



PATIENT PRESENTING CLINICAL SIGNS

- PATIENT**
Henri Clarke
- SPECIES**
Feline
- BREED**
DSH
- SEX**
MN
- AGE**
11 years
- WEIGHT**
3.8 kg
- Significant weight loss: 5.2 kg (June) to 3.8 kg (current)
- Hiding in cupboard 24/7 for past week; no longer sleeping with owner
- Decreased appetite: only eats small amounts of wet food when coaxed, decreased water intake
- Chronic runny stools, crying during defecation, squats over litter box (long-standing)
- No vomiting observed
- Abdomen: Normal upon palpation. No evidence of distention, organomegaly, nor fluid build up in.
- Cardiovascular: Normal upon auscultation. No evidence of murmur nor arrhythmia.
- Respiratory: Normal lung sounds. No evidence of adventitial lung sounds ie. crackles/wheezes.
- Status: Appears systemically stable but there are medical concerns and guarded prognosis.
- Medical concerns include: Marked weight loss, decreased appetite, behavioral withdrawal
- Current Medications: Mirtazapine 2 mg capsule: 1 capsule every 24 hours for 7 days

Abnormal PE/Chem/CBC/UA Results: See attached Hepatopathy: hepatic lipidosis, cholangiohepatitis, Toxic insult? Neoplasia: lymphoma, hemangiosarcoma, soft tissue sarcoma? Infectious: FeLV, FIV, FIP- Blood work submitted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

IMAGING PERFORMED BY

Amanda Stewart

The right kidney is normal is size (4.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

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The left kidney is normal is size (3.91 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

REFERRING VET

Dr. Deodhare

Adrenal Glands

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

DATE

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The left adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen



PATIENT

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Spleen is subjectively large in size (1.4 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.

SPECIES

Liver

Feline

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.

BREED

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SEX

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.

MN

Gastrointestinal

AGE

11 years

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

WEIGHT

3.8 kg

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.

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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.

IMAGING PERFORMED BY

Amanda Stewart

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.

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Free Abdomen

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

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There is no apparent pathologic lymphadenopathy noted in these images.

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PRIMARY FINDINGS

- 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, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- Hyperechoic hepatomegaly (feline) - 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.



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- 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.
- The gastric contents could represent normal ingesta/gas and should be interpreted in combination with when patient last ate. Having said that, given the shadowing combined with the empty small bowel, gastric foreign material not passing can't be ruled out. Additional or recheck evaluation following an additional 12-24 hours of fasting could be considered.

SECONDARY FINDINGS

- A very mild amount of echogenic urinary bladder debris.

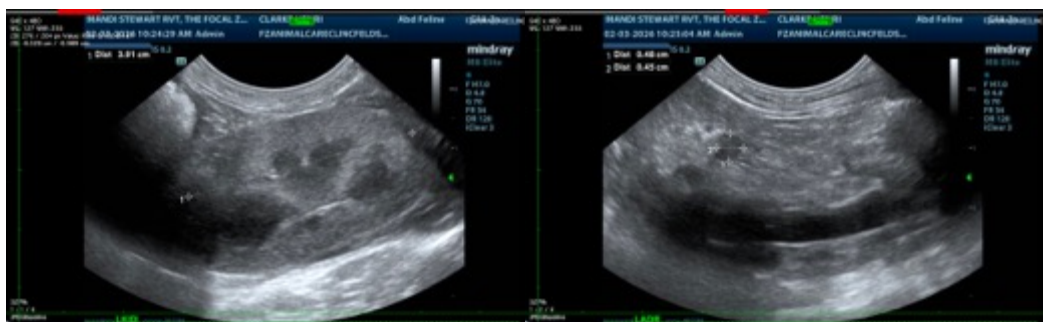
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the splenomegaly and mild hepatomegaly, further evaluation of possible infiltrative disease such as round cell neoplasia versus other benign inflammatory disease, is recommended beginning with fine needle aspirates of the spleen and liver if patient's coagulation status is appropriate.

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.

Given patient's reported laboratory changes, i.e. the increased total bilirubin combined with the anemia, hemolysis as a cause for the bilirubin versus intrahepatic or posthepatic cholestasis is a top differential. Therefore, pending results of above, further workup for hemolysis including comprehensive infectious disease evaluation is also recommended.

