



PATIENT

Sebastian Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

10.14 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

11412

DATE

3/5/2026

PRESENTING CLINICAL SIGNS

- Presented for constipation.
- Recurrent and ongoing issue since 2/5.
- Weight loss noted - lost 1 lb since 2/4.
- Hyporexic since 1/2026.
- Historical HM.

Abnormal PE/Chem/CBC/UA Results: PE: HM noted, cachexic, 5% dehydrated, firm feces palpable, SNP abdomen CBC: Neu 14.16 (2.3-10.29), nRBCs noted, HCT 39.8 % (30.3-52.3) Chemistry: Glu 162 (71-159), BUN 14 (16-36), Crea 1.3 (0.8-2.4) UA pending USG: 1.028 BP: 130 mmhg PSL: 4.1 (0.0-4.4) T4: 1.2 (0.8-4.7) POCUS: no free fluid, thickened LV CXR previously: NSF aside from cardiomegaly and slight elevated heart from sternum.

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.

The right kidney is normal is size (3.6 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.

The left kidney is normal is size (3.9 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

The areas of the adrenal glands are examined without evident adrenal gland pathology.

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

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.

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. This is often a normal patient variant in senior cats, although it should be interpreted in combination with lab changes, clinical signs, etc.



PATIENT

Sebastian Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

10.14 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

11412

DATE

3/5/2026

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.

Starting in the mid abdomen/cranial to the urinary bladder, the descending colon that is able to be visualized is thick, measuring 0.48 cm thick with normal intact layering and is mildly fluid distended.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

In the area of the medial iliac lymph nodes, is an approximately 1.5 cm long x 0.76 cm thick echogenic density that appears to be enlarged medial iliac lymph nodes surrounded by some enhanced fat.

ULTRASONOGRAPHIC 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.
- The thick descending colon differentials are similar.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Suspect moderately reactive lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a routine fecal/giardia exam could be considered.

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.



