



PATIENT

Ellie Maltby

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

5.6 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Ingersoll VS

REFERRING VET

Dr. Allen

INVOICE

72064

DATE

1/8/26

PRESENTING CLINICAL SIGNS

Routine recheck for progression of splenic changes +/- FNA of abnormalities found. Last ultrasound completed July 28, 2025 (invoice # 10301) Current Medications Gabapentin 100mg

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Any progression in splenic changes? See attached results of lab work

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.

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 measures 3.35 cm. Right measures 3.67 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 (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively large in size, in some views measuring 1.5 cm thick, and in other views measuring up to 1.7 cm thick, but it is folded upon itself, creating a similar rounded, swollen, almost mass-like appearance as in previous images. The parenchyma is diffusely mildly coarse with no discrete nodules or masses noted. 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. The cystic and common bile duct are mildly tortuous in appearance without visible pathologic distention noted in these images.



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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. Contents are consistent with normal formed feces and gas.

Pancreas

In the cranial abdomen just caudal to the stomach there is a small window of mildly prominent, coarse, hypoechoic pancreas with some very subjectively enhanced hyperechoic fat adjacent to it. The remaining pancreas appears normal.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The appearance of the spleen is static in appearance to the previous exam, with differentials unchanged, including both benign and infiltrative neoplastic disease that can't be differentiated without tissue sampling.
- Very subtle/mild changes in the cranial abdomen i.e., pancreas, tortuous biliary tree, and enhanced pocket of fat may indicate some chronic low-grade smoldering "Triaditis". This finding should be interpreted in combination with any clinical history, laboratory changes, etc.
- Mild 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.

SECONDARY FINDINGS

- Age related kidney changes.
- Mild amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a recheck splenic aspirate is recommended if patient's coagulation status is appropriate. Further evaluation, treatment, etc. of possible bowel disease, Triaditis, etc. is dependent on clinical signs, other history, etc.



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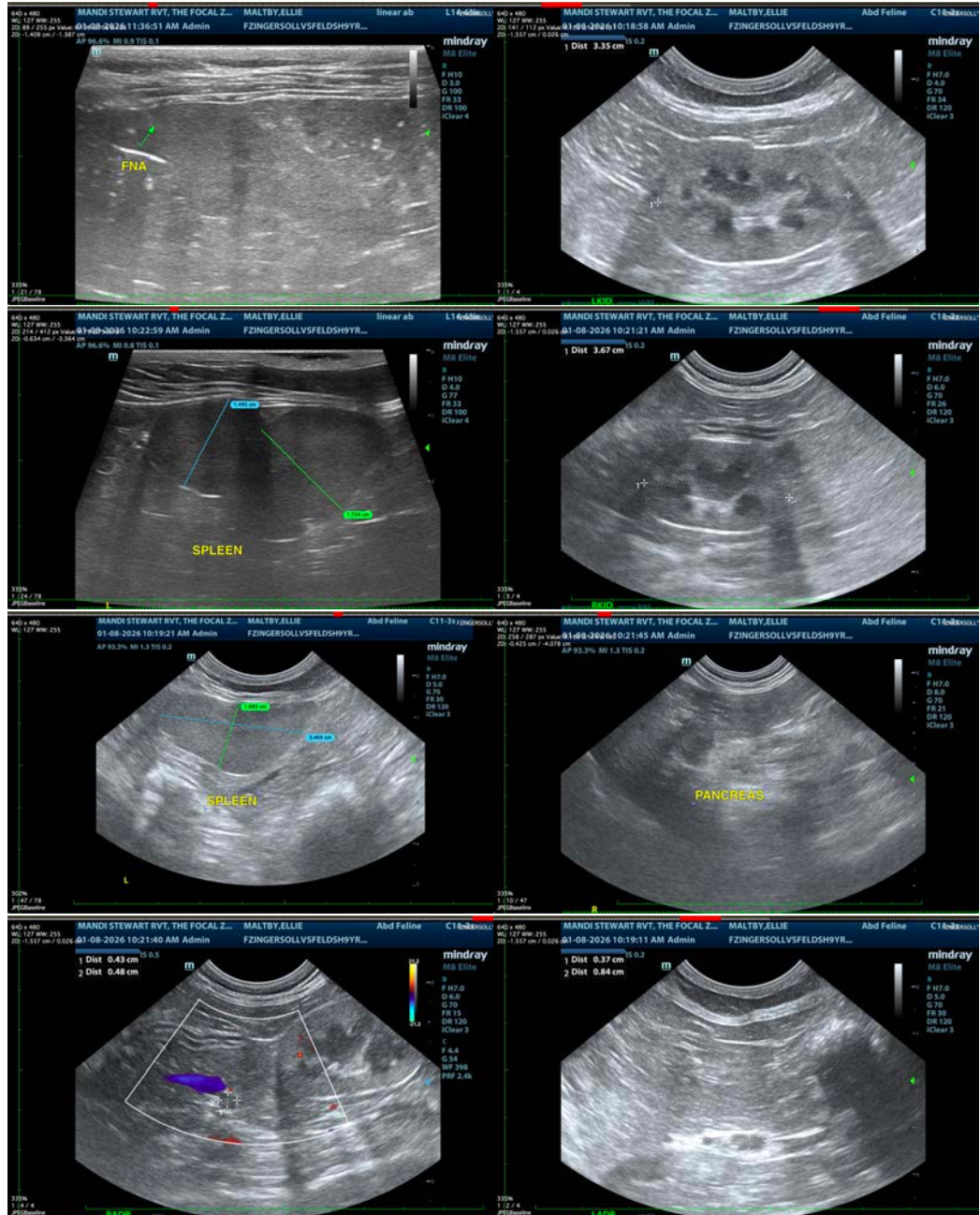
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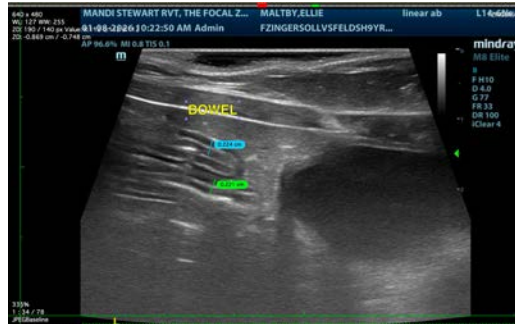
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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