PATIENT
Shadow Bryan

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
12 years

WEIGHT
3.8 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT

HOSPITAL NAME
Alpine Animal Hospital

REFERRING VET
Dr. Molly Burbank

INVOICE
11520

DATE
3/18/2026

PRESENTING CLINICAL SIGNS

- Pt presented 3/12 for hyporexia and lethargy for the past week as well as straining the litterbox. On exam pt was mildly dehydrated and had a BCS of 3/9 will mild generalized muscle atrophy. Single lateral abdominal radiograph did not show any bladder stones or signs of constipation. Pt was given SCF and had BW/UA- see results below. O reports that pt did eat the following day after SCF, but AUS was recommended to further investigate cause of anemia, looking for signs of chronic enteropathy, neoplasia etc.

Abnormal PE/Chem/CBC/UA Results: 3/12/26: Chem: BUN 32 (RI 10-30), creat 1.9, glucose 150, amylase mildly elevated CBC: moderate neutrophilia, mild lymphocytosis, HCT 29 3/12/26: UA via cysto: USG 1.025, 1+ protein, RBC 11-20 HPF, UPC 0.2 1/28/2014: FIV/FeLV neg LABS ATTACHED.

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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no no mineral observed. Moderate pyelectasia is present bilaterally. Left kidney is small in size measuring 2.86 cm. Right kidney is normal in size measuring 3.59 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.5 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.4 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 normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable 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. The cystic and common bile duct are diffusely tortuous in appearance but not visibly pathologically dilated, measuring 0.23 cm at the duodenal papillae.

Gastrointestinal

PATIENT
Shadow Bryan
SPECIES
Feline
BREED
DLH
SEX
MN
AGE
12 years
WEIGHT
3.8 kg
INTERPRETED BY
Beth Johnson, DVM DACVIM
IMAGING PERFORMED BY
Loetitia Saint-Jacques, LVT
HOSPITAL NAME
Alpine Animal Hospital
REFERRING VET
Dr. Molly Burbank
INVOICE
11520
DATE
3/18/2026

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.

In the mid to caudal abdomen there is an approximately 3.2 cm long loop of jejunum measuring 1.4 cm thick, in total, that demonstrates a hypoechoic wall and loss of layering. There is at least one other area of small bowel, potentially more, that demonstrate less significant focal thick areas with loss of layering. The remaining bowl is demonstrates normal layering but diffusely prominent muscularis layer, relative to the mucosa. The lumen 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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

Free Abdomen

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

Mesenteric lymph nodes are enlarged with swollen irregular capsular contour and loss of normal length to width ratio (rounded in shape). Nodes are hypoechoic with loss of normal parenchymal detail. While less severe, the medial iliac and pancreaticoduodenal lymph nodes are also mildly enlarged.

ULTRASONOGRAPHIC FINDINGS

- The focal small bowel mass, in addition to multifocal other areas of layering loss, is concerning for infiltrative neoplasia such as round cell neoplasia i.e. lymphoma versus other. A benign inflammation process is possible but considered less likely.
- Diffusely, but predominantly mesenteric aggressive lymph nodes – concerning for infiltrative round cell or metastatic neoplasia. A benign aggressive inflammatory response cannot be ruled out without tissue sampling +/- culture.
- Concurrent chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Coarse 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.
- Significant bilateral chronic kidney disease changes with bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

PATIENT

Shadow Bryan

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

3.8 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Molly Burbank

INVOICE

11520

DATE

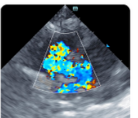
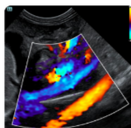
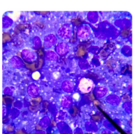
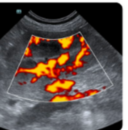
3/18/2026

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.

Tissue sampling is recommended. Fine needle aspirates of the bowel mass, the enlarged mesenteric lymph nodes, and spleen could all be considered if patient's coagulation status is appropriate.