PATIENT

Sebastian Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

10.14 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

11412

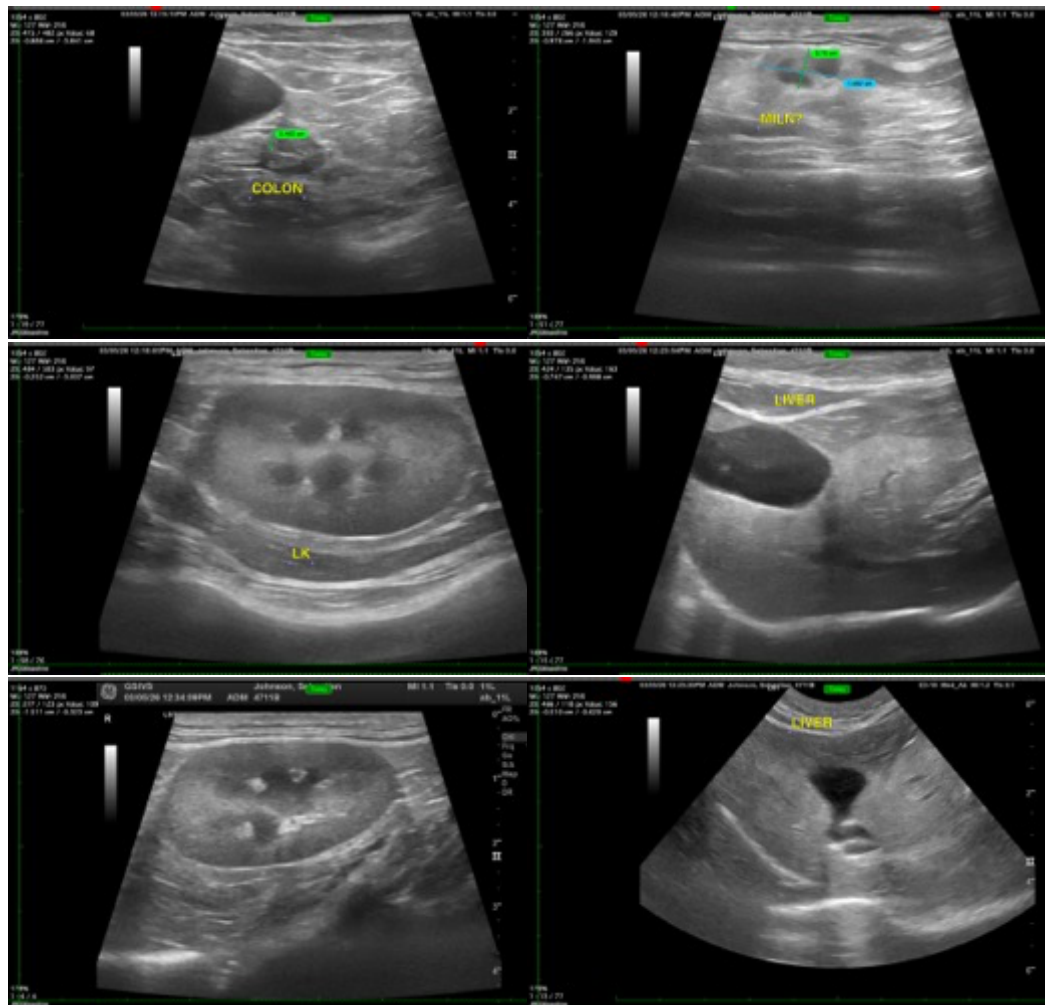
DATE

3/5/2026

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, biopsies of the GI tract, being sure to include colon as well as ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management of any concurrent infiltrative bowel disease contributing to patient's reported constipation. Having said that, the constipation may or may not be related to this change and may simply warrant additional, more aggressive medical management such as stool softeners, dietary management increase, hydration is possible, etc.

Other than the above, further diagnostic and treatment recommendations are largely dependent on the results of the above.





PATIENT

Sebastian Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

10.14 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

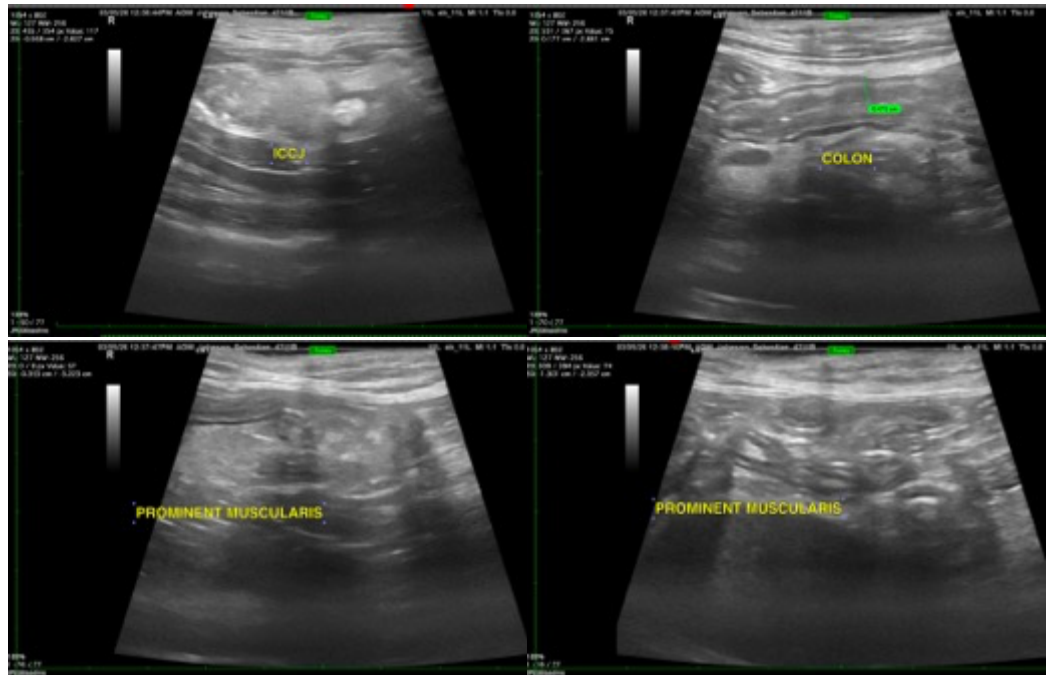
Dr. Gabriella Iannuzzi

INVOICE

11412

DATE

3/5/2026



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