusion noted. Abdominal fat and great vessels show no pathological findings.



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**ULTRASONOGRAPHIC FINDINGS**

- Questionable prominent and hyperechoic submucosal layer
- Mild unspecific splenomegaly
- Normal sonographic findings of the abdomen apart from that

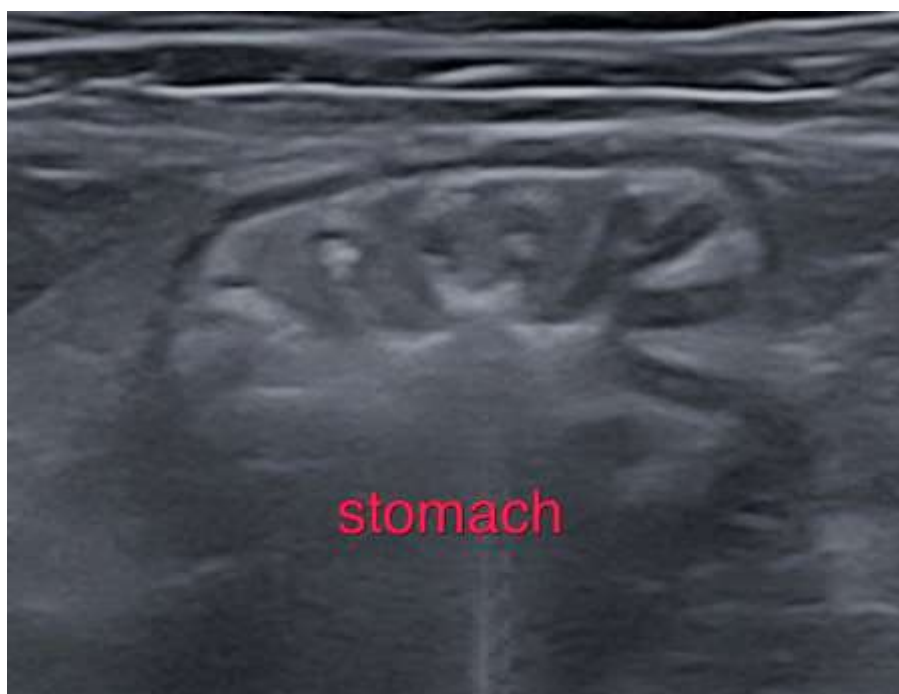
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasonographic findings of the prominent submucosal layer are subjective and of questionable relevance. Differentials include chronic inflammatory changes such as lympho-plasmocytic, -histiocytic gastroenteritis and (sub-) mucosal fibrosis due to chronic issues. Lymphoma is not suspected.

Changes of the kidneys are mild and bilateral. I suggest they are normal age-related changes.

Splenomegaly is mild and an unspecific finding, and commonly is secondary to systemic inflammatory/infectious disease and can be associated with chronic pancreatitis in cats (fPLI, Vit B12, folate level?).

Empiric therapy of gastritis could be performed next (including diet and may be prednisone). Consider stress-induced disease. Endoscopic biopsies of the stomach, duodenum and colon are recommended if therapy is not successful.



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

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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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**Sebastian Jawinski**, German Board Certified Vet Specialist in Diagnostic Imaging  
info@sonopath.com

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