



## PATIENT

Patches Norman

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years 9 Months

## WEIGHT

4.48 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex VS

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

35661

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

History: presented to the clinic for a 2-day history of consistent vomiting and a new onset of inappropriate urination. The owner reports that over the last 2 days, Patches has been vomiting small amounts of white foam. This is a change from her baseline, as she typically only vomits occasionally. The owner also notes that Patches has been howling quite a bit, which is unusual for her, and the howling seems to precede the vomiting episodes. Today, for the first time ever, she urinated on an item on the floor right next to her litter box, which the owner felt was a sign that something was wrong.

Abnormal PE/Chem/CBC/UA Results: Wt: 4.48 kilograms, Mentation: Bright, Alert, and Responsive, BCS: 5/9, T: 38.9, P: 220, R: 36, MM: pink/tacky. CRT < 2sec., Hydration: 5-6% dehydrated  
Abdominal: On palpation, Patches initially grumbled. However, after being soothed, a second palpation was performed and the abdomen was found to be soft and not overtly painful. The bladder was noted to be very small. CBC: High white blood cells (22.25) with marked neutrophilia, Red cells and platelets normal. Chemistry: ALT extremely high (2142), Bilirubin elevated (32), Globulins high Kidney values (BUN, creatinine, SDMA) normal. T4: Normal (18).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

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 corticomodullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.02 cm. The right kidney measures 4.03 cm.

### Adrenal Glands

Left adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

Spleen is at the upper end of normal limits in size (1.0 cm thick) 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



## PATIENT

Patches Norman

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years 9 Months

## WEIGHT

4.48 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex VS

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

35661

## DATE

11/24/25

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

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

### **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 a very scant/trace pocket of free fluid in the caudal abdomen.

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- The liver changes are nonspecific with differentials for a microscopic hepatopathy, including bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, other benign inflammatory or infectious hepatopathy, hepatic lipidosis, or infiltrative neoplasia can't be ruled out without tissue sampling.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- 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.
- Scant/trace pocket of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph



**PATIENT**

Patches Norman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years 9 Months

**WEIGHT**

4.48 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Mariusz Chmielinski, DVM

**HOSPITAL NAME**

Apex VS

**REFERRING VET**

Alpine 24/7 ER Doctor

**INVOICE**

35661

**DATE**

11/24/25

blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

**Secondary Findings**

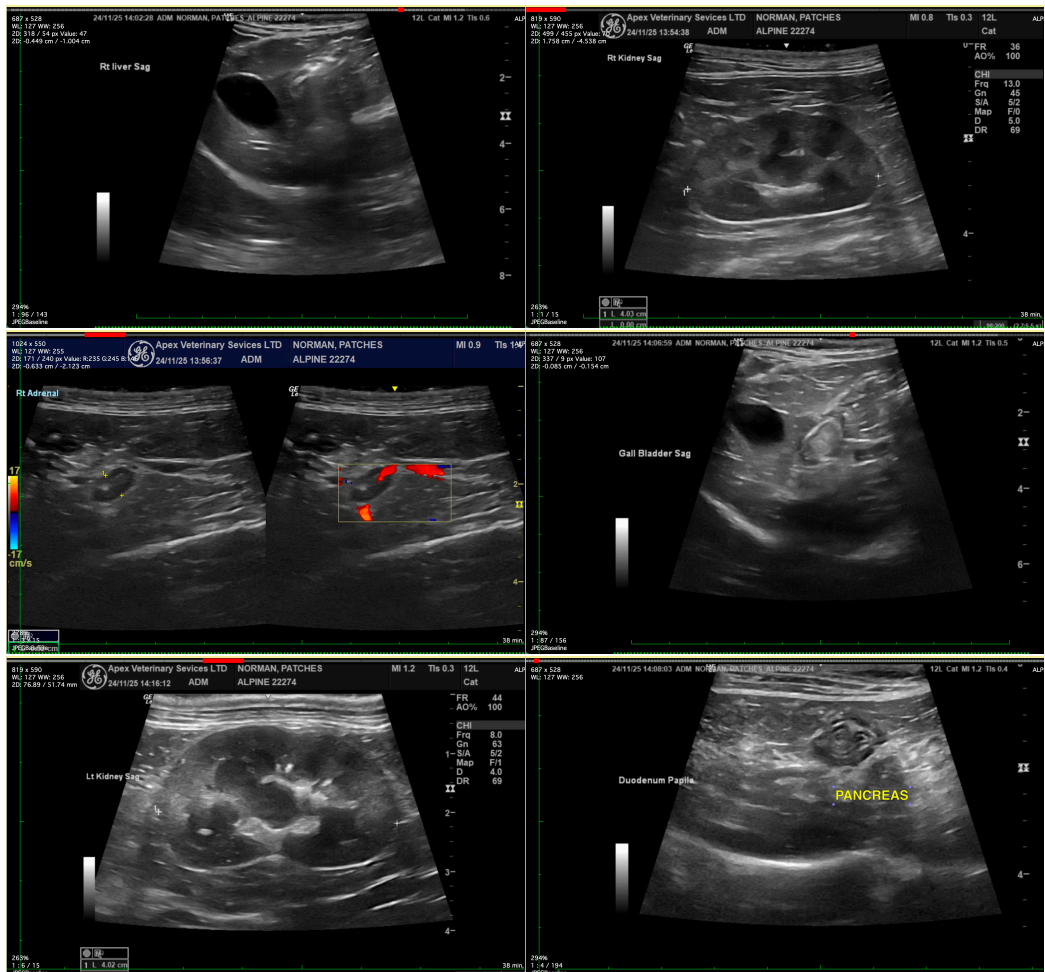
- Age-related kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver +/- spleen +/- pancreas could be considered if patient's coagulation status is appropriate.

