



PATIENT

Grey Hoxha

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna Veterinary
Hospital

REFERRING VET

Dr. Nicklassen

INVOICE

72269

DATE

1/15/26

PRESENTING CLINICAL SIGNS

Progressive weight loss and non-regenerative anemia. has been on 2mg/kg prednisolone PO q24 for several months. anemia first noted in aug 2025 (27%). no other abnormalities on BW. CBC on Jan 12 2026 showed persistent non-regen anemia (HCT 26.6%), no other abnormalities.

Abnormal PE/Chem/CBC/UA Results: Muscle mass wasting pale MM

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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.

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is normal in size at 3.9 cm. Right kidney is normal in size at 4.2 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.20 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.20 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size but appears to have very subtly scalloped or undulating capsular contour. Additionally, the parenchyma appears subjectively diffusely coarse/heterogeneous and mildly hypoechoic. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. 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.

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 mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular,



PATIENT	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.
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Feline	<i>Pancreas</i>
BREED	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.
DSH	
SEX	<i>Free Abdomen</i>
Neutered Male	There is no visible free peritoneal effusion noted in these images.
AGE	Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail.
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Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Both the spleen and liver changes are subtle and non-specific with either one potentially representing benign change such as extramedullary hematopoiesis or primarily for the liver a benign bacterial or lymphoplasmacytic cholangiohepatitis, hepatic lipidosis, other, although infiltrative neoplasia such as round cell neoplasia affecting one or both organs can't be ruled out, especially given the concurrent lymphadenopathy. Aggressive mesenteric lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture. Mild/emerging 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. Mild chronic kidney disease changes noted bilaterally. Moderate amount of echogenic urinary bladder debris.
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INVOICE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
72269	If not recently evaluated, a full general metabolic health screen to also include a chemistry panel and electrolytes and urinalysis is recommended.
DATE	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.
1/15/26	Fine needle aspirates of the liver, spleen, and enlarged lymph nodes could be considered if patient's coagulation status is appropriate. Lymph node aspirates are reportedly pending.



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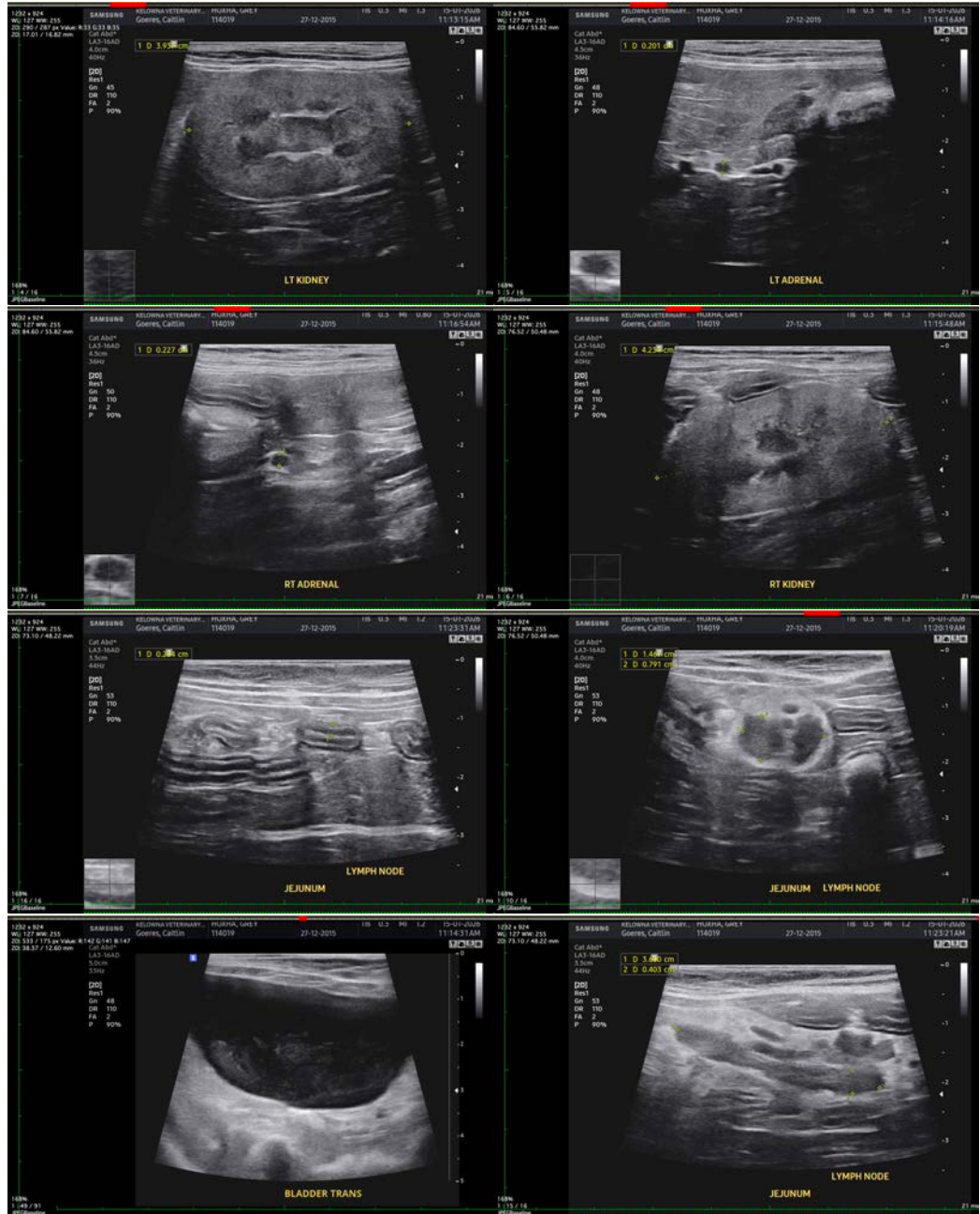
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Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