As mentioned above, especially given patient's gastrointestinal signs, an additional 12-24 hours of fasting followed by recheck imaging of the stomach could be considered to further differentiate normal ingesta versus foreign material.





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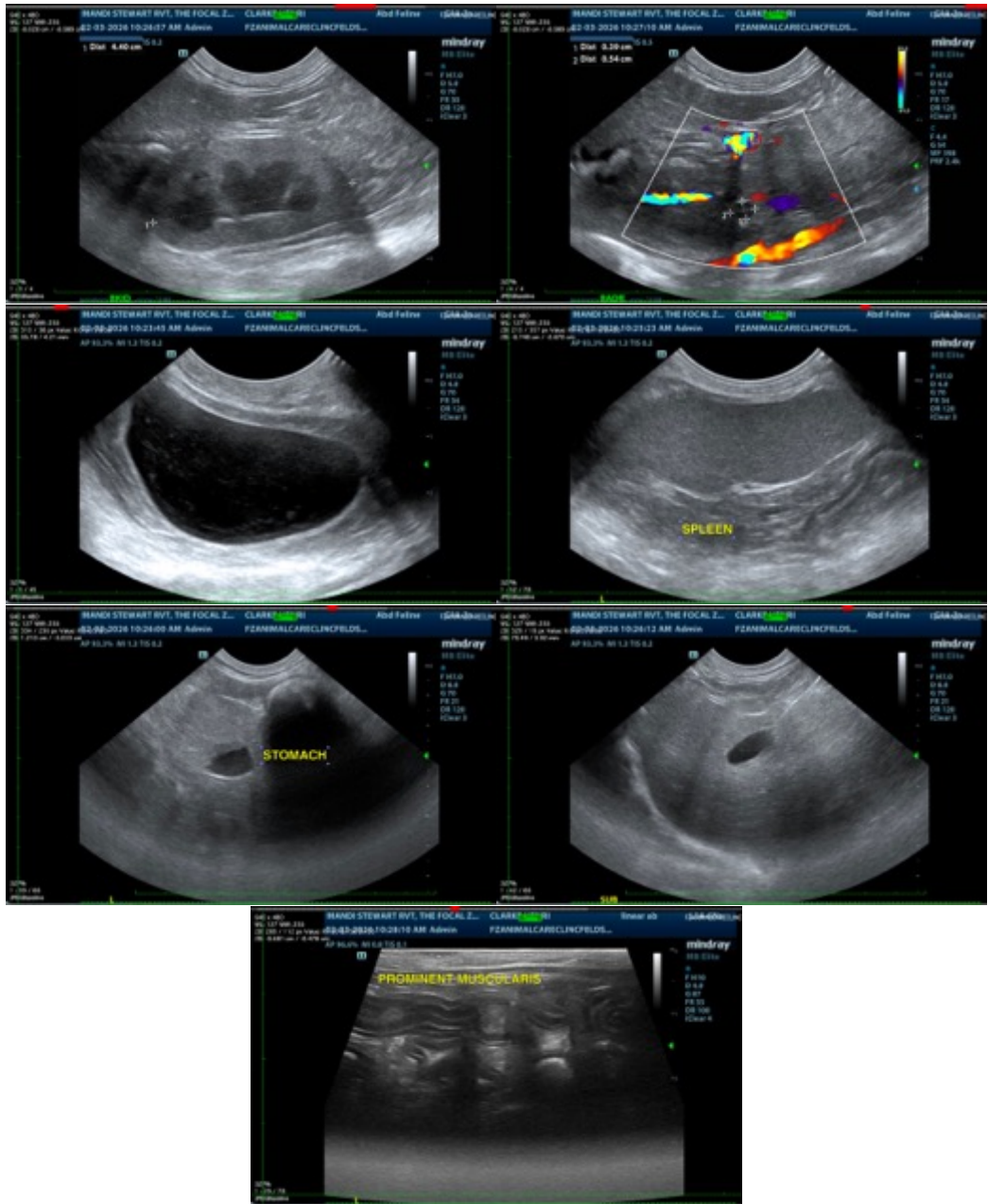
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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