



PATIENT

Oryx Church

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years

WEIGHT

3.4 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Ancaster

REFERRING VET

Dr. Davis

INVOICE

72547

DATE

1/28/26

PRESENTING CLINICAL SIGNS

No palpable constipation. Slightly reactive in the lumbar spine area, indicating possible sensitivity or pain. Vomiting and Diarrhea - DDx: gastroenteritis, inflammatory bowel disease, gastrointestinal lymphoma, adverse food reaction. Vomiting and diarrhea started again after Cerenia was finished. Stool is soft but not liquid, with straining during defecation. Dehydration - Evidenced by tacky MM, prolonged skin tent, and CRT almost 3 seconds.

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.09 cm. Right kidney measures 4.01 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.22 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.2 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 is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
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SPECIES	<i>Pancreas</i>
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BREED	<i>Free Abdomen</i>
DSH	There is no visible free peritoneal effusion noted in these images.
SEX	Medial to the spleen, in the left cranial abdomen, in the area of the left limb of the pancreas are almost multifocal appearing, irregular, coarse, hypoechoic nodular appearing densities that could represent a markedly irregular or scalloped pancreas, pancreatic nodules, or lymph nodes.
Neutered Male	
AGE	PRIMARY FINDINGS
13 Years	<ul style="list-style-type: none"> Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs. A nodular appearing left limb of the pancreas is possible, with infiltrative neoplasia thought less likely but unable to be definitively ruled out. As described above, however, the nodular appearing left cranial abdomen could represent prominent lymph nodes versus pancreatic nodules.
WEIGHT	<ul style="list-style-type: none"> 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.
INTERPRETED BY	SECONDARY FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Age related kidney changes.
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kelly Reschny	If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.
HOSPITAL NAME	T4 +/- free T4 is recommended if not recently evaluated.
BPH Ancaster	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	Fine needle aspirates of the spleen +/- the left cranial abdominal pathology described above are recommended if patient's coagulation status is appropriate.
Dr. Davis	Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.
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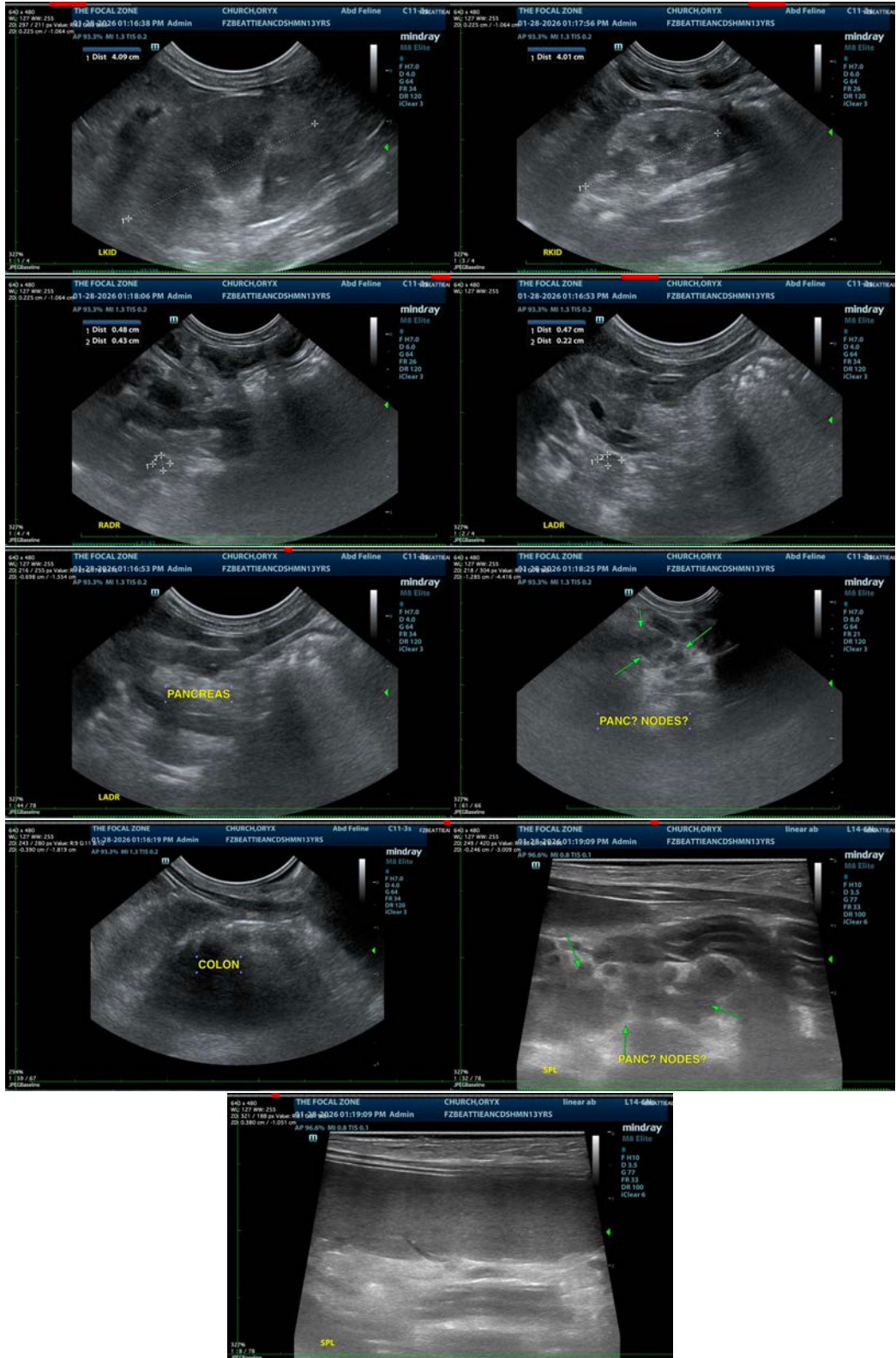
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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