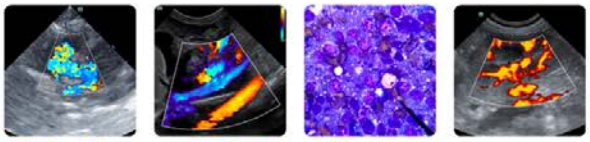




**PATIENT**

Meatloaf Green

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years 7 Months

**WEIGHT**

4.9 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

Thrive Vet Care

**REFERRING VET**

Dr. Emma Foxcroft

**INVOICE**

72353

**DATE**

1/21/26

## PRESENTING CLINICAL SIGNS

Meatloaf is a 6-year-old male neutered cat presenting for a history of overgrooming, which has progressed to include lethargy and the recent development of maxillofacial muscle atrophy despite a largely unremarkable diagnostic workup.

The patient first presented in early December for overgrooming his back. An initial dietary change from fish-based foods was attempted, but the condition subsequently worsened. While the owners perceive weight loss, his weight has remained stable on the scale. Over the past month, he has developed new clinical signs, including lethargy and mild to moderate muscle atrophy through his maxillofacial region.

Initial diagnostics in early December included full bloodwork and urinalysis, which were unremarkable except for a mild neutropenia. A repeat CBC performed in the last week showed that the neutropenia had resolved. Further recent testing, including an FeLV/FIV test and a T4 level, were both normal. The cat is reportedly eating and drinking well with no vomiting or diarrhea.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (4.0 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 (4.0 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 areas of both adrenal glands are examined without evident adrenal gland pathology.

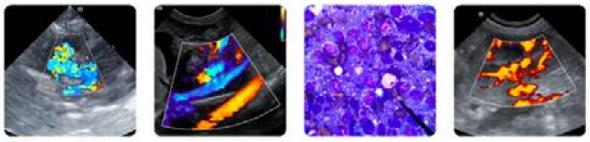
### *Spleen*

Spleen is subjectively large in size with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. Some mineral/sand debris is suspected. The wall is smooth without visible thickening. Additionally, the cystic and common bile duct, while not pathologically distended in these images, are diffusely tortuous in appearance. This can occasionally be a normal patient variant in cats.





**PATIENT**

Meatloaf Green

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years 7 Months

**WEIGHT**

4.9 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

Thrive Vet Care

**REFERRING VET**

Dr. Emma Foxcroft

**INVOICE**

72353

**DATE**

1/21/26

### *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, 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, except for in the area of the Ileocecocolic junction, were there is an approximately 0.60 cm in diameter anechoic density that in some views appears to be very proximal colon right out of the Ileocecocolic junction with a wall that measures 0.20 cm thick. This is normal for the colon, but subjectively mildly focally thicker than the remaining colon. Other differentials, however, in other views include a mildly fluid distended cecum. This change is of unknown if any pathologic significance.

### *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. No pancreatic duct dilation is noted.

### *Free Abdomen*

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

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- 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.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out.
- Possibly mildly fluid distended cecum or focally still normal (but thicker than the remaining colon) proximal colon wall with no loss of layering. This change, as described above, is very subtle and of unknown if any pathologic significance.
- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.
- Moderate gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

