

PATIENT

Annie De Zoete

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

71970

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Throwing up not being able to hold down food quiet and always crouched down Physical Exam: feisty, tolerates minimal exam Current Medications Ampicillin (100mg/ml) 22mg/kg - 0.92ml IV slow TID Maropitant (10mg/ml) 1mg/kg - 0.42ml IV SID Methadone (10mg/ml) 0.2mg/kg - 0.08ml IV q6

Abnormal PE/Chem/CBC/UA Results: VAD bloodwork -slightly elevated T.Bll, rest unremarkable Rads done at rDVM (poor detail, possible gastric FB), repeated here around 1:30am (no obvious obstruction seen, report pending) Radiographic Findings CONCLUSIONS: 1. There is no evidence of foreign material in the stomach or small intestine, or an obstructive process. 2. The linear opacities in the descending colon may represent a normal fecal configuration however foreign material is not ruled out. This would be evidence of dietary indiscretion. There is no evidence of obstruction of the colon. 3. Considerations for the appearance of the spleen include extramedullary hematopoiesis and a malignant infiltrate, such as lymphoma.

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 (3.95 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 (3.56 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 right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

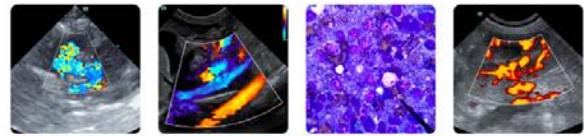
The left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is at the upper end of normal limits for size (1.0 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.



PATIENT

Annie De Zoete

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

SPECIES

Feline

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty except for a very small amount of non-visibly obstructive bright, possibly mineral/granular substance within the pylorus. Pyloric outflow tract appears patent.

BREED

DSH

The visible small intestine demonstrates areas of moderately 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.

SEX

Spayed Female

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

AGE

6 Years

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.

WEIGHT

4.2 kg

Free Abdomen

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

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

There is no apparent pathologic lymphadenopathy noted in these images.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

- Moderate 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, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- The small amount of granular, possibly mineral appearing substance within the pylorus is not visibly obstructive but could represent some dietary indiscretion, maybe litter versus other. Normal ingesta admixed with gas, however, can't be definitively ruled out.
- Mild 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.

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

71970

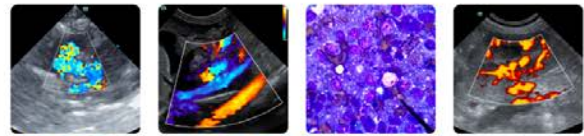
DATE

11/20/25

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.

A routine fecal/giardia exam is recommended if not recently evaluated.



PATIENT

Fine needle aspirate of the spleen could be considered if patient's coagulation status is appropriate.

Annie De Zoete

In the meantime, supportive/symptomatic medical management of clinical signs, possibly some mild smoldering gastritis secondary to dietary indiscretion versus other could be considered.

SPECIES

If tolerated, a transition in diet is recommended, based on trial-and-error response.

Feline

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.

