



**PATIENT**

Delilah Wood

**SPECIES**

Feline

**BREED**

Tabby

**SEX**

FS

**AGE**

14 years

**WEIGHT**

4.3 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

Incline Veterinary  
Hospital

**REFERRING VET**

Dr. Kevin Oran

**INVOICE**

10900

**DATE**

12/8/2025

**PRESENTING CLINICAL SIGNS**

Pt presented for follow-up abdominal ultrasound scan to monitor pancreatic lesion, renal changes and small intestine asymmetrical wall thickening. Previously done 8/11/2025. Pt E/D/U/BM normally per O. Hx chronic reoccurring URI's, last URI was in August, treated with Convenia. Vomits hairballs a few times weekly. Current Diet: Hills Digestive Care I/D chicken & vegetable stew. L-Lysine Supplement; Convenia inj. PRN URI flare-ups.

Abnormal PE/Chem/CBC/UA Results: None.

**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 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 mineral or infarcts observed. Left kidney measures 3.91 cm and contains mild pyelectasia. The right kidney measures 4.19 cm.

**Adrenal Glands**

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

The area of the left adrenal glands is examined without evident adrenal gland pathology.

**Spleen**

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). A multifocal well-demarcated hyperechoic homogenous nodule is 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. 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.



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The visible small intestine demonstrates areas of diffusely 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. With the previously noted focal, hypoechoic loss of layering still present, and in these images measuring 1.2 cm long x 0.55 cm thick. 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**

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. The previously noted nodule in the body of the pancreas is present, hypoechoic in appearance and measures 1.4 cm x 0.6 cm in size in these images.

**Free Abdomen**

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

There is no apparent pathologic lymphadenopathy noted in these images.

Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

**ULTRASONOGRAPHIC FINDINGS**

- This is a largely static, potentially very subjectively progressive study owing to a slightly increase in size of the focal loss of bowel layering, compared to the previous study, as well as a very mild subjective increase in size of the pancreatic nodule. Having said that, these could just be different measurements acquired in different views versus true progression of disease. Other changes including likely benign hyperechoic splenic nodule, the age-related kidney changes, etc., are relatively static. Differentials are unchanged.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations are largely unchanged from the previous exam and largely dependent on diagnostics that have been done, patient status, etc.



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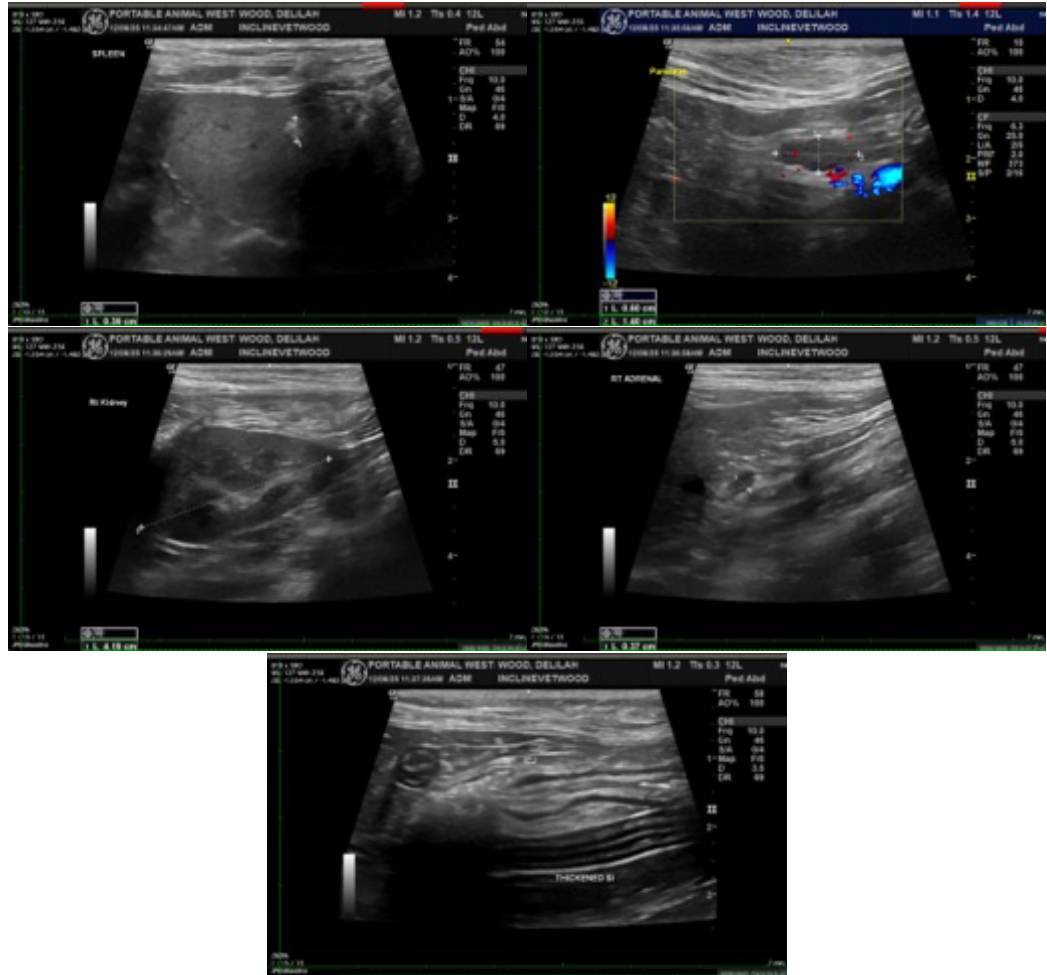
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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