



PATIENT

Rusty Landis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 7 Months

WEIGHT

15.5

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Katrina Lobst

INVOICE

35511

DATE

1/19/26

PRESENTING CLINICAL SIGNS

Hx chronic (~2 years) intermittent vomiting of dry food only, described as whole pieces of kibble soon after eating. never occurs with wet food (Royal Canin Veterinary Diets SO). signs persisted despite switching to Purina Pro Plan Veterinary Diets EN dry. occasional soft stool that self-resolves.

Abnormal PE/Chem/CBC/UA Results: All values on CBC/Chem/T4/UA/IPS WNL (11/4/2025)

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.

Left kidney is normal in size (4.41 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.

Right kidney is normal in size (4.46 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

Left adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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



PATIENT

Rusty Landis

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.

SPECIES

Feline

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

BREED

DSH

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

SEX

Neutered Male

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.

AGE

7 Years 7 Months

Free Abdomen

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

WEIGHT

15.5

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

Primary Findings

- Hyperechoic hepatomegaly- 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.

IMAGING PERFORMED BY

Jessica Green

Secondary Findings

- A mild amount of echogenic urinary bladder debris

HOSPITAL NAME

Stanglein VC

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

REFERRING VET

Dr. Katrina Lobst

Given the patient's history, dissolution of regurgitation versus vomiting may be appropriate, in which case, 3 view thoracic radiographs are recommended, followed potentially by a swallow study or contrast radiography for further evaluation of the esophagus, gastric emptying, etc.

INVOICE

35511

In the meantime, if tolerated, a transition in diet is recommended, based on trial-and-error response. Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.

DATE

1/19/26



PATIENT

Rusty Landis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years 7 Months

WEIGHT

15.5

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

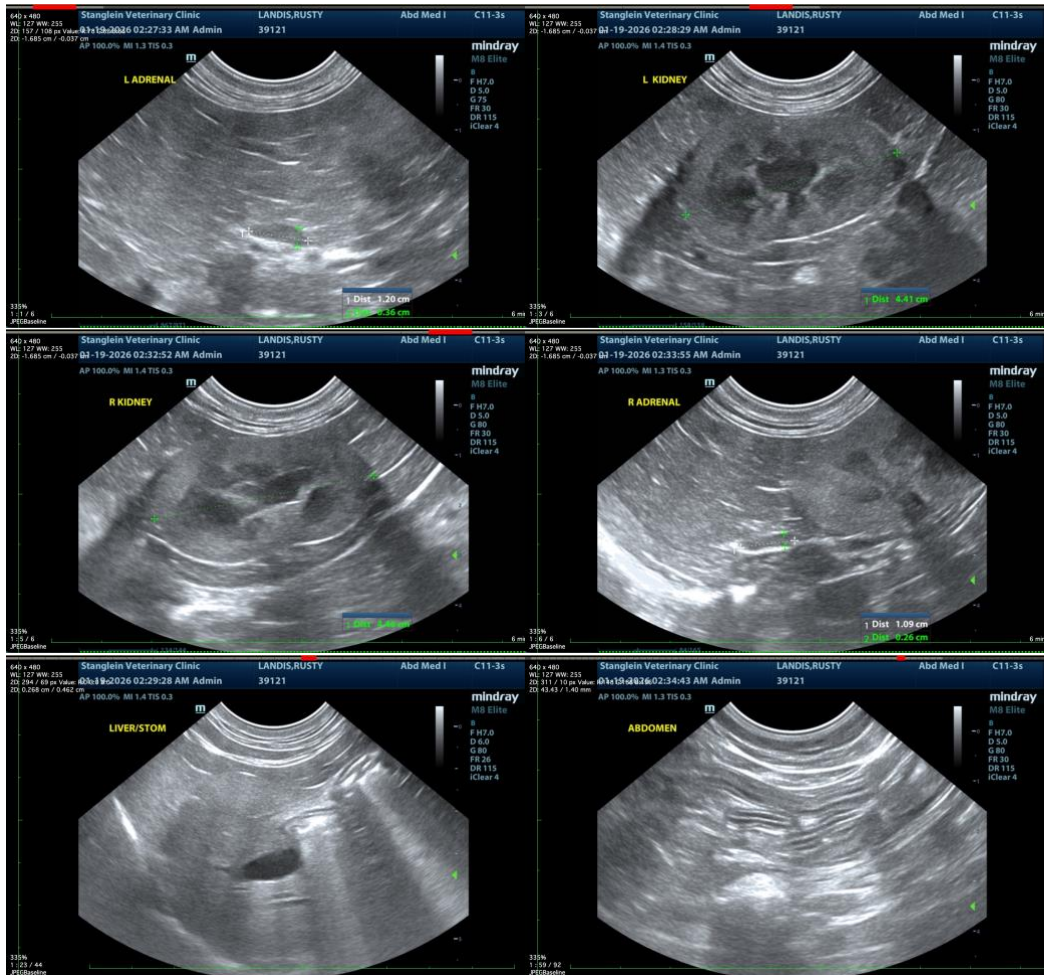
Dr. Katrina Lobst

INVOICE

35511

DATE

1/19/26



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