



PATIENT

Luna Cornish

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.81 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal
 Hospital

REFERRING VET

Dr. Dennis

INVOICE

73045

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Previously diagnosed intestinal mass (ultrasound done at end of Nov). Overall doing well. Weight stable. Sore on hock noted on Feb 11th, confirmed pyoderma with cytology

Current Medications: Prednisolone 5mg 1.5 tablets every 24 hours, buprenorphine 0.02mg/kg every 48 hours, convenia given Feb 11th

Abnormal PE/Chem/CBC/UA Results: Last u/s report attached Primary Question to Be Answered in This Exam Any change to abdominal mass since last ultrasound

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 pyelectasia, mineral or infarcts observed. Left kidney measures 3.92 cm. Right kidney measured 4.21 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.40 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.28 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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. 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.



PATIENT

Luna Cornish

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.81 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal
 Hospital

REFERRING VET

Dr. Dennis

INVOICE

73045

DATE

2/18/26

The visible small intestine demonstrates areas of mildly 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. While there is no loss of layering and certainly no evidence of the previously noted mass, in one view in the mid to right abdomen there is one loop of small bowel with a mildly focally thicker area of muscularis than remaining bowel. This area measures approximately 0.88 cm long x 0.35 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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY FINDINGS

- The diffuse mild bowel changes previously described remain visible in these images, primarily a mildly thick muscularis layer relative to the mucosa. There is no evidence, however, of the previously noted mass or any loss of layering. The focally slightly thicker muscularis area described above may be in the same location as the previous mass, but it is difficult to determine definitively and may represent a new area of slightly focally more severe change than the remaining diffuse changes.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.

SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the bowel is markedly improved from the previous study with no evidence of loss of layering or the previously noted mass, but remaining evidence of ongoing diffuse bowel disease combined with a slightly more significant change focally as described above. Biopsies would be necessary for definitive diagnosis and therefore to further guide medical management, but given patient's reported clinical resolution, the vast improvement in imaging, etc., continued supportive/symptomatic medical management may be elected. If not evaluated during the original workup and/or recently, however, a gastrointestinal malabsorption panel (including cobalamin, folate,



PATIENT

Luna Cornish

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.81 kg

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal
 Hospital

REFERRING VET

Dr. Dennis

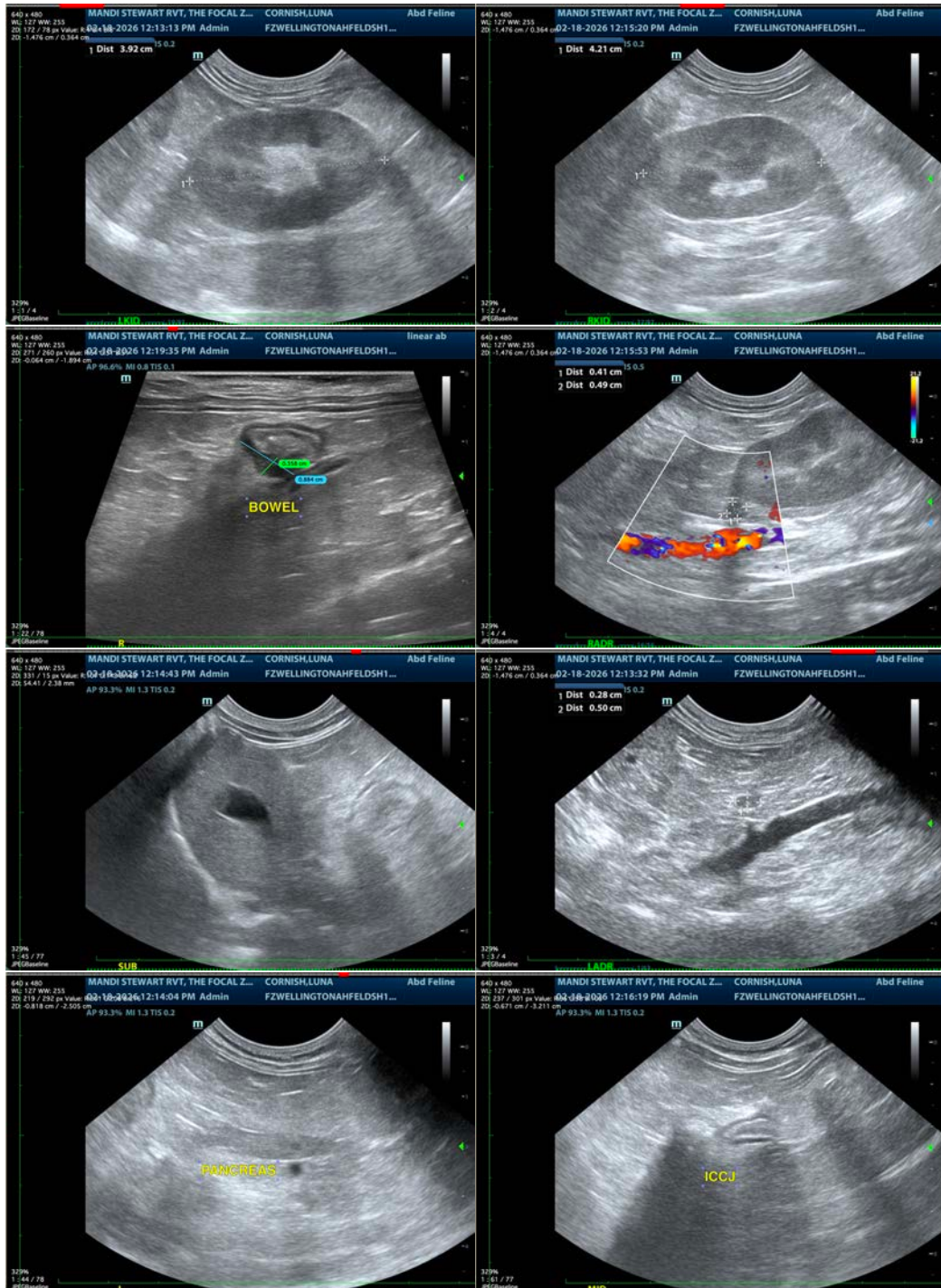
INVOICE

73045

DATE

2/18/26

TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.





PATIENT

Luna Cornish

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

4.81 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Wellington Animal
Hospital

REFERRING VET

Dr. Dennis

INVOICE

73045

DATE

2/18/26



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