



## PATIENT

Chicken Wang Smith

## SPECIES

Feline

## BREED

DMH

## SEX

Neutered Male

## AGE

3.5 Years

## WEIGHT

5 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Cassidy Smith

## HOSPITAL NAME

Viking Veterinary  
Hospital

## REFERRING VET

Dr. Natasha Laughter

## INVOICE

74149

## DATE

4/2/26

## PRESENTING CLINICAL SIGNS

Indoor only. Occasional hairballs/vomiting - once every few months. Chronic diarrhea as a kitten but none since. One instance of FLUTD 2 yrs ago but never obstructed. Born with nerve damage to right forelimb with contracted lower limb and muscle loss.

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable Chem: hyperglycemia (263), elevated SDMA (19) UA: glucosuria (2+) T4: 2.7 (WNL)

## 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.

The right kidney is normal in size (4.43 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 in size (4.27 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 mineral or infarcts observed. Trace pyelectasia is noted.

### Adrenal Glands

The right adrenal gland is normal in size (0.26 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.43 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### 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.



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## *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is 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. \*See other.

## *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.

At the area of the ileocecolic junction there is a discrete homogeneous, approximately 0.50 cm in diameter hypoechoic density that could represent a mildly reactive mesenteric lymph node, although in some views appears to potentially represent a mildly fluid distended cecum.

Additionally, between the trigone and colon there is an approximately 0.80 cm x 1.5 cm homogeneous, hypoechoic density/possible lymph node versus other.

## ULTRASONOGRAPHIC FINDINGS

- Possible moderate sublumbar lymphadenopathy – Could represent either a benign inflammatory or infiltrative neoplastic process and can't be differentiated without tissue sampling. Tissue origin other than lymph node is thought less likely but can't be definitively ruled out.
- Suspect concurrent very mild reactive mesenteric lymph node – infiltrative neoplastic disease cannot be ruled out but is considered less likely. As stated above, one view of the suspected mildly prominent lymph node appears to potentially represent a mildly fluid dilated cecum of unknown significant.
- Mild amount of echogenic urinary bladder debris.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the density adjacent to the trigone/suspect enlarged lymph node are recommended if patient's coagulation status is appropriate.

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



**PATIENT**

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Especially given the historical diarrhea, 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.

**SPECIES**

Feline

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.

**BREED**

DMH

If monitoring for possible diabetes mellitus is not already in place, further workup for that could include evaluation of a Fructosamine level to further differentiate diabetes mellitus versus stress hyperglycemia or could potentially involve placement of a freestyle libre sensor for at-home monitoring.