**PATIENT**

Meatloaf Green

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years 7 Months

**WEIGHT**

4.9 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

Thrive Vet Care

**REFERRING VET**

Dr. Emma Foxcroft

**INVOICE**

72353

**DATE**

1/21/26

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

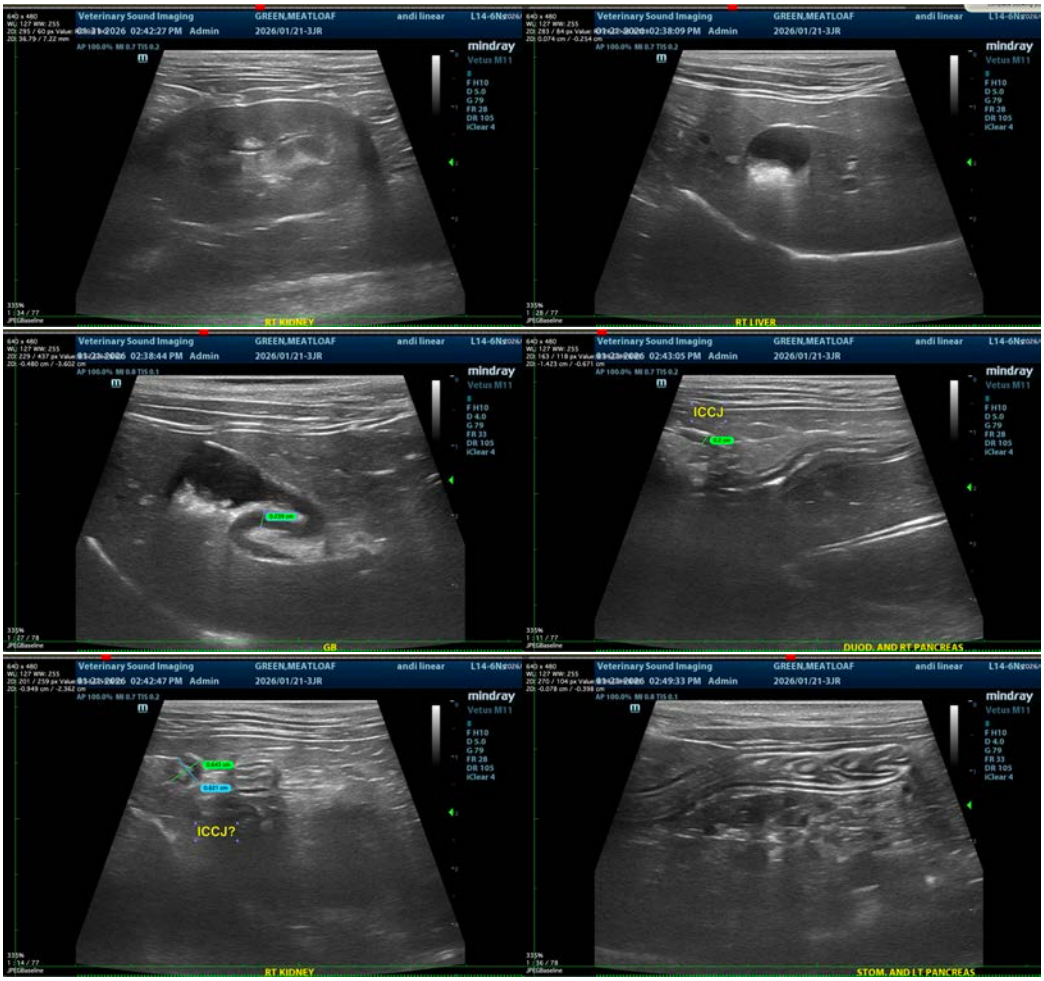
The changes described above are subtle/mild and may or may not be related to patient's presenting complaint. In fact, I would be subjectively surprised if the cause of the patient's presenting complaints is within these abdominal changes. Having said that, based on the abdominal changes, especially in the face of concurrent gastrointestinal signs, a routine fecal/giardia exam could be considered.

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.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Additionally, fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Ultimately, however, as mentioned, I believe there is an extraabdominal cause likely for the overgrooming, etc., and workup outside the abdomen may be indicated.



**PATIENT**

Meatloaf Green

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6 Years 7 Months

**WEIGHT**

4.9 kg

**INTERPRETED BY**

Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**

Dr. Jill Rankin

**HOSPITAL NAME**

Thrive Vet Care

**REFERRING VET**

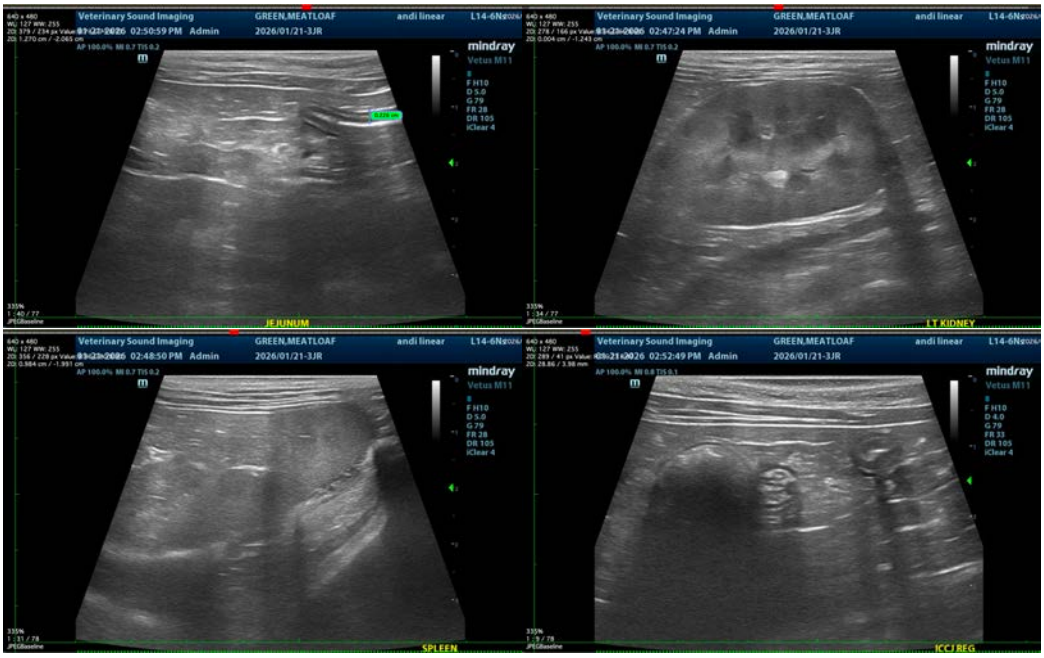
Dr. Emma Foxcroft

**INVOICE**

72353

**DATE**

1/21/26




**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