



PATIENT

Buddy Overgaard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years 6 months

WEIGHT

11.07 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

11351

DATE

2/24/2026

PRESENTING CLINICAL SIGNS

- Acute onset vomiting (4 episodes yesterday AM following breakfast; resolved since then.)
- Lethargy.
- Anorexia (no food since yesterday AM.)
- Presented to ER last night and treated as outpatient supportively (SCF, cerenia.)
- No improvement today.
- Litterbox use seemingly normal.

Abnormal PE/Chem/CBC/UA Results: Pain appreciated cranial abdomen, pale pink MM From ER 2/23/26: - Painful abdomen - Tacky MM - Chemistry: Glu 170 (H) || Glob 5.3 (H) || Chol 241 (H) || Lipase 2951 (H) Otherwise NSF - Electrolytes: WNL - PCV/TS: 45/8.2 - BG: 195 - BL: 1.8 - Conclusions from radiographs: Fed intestinal pattern, likely incidental. Likely incidental Bates body (small mineralization secondary to prior focal steatitis, sometimes idiopathic, sometimes associated with prior surgery). Spondylosis deformans, incidental. Unremarkable thorax.

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 4.7 cm with an approximately 0.5 cm in diameter, anechoic density in the cranial pole suspect cortical cyst is noted. The right kidney measures 4.18 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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.



PATIENT

Buddy Overgaard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years 6 months

WEIGHT

11.07 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

11351

DATE

2/24/2026

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is markedly overdistended with primarily fluid. There is no definitively visible evidence of foreign material, i.e. strong acoustic shadowing versus other. However, there are small pockets of intraluminal gas and a small or partially obstructive foreign object, while thought less likely, can't be definitively ruled out. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of moderate to severely 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. *See Free Abdomen.*

Free Abdomen

In the left cranial abdomen primarily, there is a small amount of anechoic free fluid and enhanced hyperechoic mesenteric fat that could indicate some mild or emerging acute pancreatitis. Although these changes could be secondary to gastric pathology and/or even the suspected bowel disease.

There is no apparent pathologic lymphadenopathy noted in these images.

PRIMARY 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.
- Suspect concurrent mild or emerging acute on chronic low grade smoldering pancreatitis.
- Suspect gastric distension secondary to ileus/delayed gastric emptying due to gastrointestinal disease, underlying metabolic disease versus other. Having said that, as described above, while thought less likely, a mechanical obstruction can't be definitively ruled out.

SECONDARY FINDINGS

- Age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



PATIENT

Buddy Overgaard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years 6 months

WEIGHT

11.07 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

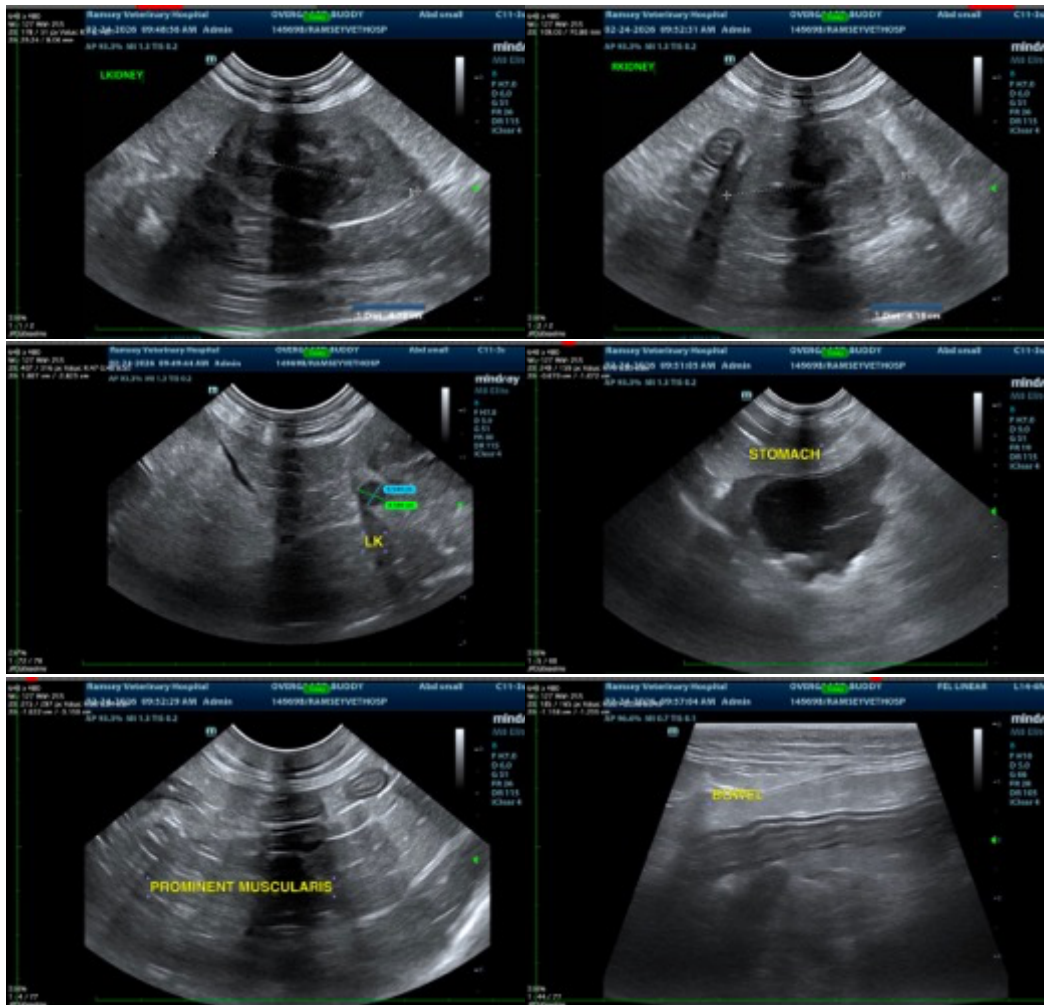
11351

DATE

2/24/2026

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.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, passage of a nasogastric tube could be considered to alleviate the gastric distension as well as potentially offer nutritional support. If supportive/symptomatic medical management does not result in improvement, follow up/recheck imaging could be considered and/or alternative imaging such as contrast radiography, upper GI gastroscopy versus other. Ultimately, however, if a diagnosis is not obtained and clinical signs persist, biopsies of the GI tract being sure to include ileum, if possible, may be indicated.





PATIENT

Buddy Overgaard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years 6 months

WEIGHT

11.07 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey Veterinary
Hospital

REFERRING VET

Dr. Stewart

INVOICE

11351

DATE

2/24/2026



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