Imaging performed by

pawsonography@gmail.com
530-786-8340

PATIENT

Shadow Bryan

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

3.8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

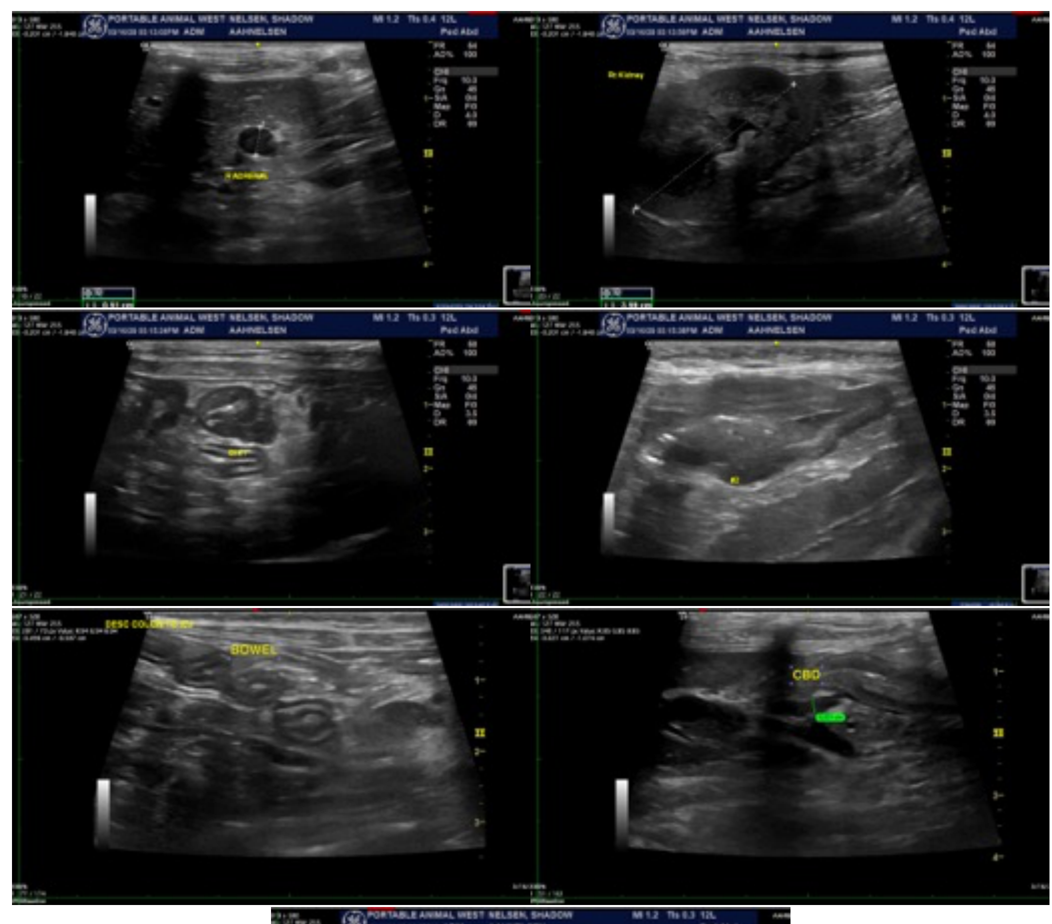
Dr. Molly Burbank

INVOICE

11520

DATE

3/18/2026

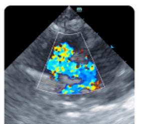


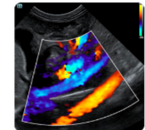
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

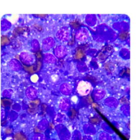
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

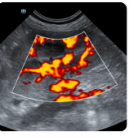
Beth Johnson, DVM, DACVIM
info@sonopath.com

pawsonography@gmail.com
530-786-8340









PATIENT

Shadow Bryan

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

12 years

WEIGHT

3.8 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Molly Burbank

INVOICE

11520

DATE

3/18/2026