



PATIENT

Mimi Lin

PRESENTING CLINICAL SIGNS

Moderate IBD and possible LN or abdominal mass. Clotting profile completed. FNA completed today. Has been on Prednisolone

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Please see attached lab results and images. Please see attached previous US report

BREED

DSH

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.

SEX

Spayed Female

Kidneys are bilaterally small-normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Pinpoint non-obstructive mineral densities are noted bilaterally. Left kidney measured 3.21 cm. Right kidney measured 3.45 cm.

AGE

6.5 Years

WEIGHT

~2.2 kg

Adrenal Glands

The right adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

The left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (1.2 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Westoak Animal Hospital

REFERRING VET

Dr. Kohlmaier

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile duct, while not visibly pathologically distended, are diffusely tortuous in appearance.

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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.

DATE

2/25/26

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.



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

Pancreas

SPECIES

Feline

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.

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Free Abdomen

SEX

Spayed Female

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

Cranial to the urinary bladder there is an approximately 1.6 cm in diameter discrete, homogeneous, hypoechoic density, presumably a lymph node.

AGE

6.5 Years

PRIMARY FINDINGS

WEIGHT

~2.2 kg

- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- The density/mass in front of the urinary bladder is static in appearance to the previous exam and is suspected to be an enlarged lymph node, although stated previously, a bowel mass, while thought less likely, can't be definitively ruled out.

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SECONDARY FINDINGS

- Very mild/subtle chronic kidney disease changes bilaterally with pinpoint non-obstructive nephroliths and a mild to moderate amount of echogenic urinary bladder debris.

IMAGING PERFORMED BY

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Westoak Animal Hospital

Fine needle aspirates of the caudal abdominal mass and spleen are recommended if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

REFERRING VET

Dr. Kohlmaier

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.

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

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Dr. Kohlmaier

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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.

SPECIES

Feline

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.

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DSH

Beth Johnson, DVM, DACVIM
info@sonopath.com

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