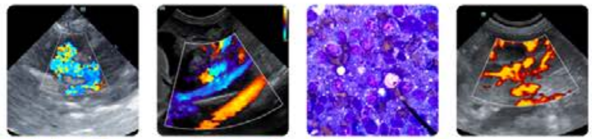
SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™

SonoPath.com info@sonopath.com 1.800.838.4268



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Kiyoshi-Blue Basich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

3.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Anthony Krawitz, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Anthony Krawitz, DVM

INVOICE

74012

DATE

3/26/26

PRESENTING CLINICAL SIGNS

History of Diabetes melitus since 2024. On Insulin (Glargine) 4 units bid. August 2025 developed diarrhea, not eating and some vomiting wth weight loss. Budesonide 0.5mg/day started for suspected IBD and did better after that. Texas GI profile was OK other than mildly raised Folate and high normal Cobalamin. Recently though return of marked soft stools, vomiting, and increased appetite however weight loss. (Loss of 2 pounds lately.

Abnormal PE/Chem/CBC/UA Results: Fructosamine WNL T4 WNL Albumin was 2.0, Amylase 5000, but TP 14.1 indicating a very high globulin of12.1 Electrophoreses of Protein was done and the main globulin that was high was the gamma globulin fraction in a monoclonal pattern, indicating according to the lab as either B cell lymphoma, or Multiple myeloma. Hence the repetition of the abdominal US prior to general body radiographs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.2 cm. Right kidney measures 4.4 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.29 cm at cranial pole and 0.24 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

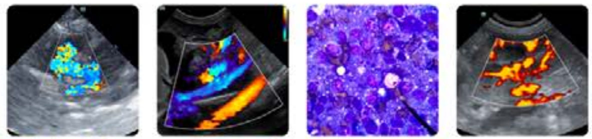
The left adrenal gland is normal in size (0.31 cm at cranial pole and 0.32 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size (just at the upper limit for normal thickness at 1.0 cm thick) with subtly scalloped or undulating capsular contour. Parenchyma is normal in echogenicity with a mildly coarse/heterogenous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

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.



PATIENT
Kiyoshi-Blue Basich

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
13 Years 9 Months

WEIGHT
3.7 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Anthony Krawitz, DVM

HOSPITAL NAME
Calusa Veterinary Center

REFERRING VET
Anthony Krawitz, DVM

INVOICE
74012

DATE
3/26/26

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 empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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.

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.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

PRIMARY FINDINGS

- 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.

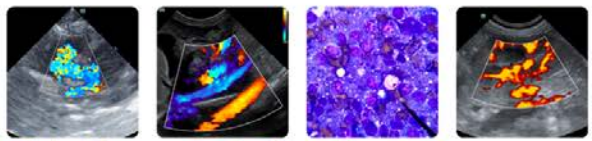
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- Scalloped spleen – can be associated with benign or malignant infiltrative disease. Common causes include a reactive spleen secondary to immune stimulus or early infiltrative round cell neoplasia such as lymphoma or mast cell tumor.

- Hyperechoic hepatomegaly – 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.

SECONDARY FINDINGS

- Age related kidney changes.
- Mild amount of echogenic urinary bladder debris.



PATIENT

Kiyoshi-Blue Basich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

3.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Anthony Krawitz, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Anthony Krawitz, DVM

INVOICE

74012

DATE

3/26/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on patient's history combined with the appearance of the ultrasound, an infiltrative process either benign or malignant affecting the bowel is the most likely differential for the return of clinical signs. Having said that, evaluation for a concurrent infection or contributing parasitic disease is recommended. Therefore, if not recently evaluated, a routine fecal/giardia exam is recommended.

A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered 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.

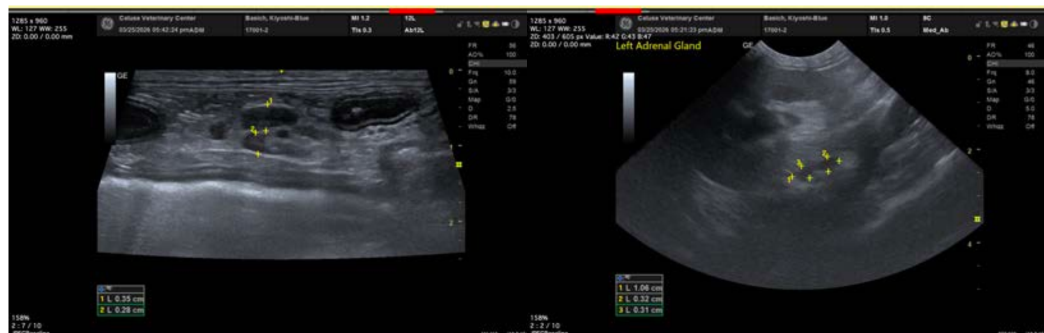
Ultimately, however, tissue sampling is recommended. Fine needle aspirates of the enlarged lymph nodes, the spleen +/- the liver could be considered if patient's coagulation status is appropriate. If a cytologic diagnosis is unable to be obtained, however, ultimately biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management.

While it is accurate that steroid therapy could potentially exacerbate diabetes mellitus management, steroid therapy may or may not be necessary to resolve clinical signs and depends in part on the ultimate diagnosis of benign inflammatory bowel disease versus lymphoma, etc. Therefore, specific medication recommendations are difficult to administer based on ultrasound alone. Based on the reported globulin report, as is reportedly already planned, consultation with a veterinary oncologist could be considered, or if empirical management taking the diabetes mellitus into account is elected over further sampling, etc., a full internal medicine consultation or referral to an internist could be considered.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



PATIENT

Kiyoshi-Blue Basich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

3.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Anthony Krawitz, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Anthony Krawitz, DVM

INVOICE

74012

DATE

3/26/26

PATIENT

Kiyoshi-Blue Basich

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

3.7 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Anthony Krawitz, DVM

HOSPITAL NAME

Calusa Veterinary Center

REFERRING VET

Anthony Krawitz, DVM

INVOICE

74012

DATE

3/26/26

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