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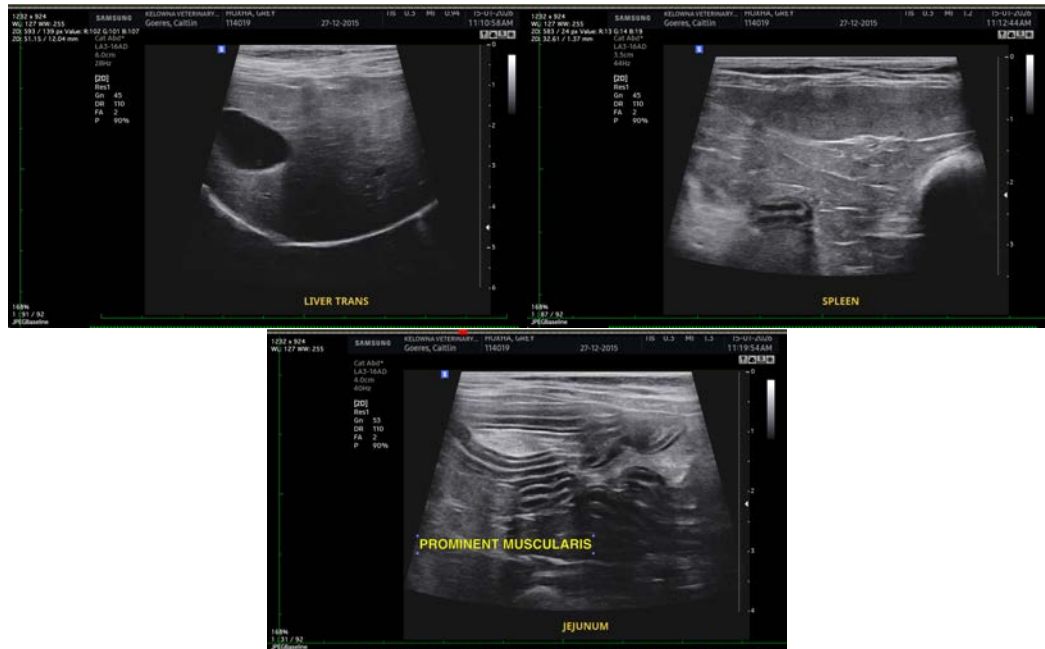
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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