



**PATIENT**

Beans Moore

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

2.62 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Main Street Animal  
 Hospital

**REFERRING VET**

Dr. Murphy

**INVOICE**

74490

**DATE**

4/16/26

**PRESENTING CLINICAL SIGNS**

Seen April 15 for lethargy, vomiting, anorexia. Exam revealed dull mentation, 8-10% dehydration, moderate amount of stool, mid intestines firm and resents palpation. No other abnormalities noted Radiographs, bloodwork and urinalysis performed (see results) smear revealed marked neutropenia with mild amount of bands, mild echinocytes, mild platelet clumping feathered edge. FeLV/FIV test negative. CBC sent to Idexx for review, no neutropenia present on that sample. Recheck CBC in house April 16 also revealed no neutropenia.

-Concern regarding infection/sepsis from a possible intestinal foreign body that is consuming neutrophils

-Recommend abdominal ultrasound and hospitalization with IV fluids and broad spectrum antibiotics (hospitalized at EVC overnight)

Current Medications: Baytril 12.5mg IM, Ampicillin, Maropitant, Pantoprazole, KCl in fluid bag

Abnormal PE/Chem/CBC/UA Results: Rads and BW attached empty stomach naf liver moderate amt of segmented stool in distal colon moderate amt of gas in transverse colon prominent kidneys moderate sized bladder some bunching of small intestine mid abdomen around ileocecolic junction Primary Question to Be Answered in This Exam Rule out foreign body or other source of infection/cause of clinical signs

**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 exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.34 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 (3.27 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 right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.25 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.



**PATIENT**

Beans Moore

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

2.62 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Main Street Animal  
 Hospital

**REFERRING VET**

Dr. Murphy

**INVOICE**

74490

**DATE**

4/16/26

**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 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**

- Moderate amount of echogenic urinary bladder mineral/sand debris.
- Otherwise, this is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported clinical signs or laboratory changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A routine fecal/giardia exam is recommended if not recently evaluated.

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**

Beans Moore

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

2.62 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Main Street Animal  
 Hospital

**REFERRING VET**

Dr. Murphy

**INVOICE**

74490

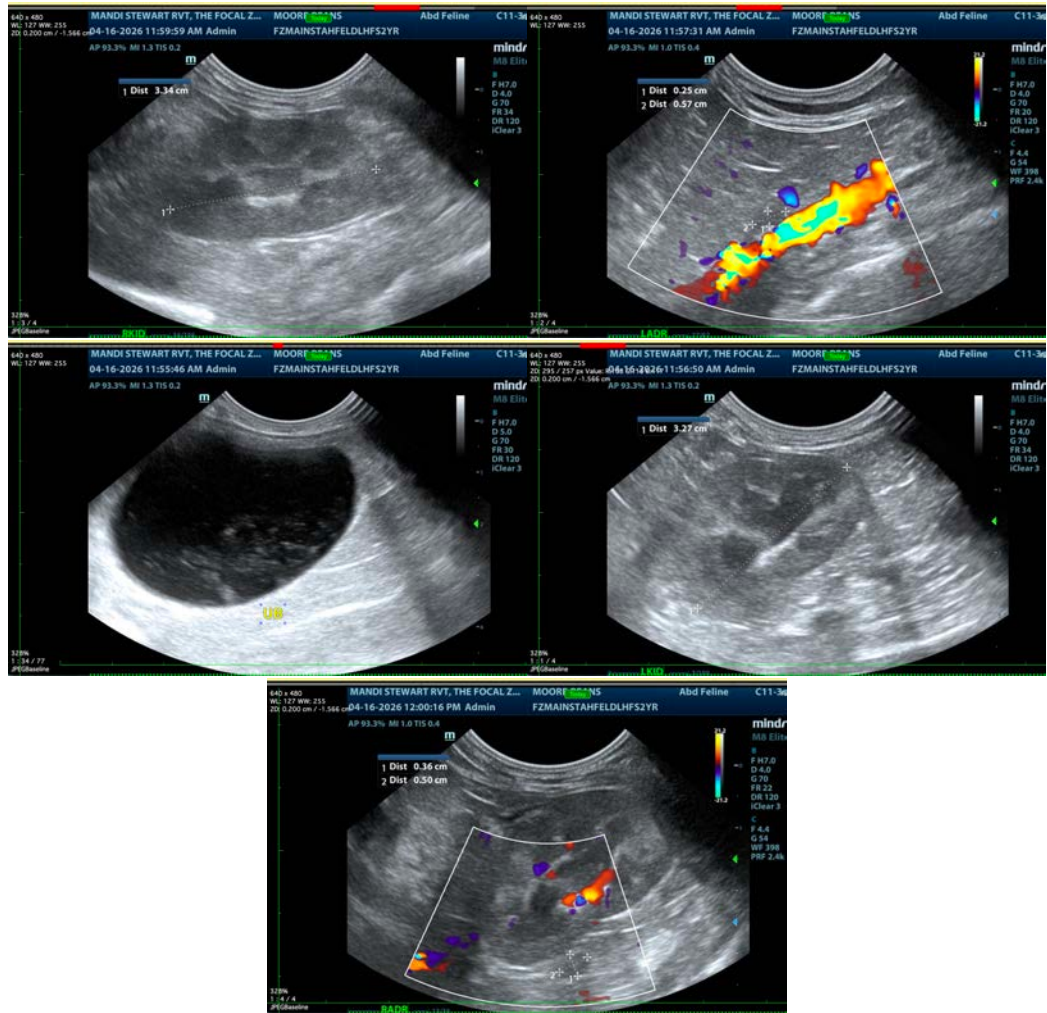
**DATE**

4/16/26

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.

Pending results of that workup combined with clinical results and ongoing CBC monitoring, further infectious disease evaluation may also be indicated.

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



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