**SEX**

Neutered Male

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

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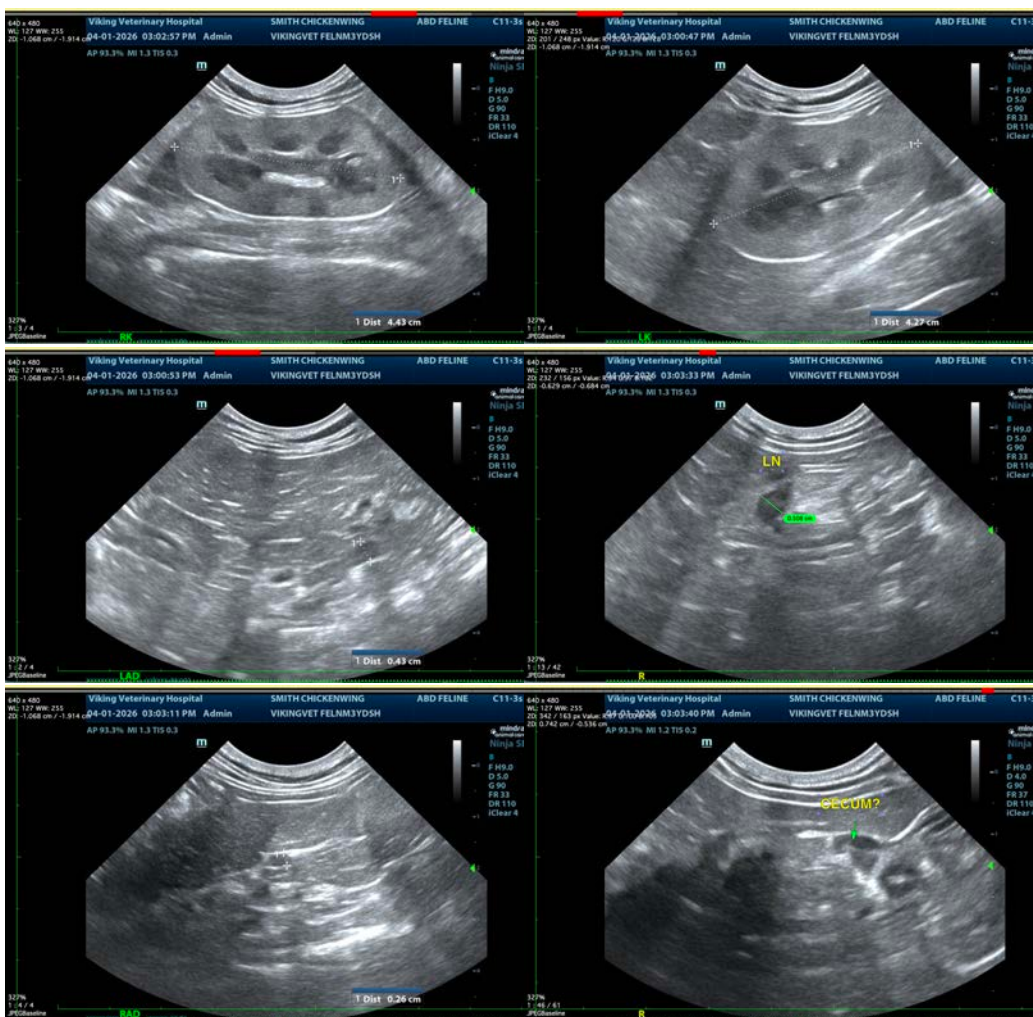
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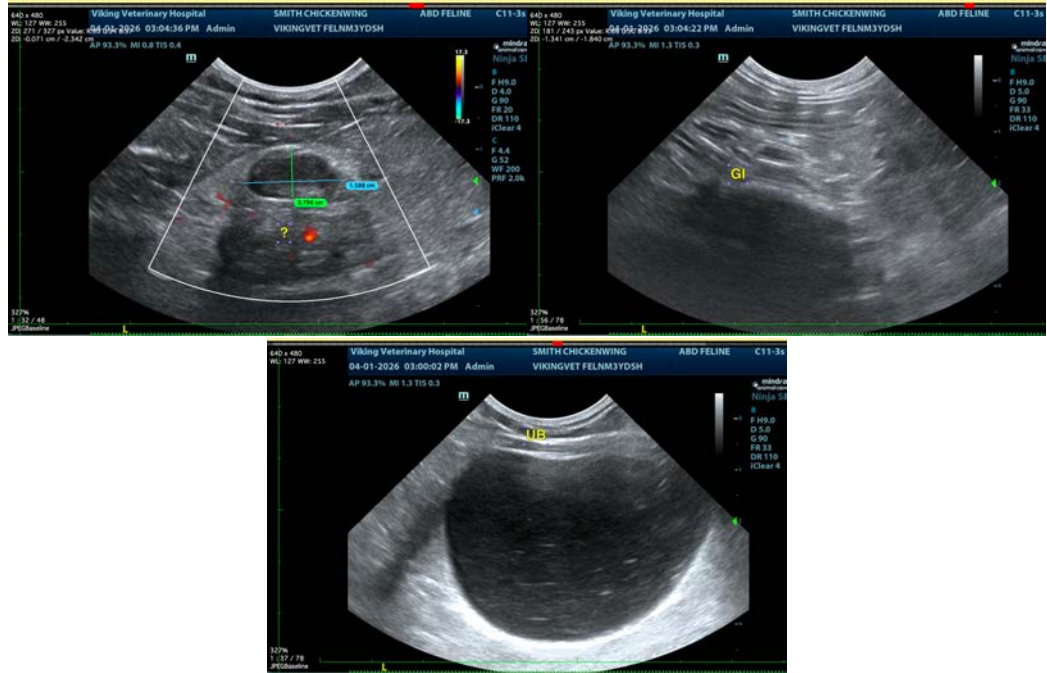
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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