

PATIENT

Ruby Tuesday Papa

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

15 years

WEIGHT

4.44 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Alyssa Sakmar

INVOICE

11341

DATE

2/18/2026

PRESENTING CLINICAL SIGNS

- BCS 2/9, severe muscle loss. Chronic diarrhea ot responsive to GI Biome diet, B12 supplementation. Recent vomiting, PU/PD. History hypertension, HCM managed with Atenolol. Hyperthyroidism managed with methimazole.

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.

Chronic Kidney Disease -

Kidneys are bilaterally small in size, 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 3.09 cm, and right kidney measures 3.1 cm.

Adrenal Glands

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

The left adrenal gland is normal in size (0.39 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. The cystic and common bile duct, while not visibly pathologically distended, are diffusely tortuous in appearance. This can be a normal patient variant in senior cats but should be interpreted in combination with lab changes, clinical signs, etc. to further rule out chronic low grade smoldering cholangitis.

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

Ruby Tuesday Papa

The 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.

SPECIES

Feline

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

Pancreas

BREED

DLH

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

SEX

FS

Free Abdomen

There is a tiny pocket of free fluid in the caudal abdomen, adjacent to the urinary bladder.

AGE

15 years

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.44 lbs

- Mild, bilateral chronic kidney disease changes.
- 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.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mildly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Scant/trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Alyssa Sakmar

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes described above are subtle and non-specific without a definitive ultrasonographical visible explanation for patient's reported clinical signs.

INVOICE

11341

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

DATE

2/18/2026

A routine fecal/giardia exam is recommended if not recently evaluated.

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.



PATIENT

Ruby Tuesday Papa

Especially given patient's lack of response to the reported treatments, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

SPECIES

Feline

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

BREED

DLH

SEX

FS

AGE

15 years

WEIGHT

4.44 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

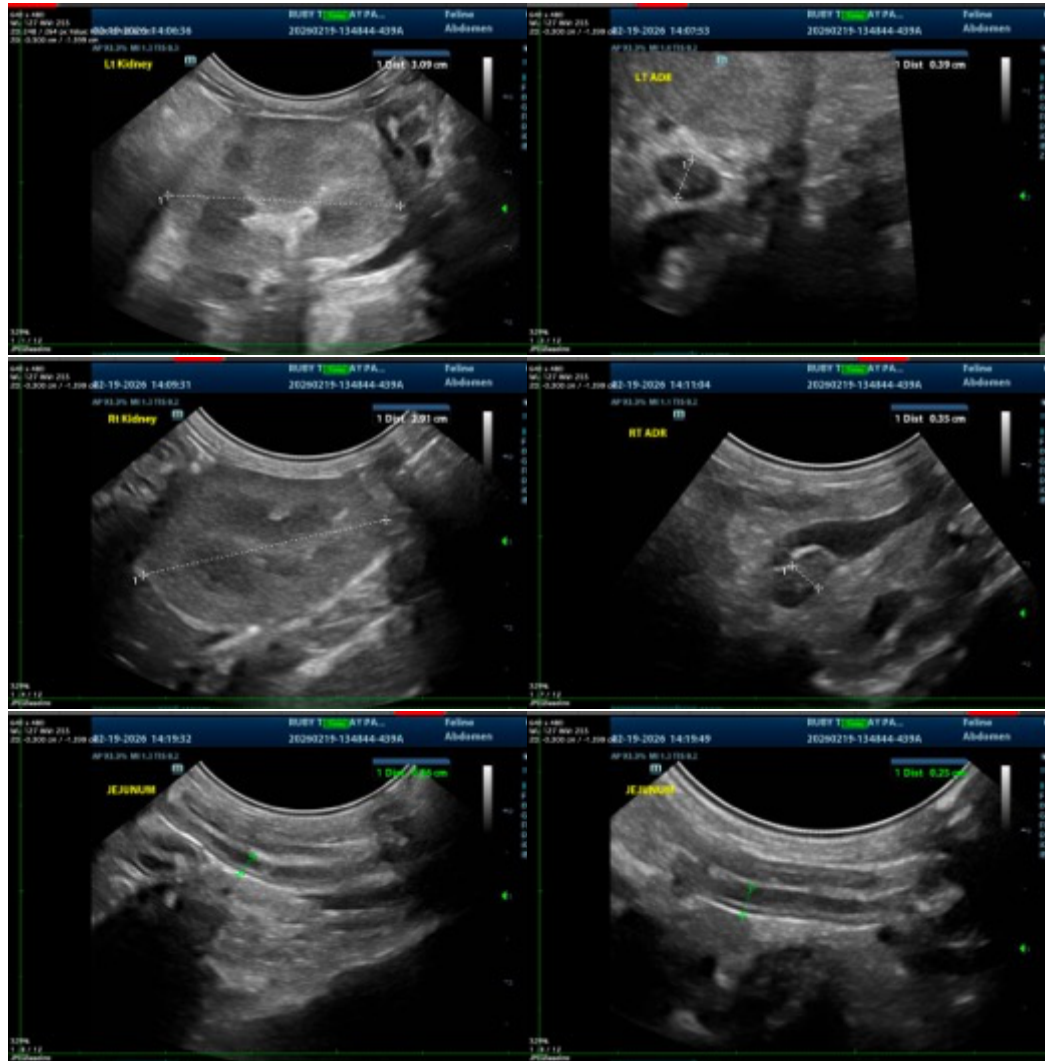
Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Alyssa Sakmar

