PATIENT

Moo Maleckas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

VCA Palmer Animal Hospital

REFERRING VET

Dr. Kara Fischer

INVOICE

11113

DATE

1/14/2026

PRESENTING CLINICAL SIGNS

Chronic on/off vomiting improved some on GI Biome diet. PE shows mild dehydration, otherwise NSF. CBC: QBC 15.8, neut 11,376, mono 790 Chem: ALT 115, glob 5.4, amylase 1373, PSL 45 AXR (12/3/25): multiple distended bowel loops with granular material, concerning for possible partial obstruction of small intestines; otherwise, NSF.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.08 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.91 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is uniformly plump/egg shaped, and measures 0.87 cm thick. It’s hypoechoic in echogenicity. No capsular escape or vascular invasion is definitively appreciated in these images at this time.

The left adrenal gland is normal in size (0.29 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. Several small anechoic densities are noted throughout the parenchyma. The largest of which measures approximately 1.2 cm in diameter. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

PATIENT

Moo Maleckas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

VCA Palmer Animal Hospital

REFERRING VET

Dr. Kara Fischer

INVOICE

11113

DATE

1/14/2026

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Mild duct dilation is present, measuring 0.23 cm dilated.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Hyperechoic hepatomegaly with suspect incidental hepatic cysts or benign feline biliary cystadenomas – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- The right adrenomegaly should be interpreted in combination with clinical history, laboratory changes, blood pressure, etc., as a normal benign age related change or chronic stress from other concurrent disease versus true adrenal disease can't be ruled out.
- Moderate amount of echogenic mineral urinary bladder debris.

PATIENT

Moo Maleckas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

VCA Palmer Animal Hospital

REFERRING VET

Dr. Kara Fischer

INVOICE

11113

DATE

1/14/2026

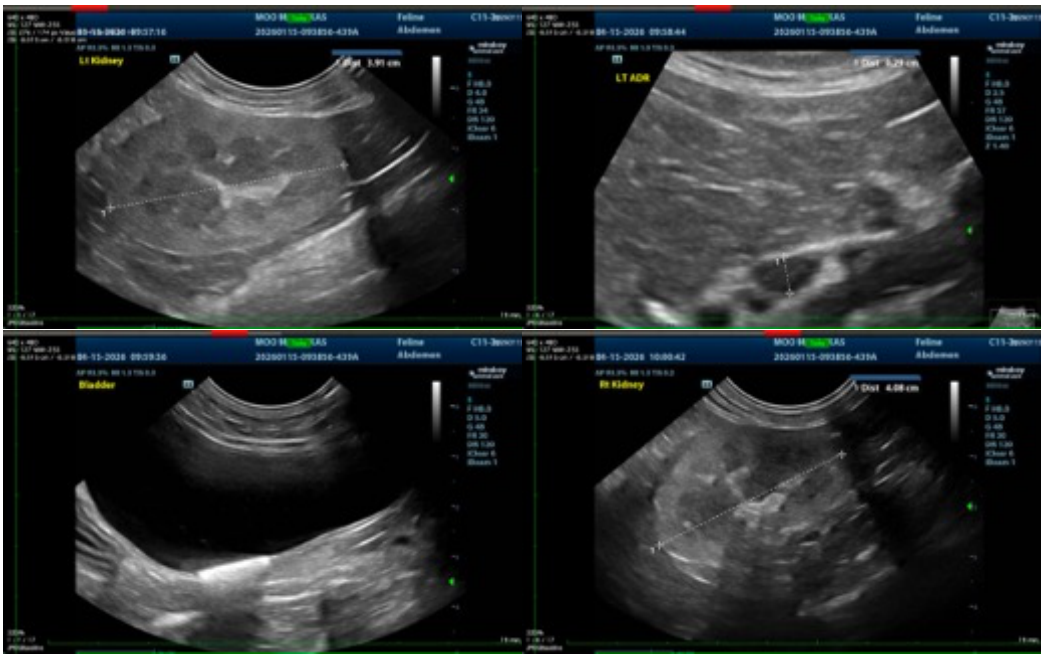
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on imaging, infiltrative bowel disease is a higher differential for patient's reported vomiting than foreign material. There is no shadowing obstructive pattern, plication, etc., to indicate foreign material or an obstruction in these images at this time. Therefore:

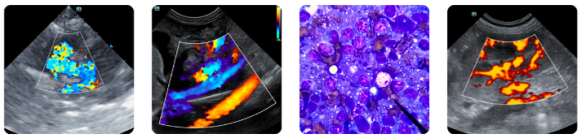
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.
- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.
- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

Additionally, as stated above, further investigation for underlying adrenal disease such as hyperadrenocorticism, hyperaldosteronism versus other is recommended including assessment of electrolytes, blood pressure +/- hormone testing if clinical signs are suggestive, etc.

