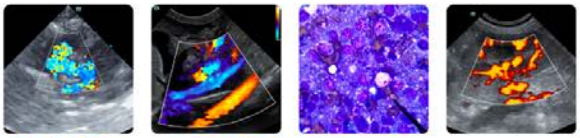


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Ninja Carfagnini

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.63 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Erin Folk Animal Hospital

REFERRING VET

Dr. Soliman

INVOICE

71590

DATE

11/5/25

PRESENTING CLINICAL SIGNS

Initially presented for hyporexia which O attributed to oral pain. Bloodwork results below, came for fluid and further testing (urinalysis, SDMA). Has not peed in the past 2 days although receiving IV fluids (owner says he typically urinates 2-3x/week). ABNORMAL Labwork Values creatinine 201, amylase 1371, SDMA 19, USG 1.015 (post fluids therapy)

Abnormal PE/Chem/CBC/UA Results: Rads attached

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is compensatorily large, measuring 5.27 cm. The right kidney is small at 2.88 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.27 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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 stomach wall is diffusely thick, measuring between 1.3-1.4 cm thick, characterized by a hypoechoic wall and loss of layering. The lumen of the stomach is empty.

PATIENT

Ninja Carfagnini

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.63 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Erin Folk Animal Hospital

REFERRING VET

Dr. Soliman

INVOICE

71590

DATE

11/5/25

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

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.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The gastric wall thickening demonstrates characteristics of malignancy i.e., loss of layering, making infiltrative neoplasia such as lymphoma versus other a top differential. A benign inflammatory process, however, can't be ruled out without tissue sampling.

- Significant chronic kidney disease changes, most visibly significant in the right kidney.

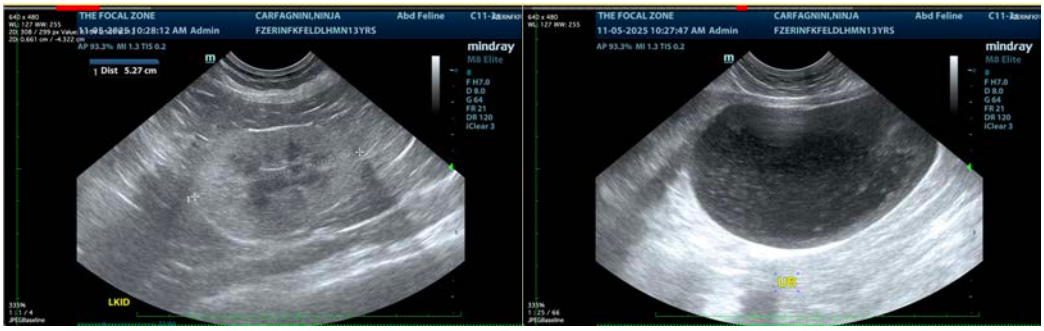
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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 gastric wall are recommended if patient's coagulation status is appropriate.

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.

In my opinion, while chronic kidney disease is visibly suspected, the top differential for patient's reported clinical signs is likely the infiltrative gastric disease. Therefore, further diagnostic and treatment recommendations other than supportive/symptomatic medical management of clinical signs i.e., antiemetics, gastroprotectants, an appetite stimulant, etc. are largely dependent on results of above.



PATIENT

Ninja Carfagnini

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.63 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Erin Folk Animal Hospital

REFERRING VET

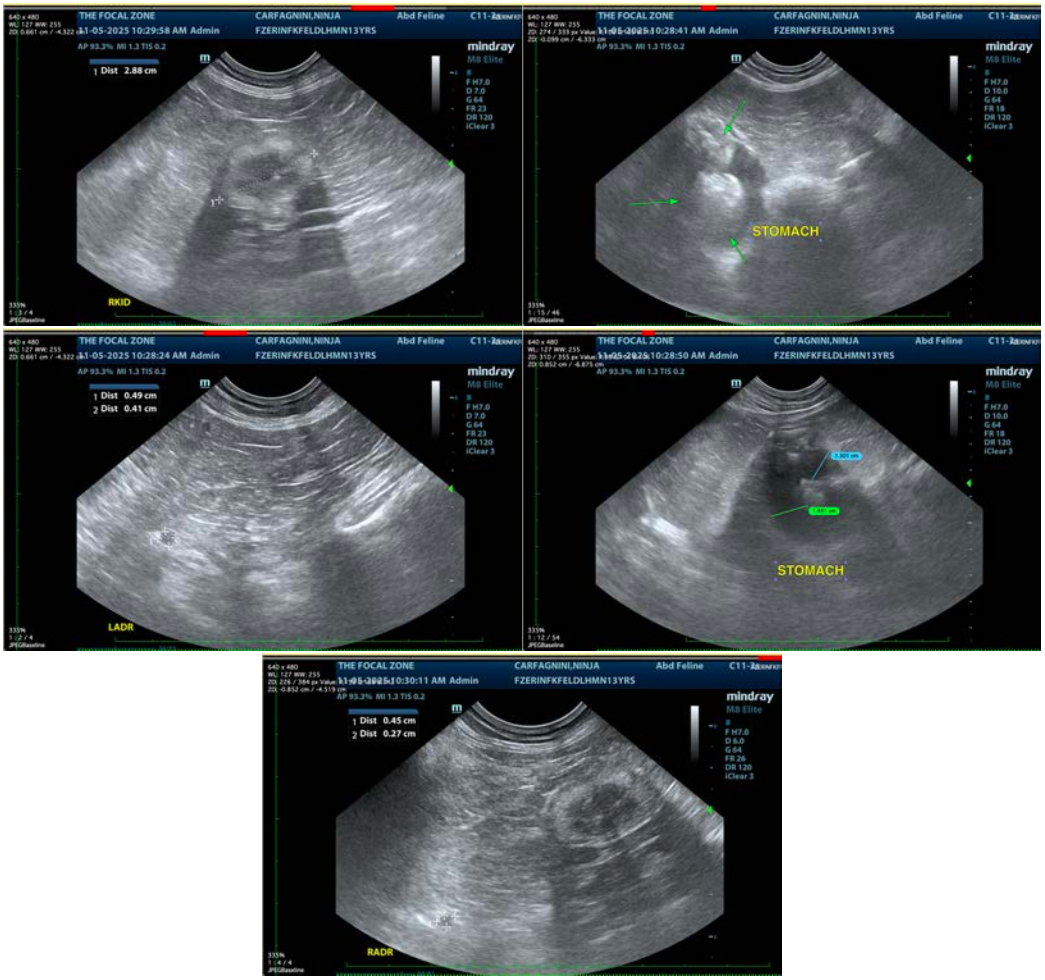
Dr. Soliman

INVOICE

71590

DATE

11/5/25



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