



## PATIENT

Clarice Kahn

## SPECIES

Feline

## BREED

Oriental x

## SEX

Spayed Female

## AGE

5

## WEIGHT

3.6

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Kahn

## INVOICE

73979

## DATE

3/25/26

## PRESENTING CLINICAL SIGNS

Increased appetite and weight loss Current meds Budesonide

Abnormal PE/Chem/CBC/UA Results: WNL T4 normal

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is only mildly distended (empty). Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Kidneys are bilaterally small-normal, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney measures 3.35 cm. Right kidney measures 3.23 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.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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 mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

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



**PATIENT**

**Pancreas**

Clarice Kahn

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

Oriental x

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

**SEX**

Spayed Female

There is no apparent pathologic lymphadenopathy noted in these images.

**AGE**

5

**ULTRASONOGRAPHIC FINDINGS**

- Mild/subtle chronic kidney disease changes noted bilaterally. This finding, however, is mild/somewhat subjective and should be interpreted in combination with additional metabolic workup including lab work, urinalysis results, etc.

**WEIGHT**

3.6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is not a definitive ultrasonographically visible intraabdominal explanation for patient's reported polyphagia with weight loss.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

If not already evaluated, a thorough evaluation of daily caloric intake is recommended to assure an adequate daily caloric intake is occurring vs an inadvertent reduction in calories due to change in diet and/or feeding schedule, competitive eating environment, etc.

**IMAGING PERFORMED BY**

Jenn

Early or emerging malabsorptive or maldigestive disease can't be ruled out. Therefore, additionally, 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.

**HOSPITAL NAME**

Rockaway Animal Hospital

In the meantime, empirical deworming with a 5-day course of Panacur is recommended.

If tolerated, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.

**REFERRING VET**

Dr. Kahn

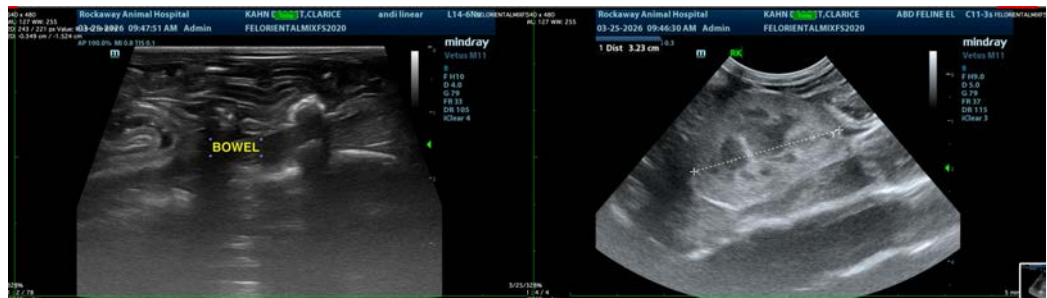
Given the large amount of gas in these images, evaluation of some parts of the bowel wall is difficult. Therefore, if clinical signs persist with an unknown etiology, recheck imaging following an additional 12-24 hours of fasting could be considered.

**INVOICE**

73979

**DATE**

3/25/26





## PATIENT

Clarice Kahn

## SPECIES

Feline

## BREED

Oriental x

## SEX

Spayed Female

## AGE

5

## WEIGHT

3.6

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Kahn

## INVOICE

73979

## DATE

3/25/26



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