



**PATIENT**

Mimi Lin

**PRESENTING CLINICAL SIGNS**

Anorexia, suspected IBD and possible GI lymphoma. Has been on Prednisolone 2.5mg SID

**SPECIES**

Feline

**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.

**BREED**

DSH

Kidneys are bilaterally small, 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 measures 3.15 cm. Right kidney measures 3.0 cm.

**SEX**

Spayed Female

**Adrenal Glands**

**AGE**

6 Years

The right adrenal gland is normal in size (0.31 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**WEIGHT**

3.09 kg

The left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

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**

**IMAGING PERFORMED BY**

Crystal Hill

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.

**HOSPITAL NAME**

Westoak Animal  
 Hospital

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. While not visibly pathologically distended, the cystic and common bile ducts are diffusely tortuous in appearance.

**REFERRING VET**

Dr. Kohlmaier

**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.

**INVOICE**

72844

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. \*See other.

**DATE**

2/10/26

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



**PATIENT**

Mimi Lin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

3.09 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak Animal  
 Hospital

**REFERRING VET**

Dr. Kohlmaier

**INVOICE**

72844

**DATE**

2/10/26

**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**

In the mid to caudal abdomen there is an approximately 1.1 cm x 1.5 cm hypo- to in some views almost anechoic appearing density that appears to likely be a lymph node, potentially a partially cystic lymph node, although bowel mass, while thought less likely, can't be definitively ruled out.

There is no visible free peritoneal effusion 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 or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Mild bilateral chronic kidney disease changes.
- The biliary changes are likely normal patient variant, although chronic low-grade smoldering cholangitis/cholangiohepatitis can't be ruled out and should be suspected in the face of appropriate clinical signs, laboratory changes, etc.
- Suspect mid abdominal/mesenteric lymphadenopathy, although as described above, a bowel mass can't be definitively ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

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.

Fine needle aspirates of the mid abdominal density described above/suspect lymph node versus mass are recommended if patient's coagulation status is appropriate. Ultimately, however, if a diagnosis is not obtained, biopsies of the structure as well as the GI tract, being sure to include ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management.

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



**PATIENT**

Mimi Lin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

3.09 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Westoak Animal  
 Hospital

**REFERRING VET**

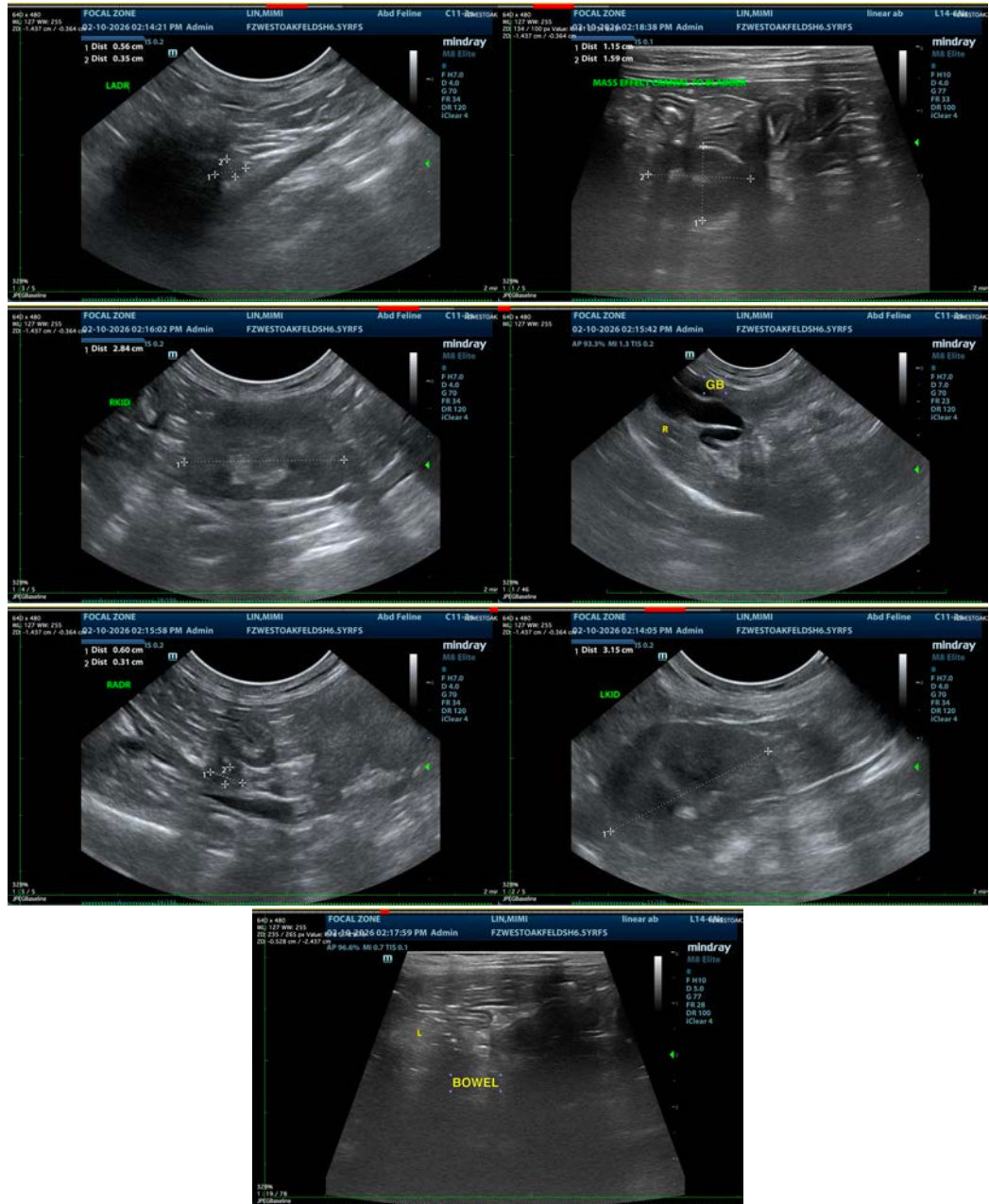
Dr. Kohlmaier

**INVOICE**

72844

**DATE**

2/10/26



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