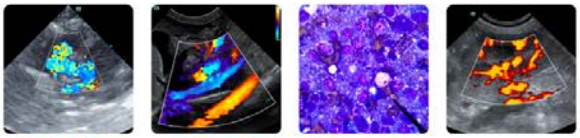


PATIENT

Ruby Beeson

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8.5 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Vine Veterinary Hospital

REFERRING VET

Dr. Beeson

INVOICE

72593

DATE

12/16/25

PRESENTING CLINICAL SIGNS

P presented for ultrasound due to diarrhea, weight loss, and decrease appetite.
Abnormal PE/Chem/CBC/UA Results: K+ 5.7, NA 145, Tp 5.3, Alb 2, ALT 15 Baseline Cortisol 1.4

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 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. Left kidney is small at 3.13 cm. Right kidney is normal size at 3.73 cm.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.50 cm at cranial pole and 0.40 cm at caudal pole), 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.

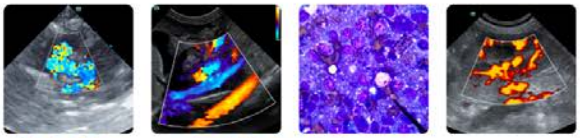
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The 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.

In the right cranial abdomen, there is a 4.5-5.0 cm long loop of bowel that has a heterogeneous, hypoechoic thick wall measuring 0.60 cm thick, and loss of normal layering. I believe this loop is ileum, although other small bowel can't be definitively ruled out. The remaining 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.



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Pancreas

**See other.

Other

There is a mild to moderate amount of free fluid noted in these images as well as diffusely enhanced hyperechoic mesentery, fat, and omentum, with an almost clumped/nodular appearance, with subtle multifocal hypoechoic densities throughout the tissue.

Just medial to the spleen, in the area of the left limb of the pancreas, are two slightly more discrete heterogeneous densities measuring 0.5 cm in diameter and almost 1.0 cm in diameter, which may represent nodules within the omentum versus lymph nodes versus pancreatic nodules or masses.

ULTRASONOGRAPHIC FINDINGS

- The small bowel/suspect ileal changes described above are concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus carcinoma versus other, given the loss of layering. Having said that, a benign inflammatory process cannot be ruled out without tissue sampling.
- Similarly, the almost nodular appearance of the omentum diffusely combined with the free fluid and possible pancreatic nodules could represent a diffuse neoplasia such as carcinomatosis versus other, although a benign inflammatory process with reactive lymph nodes versus pancreatic nodules cannot be ruled out without further investigation.
- Subtle/mild or early chronic kidney disease changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sampling of the free abdominal fluid for analysis and cytology is recommended if patient's coagulation status is appropriate.

Pending results, direct sampling of the focal bowel wall thickening described above +/- the nodules/lymph nodes medial to the spleen and/or even the clumped omentum and mesentery could be considered if patient's coagulation status is appropriate.

In the meantime, while likely low yield, given the provided laboratory results, a full ACTH stimulation test is recommended.

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.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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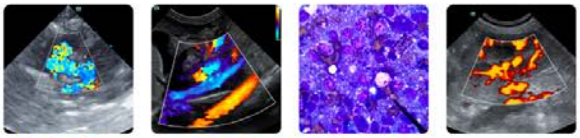

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Educational Teleconsultation Services™

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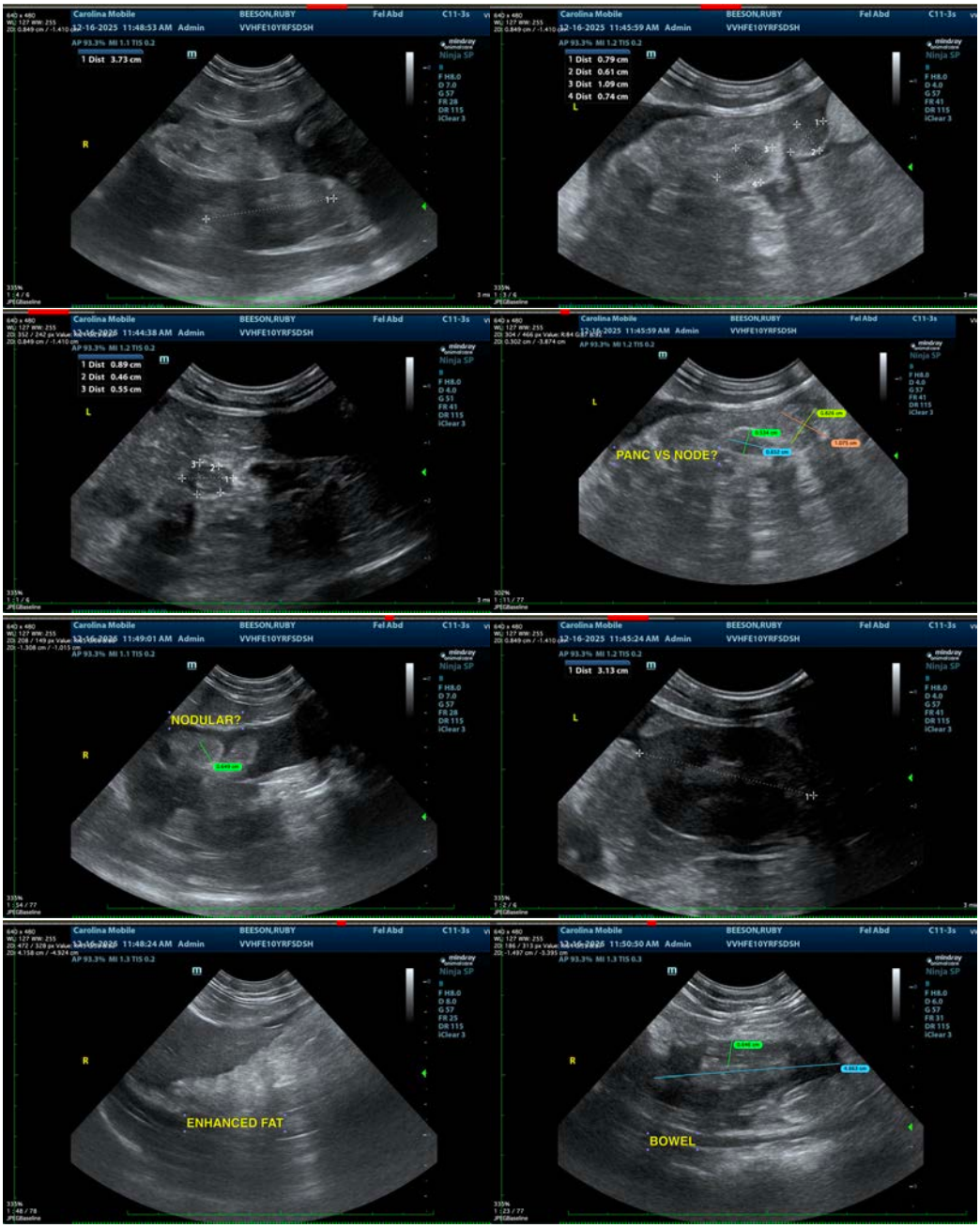

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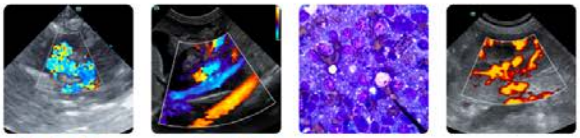

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com