



## PATIENT

Banana McDermott

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

2 Years 8 Months

## WEIGHT

9.4

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Christensen

## HOSPITAL NAME

Tranquility VC

## REFERRING VET

Dr. Christensen

## INVOICE

36796

## DATE

2/9/26

## PRESENTING CLINICAL SIGNS

- Chronic vomiting.
- Unresponsive to empiric cisapride.
- Eats Rayne Low Fat Kangaroo diet (minimal improvement since switch).
- Able to maintain her body weight.
- Vomits 7-10 times per month.
- Abnormal PE/Chem/CBC/UA Results: All previous BW (including maldigestion profile WNL). Recent ALT and AST elevation of 441 and 132 respectively. Chloride= 113, Bicarb= 23.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

Left kidney is normal in size (3.3 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.

Right kidney is normal in size (3.3 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.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.44 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.27 cm at cranial pole and 0.26 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

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 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 biliary tree appears normal without distention or congestion. In some views, the portal vein subjectively looks mildly small in size, but in



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other views, appears to have normal branching, making a vascular anomaly unable to be definitively ruled, but not visible.

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.

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.

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.

### *Free Abdomen*

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

There is no apparent pathologic lymphadenopathy noted in these images.

## ULTRASONOGRAPHIC FINDINGS

- This is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible explanation for patient's reported vomiting. Having said that, in some views, very subjectively, the portal vein appears mildly decreased in size, therefore, ruling out a congenital vascular anomaly is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As mentioned above, bile acids are recommended if patient's total bilirubin is not increased.

Pending results of that, comprehensive infectious disease evaluation is recommended, including a fecal enteropathogen PCR panel to Texas A&M GI Laboratory, 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.

If a diagnosis is still not obtained, liver sampling is recommended, beginning with fine needle aspirates of the liver, if patient's coagulation status is appropriate, to further assess possible inflammatory cell type, but ultimately, a liver biopsy may be indicated.

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



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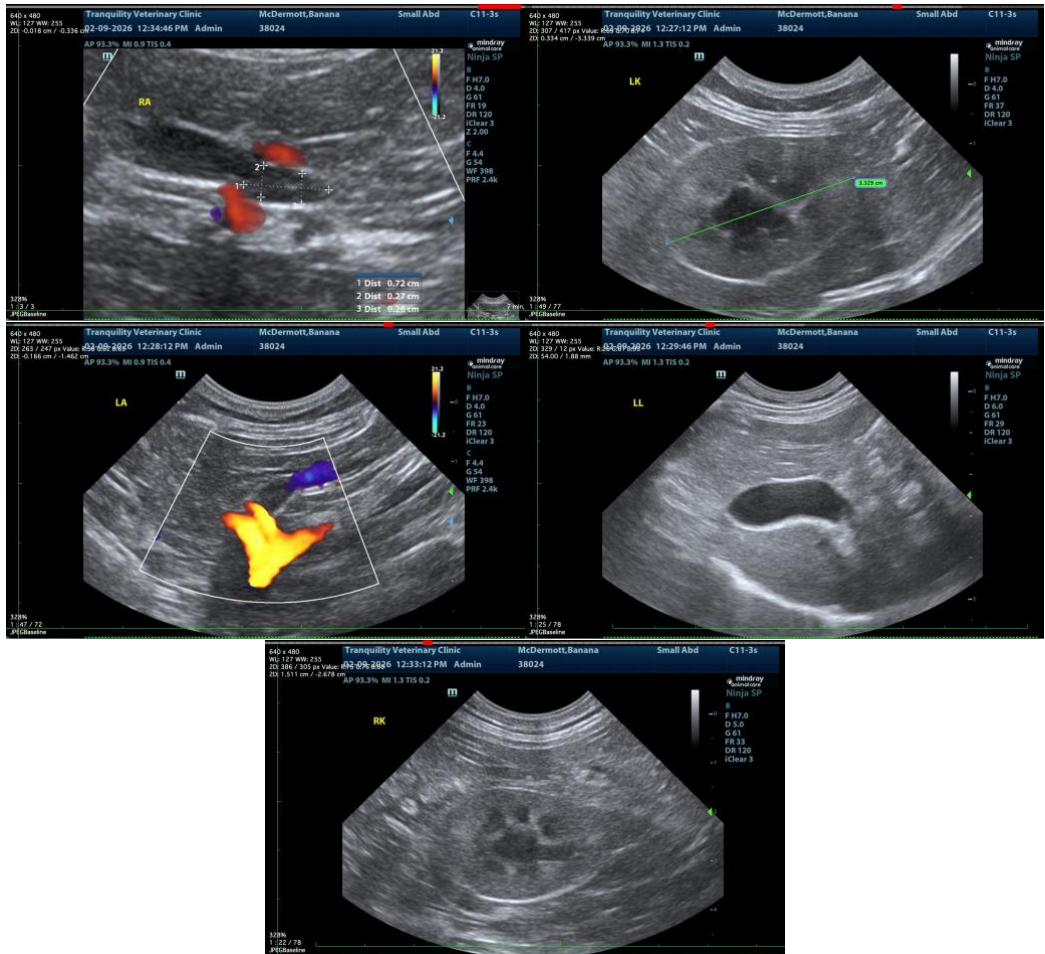
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**

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