



PATIENT

Winter Pantry Four
Paws Rescue

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

1 Year

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Downtown Animal
Hospital

REFERRING VET

Dr. Ahn

INVOICE

72212

DATE

1/14/26

PRESENTING CLINICAL SIGNS

Stray cat brought in by foster home about a month ago. Vomits daily. few days ago began vomiting frank blood. Mild anemia. Depressed and painful Current Medications Gabapentin 50mg oral given 9am, cefazolin 22mg/kg (yesterday and this morning) Yesterday sulcrate 3ml PO q8, gabapentin 50mg PO qh, methadone 0.05-0.1mg/kg IV PRN (given twice) , Omeprazole 10mg q24, cerenia 8mg PO q, cefazolin 22mg/kg IV qh

Abnormal PE/Chem/CBC/UA Results: See attached lab work Primary Question to Be Answered in This Exam cause of hemaemesis

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 incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.45 cm) with largely normal architecture, corticomedullary distinction, etc., except for in the mid medial aspect, where it is slightly misshapen as the result of an approximately 1.8 cm in diameter, mildly heterogeneous but largely hypo- to isoechoic density/nodule. Trace pyelectasia is noted in the right kidney.

The left kidney is normal is size (4.5 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 normal in size (0.45 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 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

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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.

Gastrointestinal

The stomach is diffusely thick, primarily in the fundus/body, measuring between 0.80-1.2 cm thick with a hypochoic wall and loss of layering in that full area. The lumen of the stomach is empty, with a visibly patent pylorus.

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

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The gastric wall thickening is concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus other. A benign inflammatory process, however, can't be definitively ruled out without tissue sampling.
- The small bowel changes described above could represent the same pathologic process as the stomach versus a benign inflammatory process in the face of gastric neoplasia, as there are no characteristics of malignancy noted in the bowel.
- Similarly, the density in the right kidney could represent a benign incidental cyst, complicated cyst, abscess, hematoma, other, although an infiltrative neoplastic nodule such as lymphoma versus other can't be ruled out without tissue sampling.

SECONDARY FINDINGS

- Mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not evaluated as part of the general metabolic health screen (CBC was available for review), a chemistry panel and electrolytes are recommended.



