



## PATIENT

Grimalkin Welch

## SPECIES

Feline

## BREED

Maine Coon

## SEX

Spayed Female

## AGE

15 Months

## WEIGHT

14.93 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jocelyn Smith, CVT

## HOSPITAL NAME

Annville-Cleona  
Veterinary Associates

## REFERRING VET

Dr. Alexandra  
Pinamonti

## INVOICE

72523

## DATE

1/28/26

## PRESENTING CLINICAL SIGNS

Anorexia starting Sunday night - ate less than usual; did not eat Monday AM, PM, or Tuesday PM. V+ overnight Sunday into Monday Monday night around 6p - massive hairball. D+ Monday night around 8pm, positive known instance

## 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 (3.2 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 (3.82 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 the adrenal glands are examined without evident adrenal gland pathology.

### Spleen

Spleen is subjectively large in size (1.5 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and 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.

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 intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine contains fluid. In the cranial abdomen there is one loop of bowel that demonstrates a small area of strong acoustic shadow. This could be transverse or even proximal descending colon, which would be less of a concern, but if it is small bowel there is some concern for possible foreign material. Otherwise, the colon is normal and mildly distended with soft/liquid stool.



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## **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.

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**

- Significantly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Based on the entire gastrointestinal tract picture, my opinion is subjectively that the appearance of the small bowel is more consistent with diffusely fluid filled gastroenteritis pattern, and the shadowing in the cranial abdomen I believe is colon. However, as mentioned above, small bowel can't be definitively ruled out, and while there is not a definitive obstructive pattern, early or partial obstruction from foreign material that is in the small bowel is a possibility.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

A T4 +/- free T4 is recommended.

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 enlarged lymph nodes and spleen are recommended if patient's coagulation status is appropriate.

Pending results of above, an additional 12-24 hours of fasting followed by recheck imaging of the gastrointestinal tract could be considered, or, if clinical signs persist, additional imaging such as contrast radiography could be considered for further evaluation of the cranial abdominal area described above.

## **Addendum**

This patient was mistakenly read as 15 years old versus 15 months, and while the recommendations are largely the same, thyroid level is less warranted in a kitten, and additional parasitic and infectious disease recommendations should include a routine fecal/giardia exam and a fecal enteropathogen PCR



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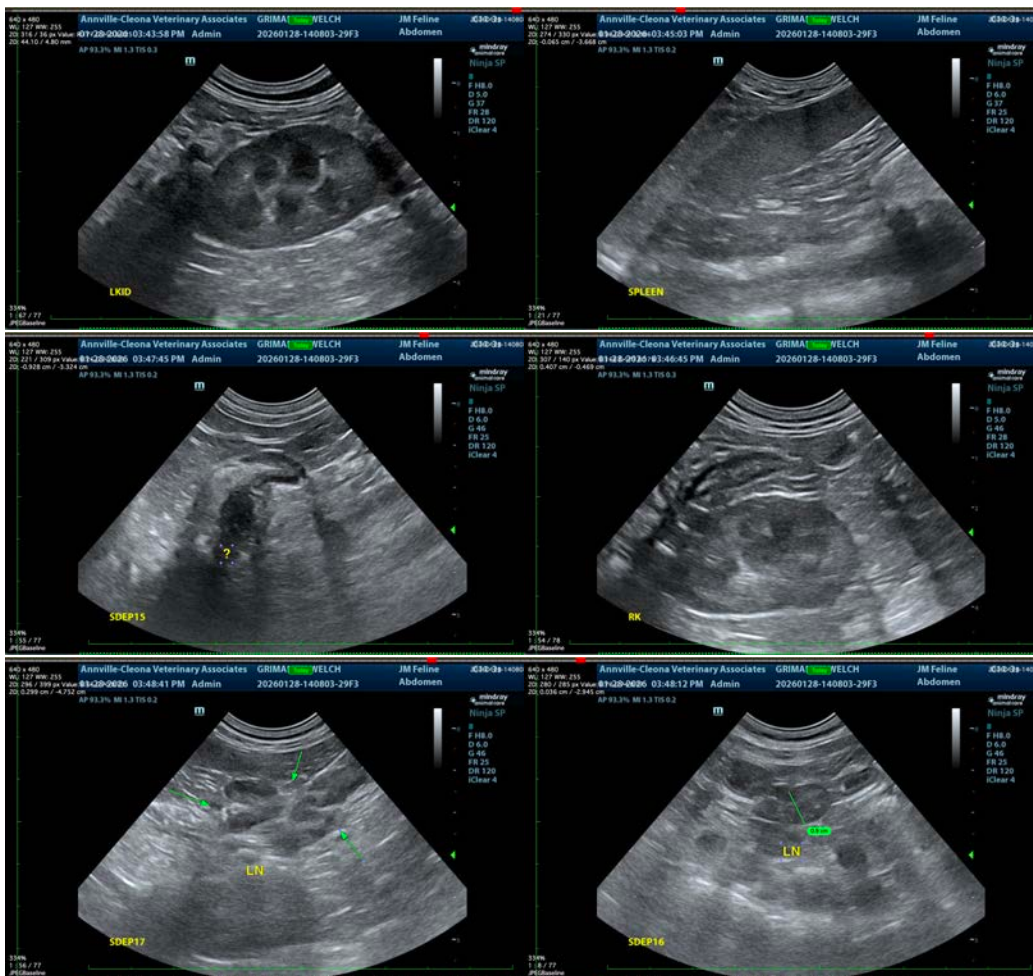
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panel to Texas A&M GI Laboratory for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Still, especially in the face of a kitten versus a senior cat, the foreign body concern remains if a diagnosis is not made and clinical signs persist.



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**  
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