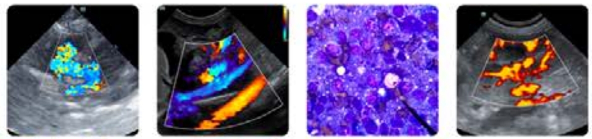


PATIENT

Levi Braun

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

2 Years

WEIGHT

5 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72807

DATE

12/28/25

PRESENTING CLINICAL SIGNS

• Two nights prior to presentation, Levi began frequent vomiting, mostly clear liquid with small amounts of food; possible trace blood noted on two occasions. • After an initial visit (prior to this recheck), Levi received anti-nausea medication and an antacid, and was sent home with food. • Appetite remained very poor. • Vomiting stopped for ~24 hours, then recurred the morning of this visit, shortly after eating a very small amount. • Indoor-only cat; other household cat healthy. • Possible foreign body exposure: o Chews plastic o Observed licking a gingerbread house o Broken Christmas ornament found with missing pieces o Possible ribbon/string ingestion considered.

Abnormal PE/Chem/CBC/UA Results: Vital Signs • Temperature: 38.1°C • Heart Rate: 168 bpm (pulse 1:1) • Respiratory Rate: 42/min • Respiratory Effort: Normal • Mucous Membranes / CRT: Pink, tacky ; <2 sec • Mentation: BAR • Hydration: ~6% DeH2O Hematology - RBC: 12.71 $\times 10^{12}$/L ↑, Hematocrit: 0.54 L/L ↑, Hemoglobin: 170 g/L ↑, WBC: 3.44 $\times 10^{9}$/L (low–normal), Neutrophils: 1.37 $\times 10^{9}$/L ↓ (mild neutropenia) Serum Chemistry: Potassium: 3.1 mmol/L ↓, Total Protein: 54 g/L ↓, Albumin: 24 g/L (low–normal), ALT: 176 U/L ↑,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra (visible to 2.0 cm) are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). Left measures 3.7 cm. Right measures 3.9 cm.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. Left measures 3.1 mm. Right measures 3.4 mm.

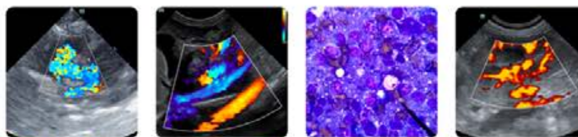
Spleen

The spleen is diffusely thickened, measuring 1.2 cm at the hilus. The capsular margins are irregular and the parenchyma is normal. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. There is a pocket of free fluid adjacent to the splenic head, which may be subcapsular in origin.

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.



PATIENT

Levi Braun

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

2 Years

WEIGHT

5 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

Alpine 24/7 ER

INVOICE

72807

DATE

12/28/25

Gastrointestinal

The stomach is moderately distended with fluid. The gastric wall is 2.2 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are normal up to 2.2 mm. Overall wall layering is preserved. There is a linear structure within the bowel lumen noted in some segments, which may indicate a linear foreign body. However, in the absence of plication, the possibility of incidental material such as grass or other fibers cannot be excluded. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness (1.0 mm) with intact wall layering. The ileocecal junction is normal.

Pancreas

The right limb of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic ducts appear normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity with the exception of the region of the splenic head. The mesenteric and ileocolic lymph nodes were enlarged, up to 1.4 cm with normal short to long axis ratio and appropriate echogenicity. There is hyperechoic omental fat surrounding the pancreas, as well as the inflamed segments of small bowel. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

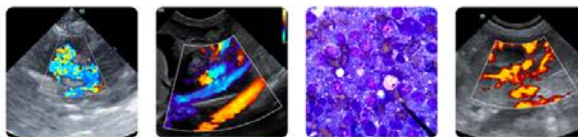
PRIMARY FINDINGS

- Diffusely thickened small bowel muscularis layer, with associated steatitis and lymphadenopathy - typical of infiltrative bowel disease
- Linear material within the small bowel, without clear evidence of plication or obstruction
- Hypoechoic left pancreas typical of pancreatitis
- Thickened spleen with apparent sub capsular fluid (vs an adjacent pocket of peritoneal fluid)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The linear material in the bowel may represent a string-type foreign body, but in the absence of plication, the possibility of more incidental material, such as grass or hair, cannot be excluded. Given the associated changes to the bowel wall and associated inflammation, abdominal exploratory is recommended, so that biopsies may be obtained, and if a linear foreign body is confirmed, this can be removed.

The splenic fluid is an unusual finding - it appears sub capsular, which would typically indicate hemorrhage secondary to trauma. The mild thickening may be the results of a reactive splenitis secondary to intestinal disease, or less likely, infiltrative disease such as FIP or round cell neoplasia. The spleen should be further investigated at the time of exploratory , and if not actively hemorrhaging, fine needle aspiration could be considered with a 25G needle and diphenhydramine pre-medication.



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Levi Braun

SPECIES

Feline

BREED

British Shorthair

SEX

Neutered Male

AGE

2 Years

WEIGHT

5 kg

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services, Ltd.

REFERRING VET

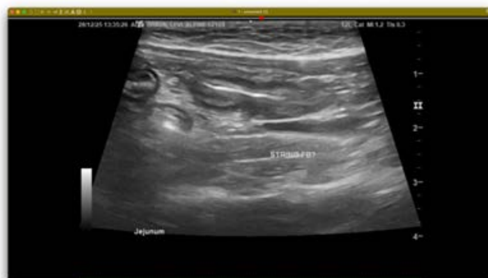
Alpine 24/7 ER

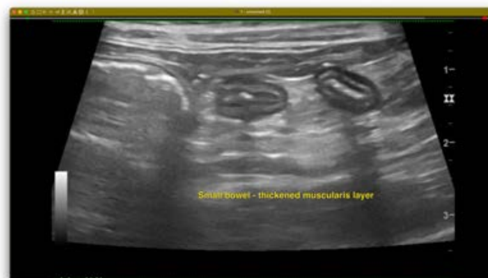
INVOICE

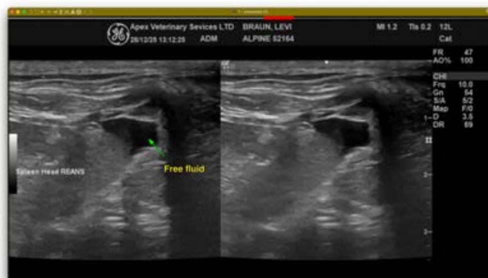
72807

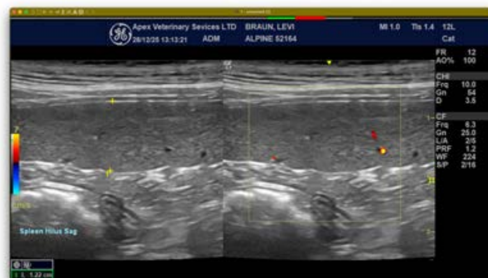
DATE

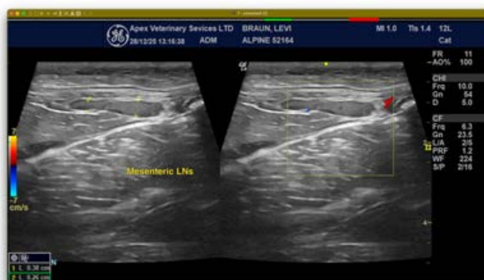
12/28/25











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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com