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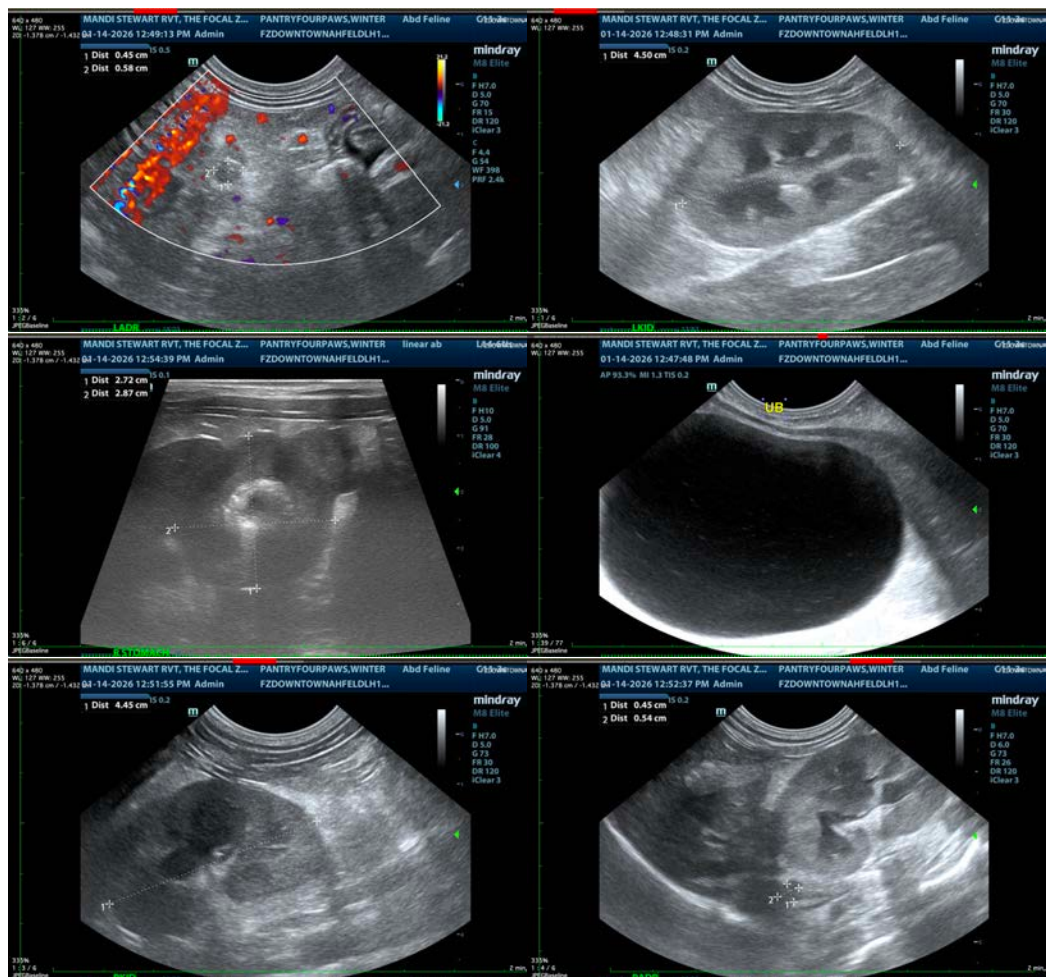
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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the stomach and right kidney nodule are recommended if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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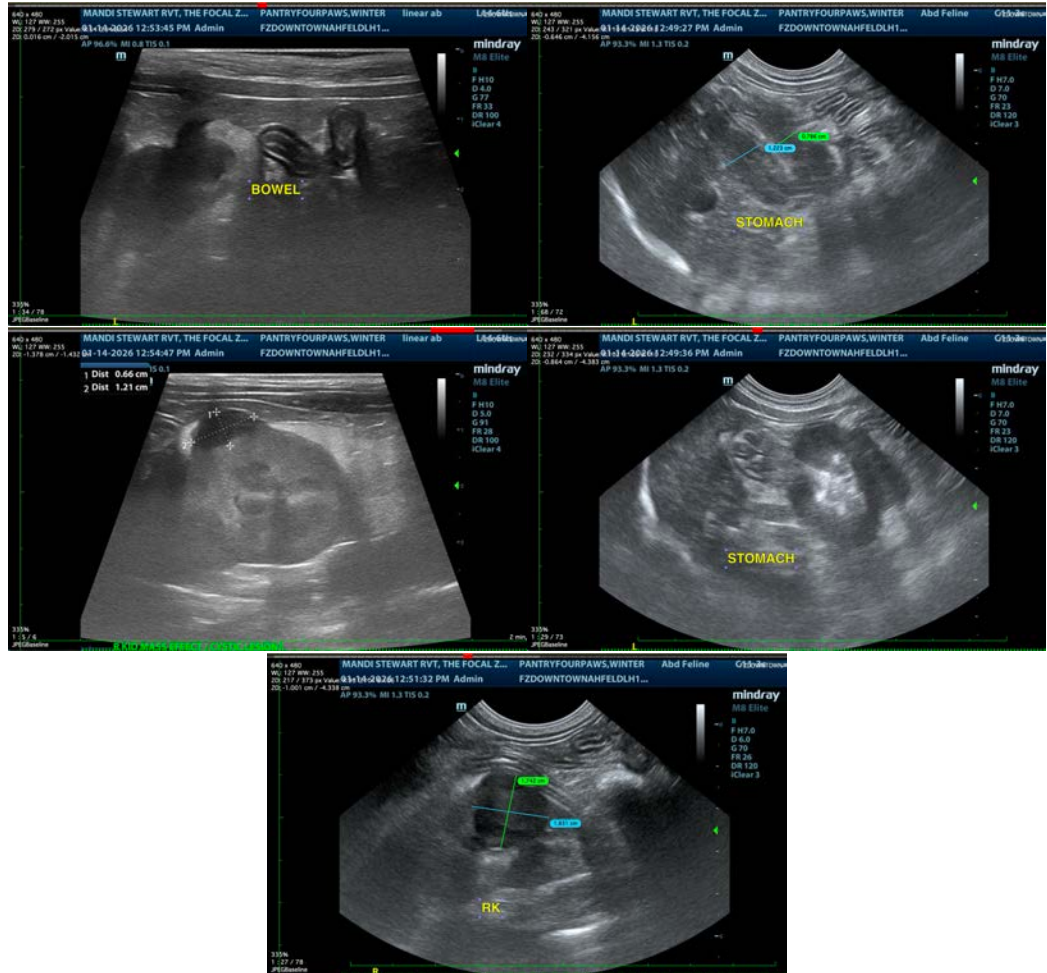
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
 info@sonopath.com