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

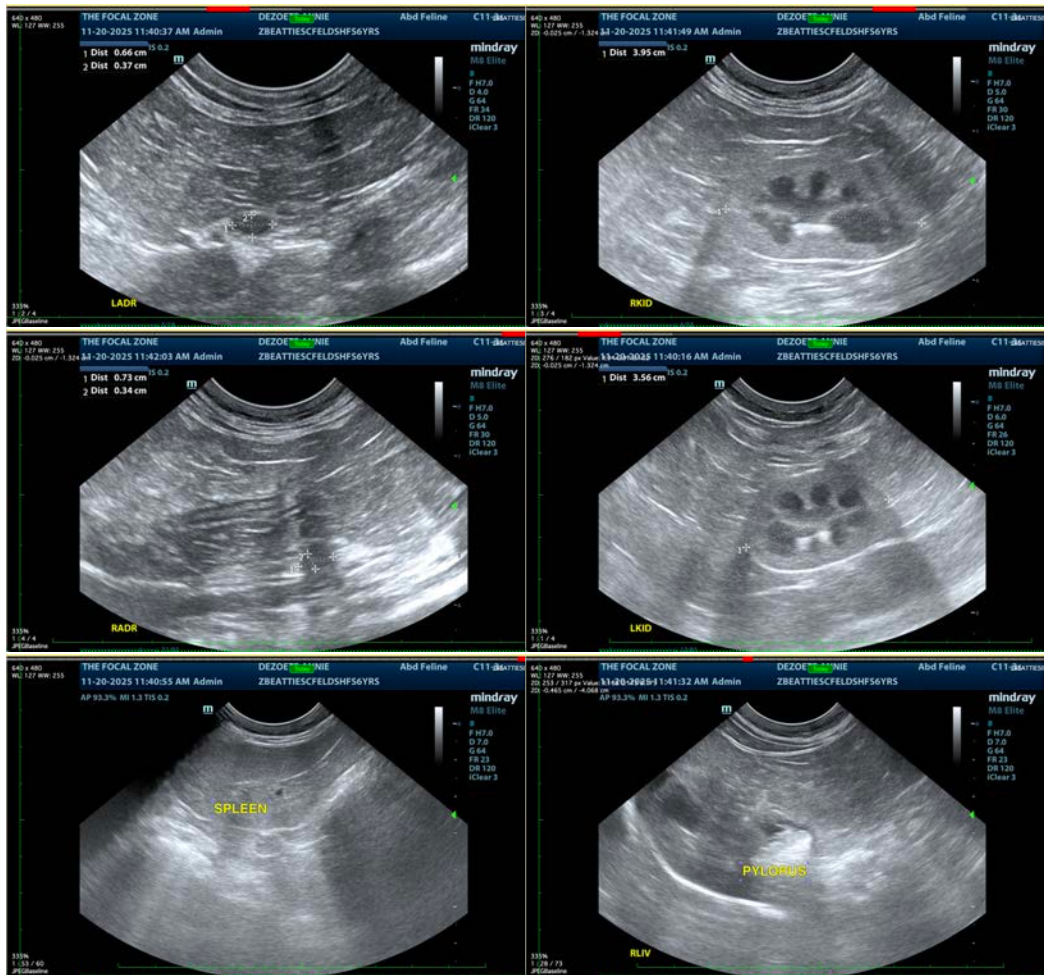
Dr. Salib

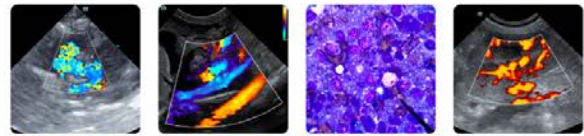
INVOICE

71970

DATE

11/20/25





PATIENT

Annie De Zoete

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

4.2 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

BPH Stoney Creek

REFERRING VET

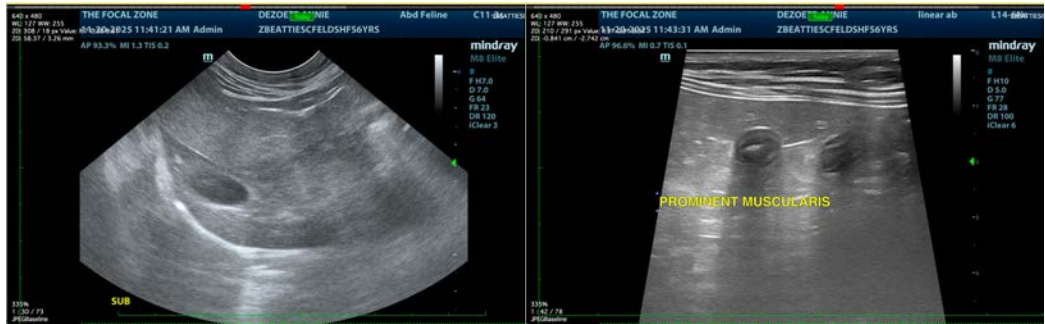
Dr. Salib

INVOICE

71970

DATE

11/20/25



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