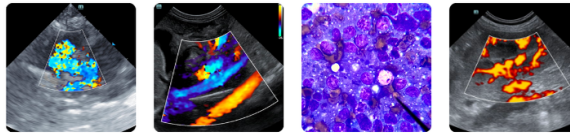


INVOICE

11341

DATE

2/18/2026



PATIENT

Ruby Tuesday Papa

SPECIES

Feline

BREED

DLH

SEX

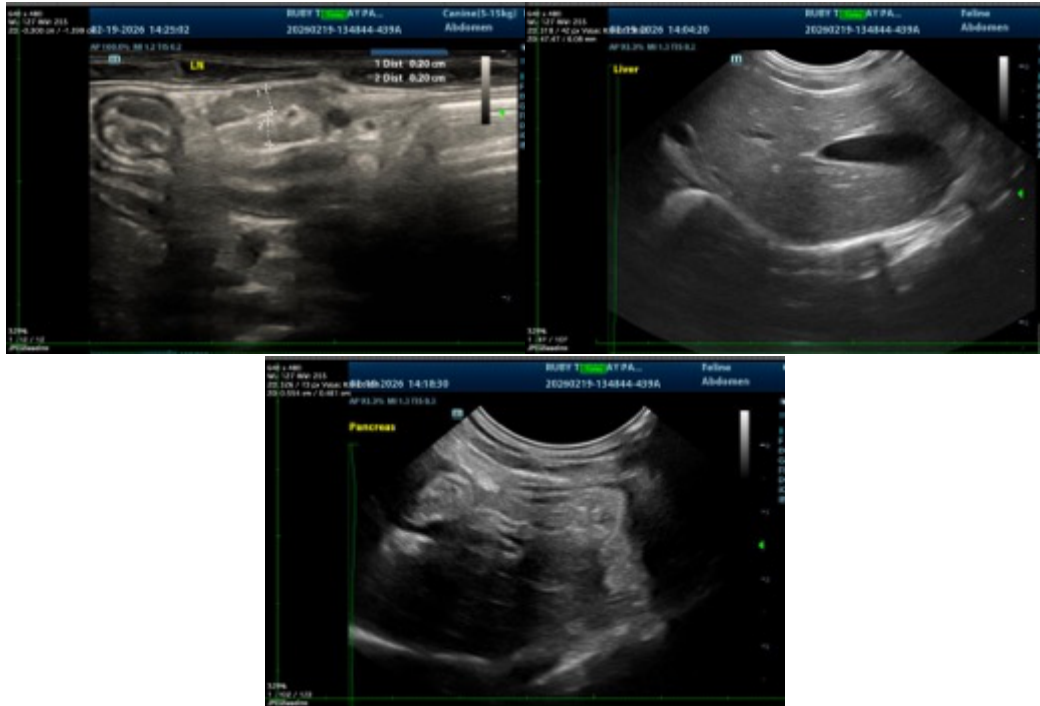
FS

AGE

15 years

WEIGHT

4.44 lbs



INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

Beth Johnson, DVM, DACVIM
info@sonopath.com

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Alyssa Sakmar

INVOICE

11341

DATE

2/18/2026