Finally, fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate, potentially as a less invasive tissue sampling method prior to gastrointestinal biopsies.



NAVIX DIAGNOSTIX ANIMAL SERVICES



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Moo Maleckas

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

11.6 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Pamela Harrigan, RDCS, Certified Veterinary Sonographer

HOSPITAL NAME

VCA Palmer Animal Hospital

REFERRING VET

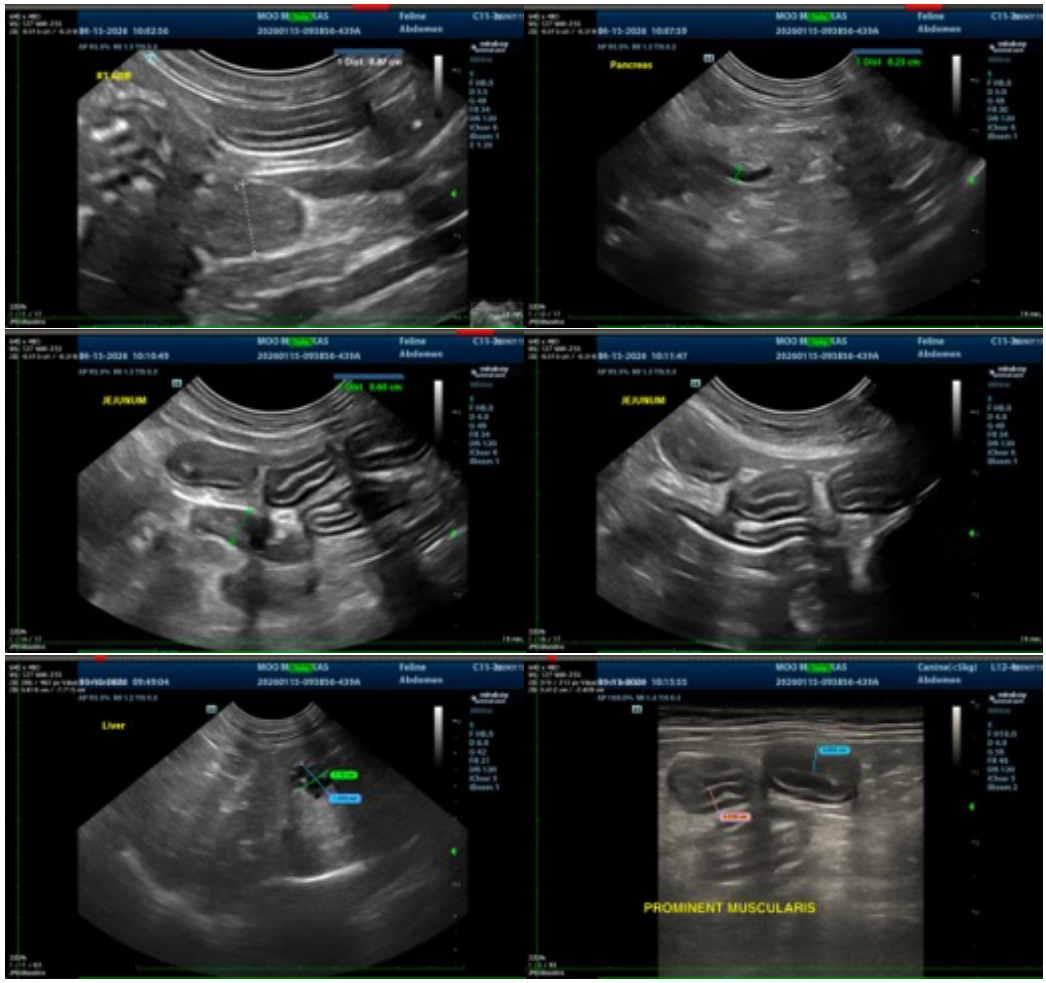
Dr. Kara Fischer

INVOICE

11113

DATE

1/14/2026



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com