In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.





## PATIENT

Patches Norman

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

9 Years 9 Months

## WEIGHT

4.48 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex VS

## REFERRING VET

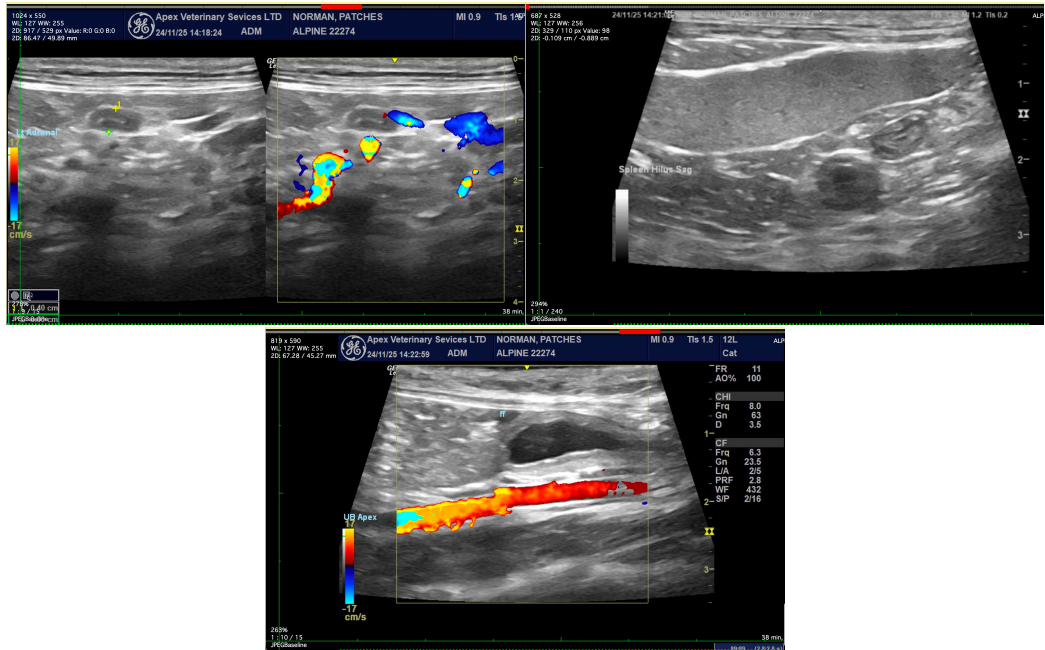
Alpine 24/7 ER Doctor

## INVOICE

35661

## DATE

11/24/25



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