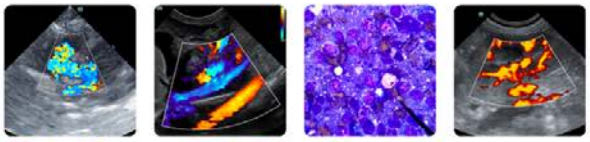


PATIENT

Shea Braam

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 Years

WEIGHT

3.86 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Conrad Weiser Animal Hospital

REFERRING VET

Gina Watzka, DMV

INVOICE

72424

DATE

12/9/25

PRESENTING CLINICAL SIGNS

AUS to further evaluate weight loss, decreased appetite, and radiographic changes, persistent hyperglobulinemia. Indoor/outdoor. 08/2023 seen for weight loss and not eating well. PE revealed severe stomatitis. BW - severely elev globulins, mod anemia. Feline anemia panel neg including feLV/FIV. In September a dental procedure w/ extractions performed (Hct was normal and Glob levels had decreased after antibiotic therapy - Convenia). Improved after dental, regained weight & eating well. 8/2025 presented again; this time for dyspnea. CXR - diffuse bronchial pattern w/collapse of Rt middle lobe; Dx: severe feline asthma. DepoMedrol given. Prednisolone PO attempted but unable to give PO meds. O was instructed to come back Q 4-6 wks for DepoMedrol inj if PO/transdermal prednisolone was not feasible. Shea didn't return until 11/5/2025 upon which he was in sig resp distress. BW - even higher globulins levels. Restarted Depo Medrol & did improve until recently. On 12/2/2025 Shea presented for decr app & 2# wt loss in 1 mos. epeat BW- mild neutrophilia, elevated Glob - 6.4 (however this is the lowest it had ever been). Repeat rads continued to show a diffuse bronchial pattern and collapse of middle lung lobe. AXR concerning for a poss mass and another mineralized area in the right ventral abd. Patient was given another DepoMedrol inj -helping control his asthma. At home treatments are difficult and monitoring patient is challenging for owner since he is mostly outdoors.

Abnormal PE/Chem/CBC/UA Results: 8/15/2023 - Hct - 24%, TP >12, Alb - 2.2, Glob > 9.8. Feline anemia panel - negative 9/1/2023 - TP - 11.2, Alb - 2.5, Glob - 8.6 9/12/2023 - Hct - 31.5%, TP - 10, Glob - 7.1 8/5/2025 - TP - 10.7, Glob - 8.1. Chest x-rays - moderate to severe diffuse bronchial pattern with right middle lung lobe collapse 11/5/2025 - TP - 11.5, Glob - 9.2, USG - 1.056, 2+ protein, T4 - normal. 12/2/25 - Mild neutrophilia, TP - 8.7, Glob - 6.4 Whole cat x-rays - thorax is largely unchanged from previous x-rays; abdomen - mineralized area on right ventral abdomen; diffuse gas in small intestines and colon. Colon is gas distended.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

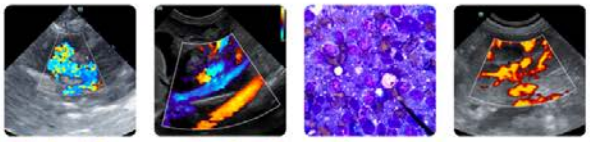
Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also 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.

The right kidney is normal is size (3.49 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 (3.69 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 (0.27 cm at cranial pole and 0.29 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



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The left adrenal gland is normal in size (0.33 cm at cranial pole and 0.28 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 stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

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.

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

- 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.

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- The gastric contents could be normal ingesta and gas, although given the shadowing pattern, non-obstructive foreign material can't be ruled out. This finding should be interpreted in combination with patient's last meal and/or clinical signs.

- Moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An additional 12-24 hours of fasting followed by recheck imaging of the stomach could be considered, especially if there is any clinical or historical concern for foreign material within the stomach.

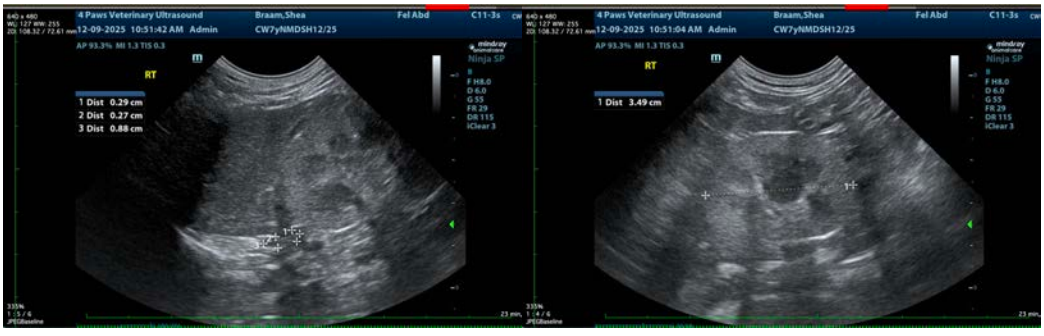
Based on patient's history, further workup/evaluation and/or treatment of the historical pulmonary disease +/- dental disease is recommended as I suspect those are larger players in patient's reportedly decreased appetite. Having said that, there are mild to moderate bowel changes that could indicate malabsorption and/or maldigestion also contributing. Therefore:

- 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.

- Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).



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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