



PATIENT

Houdini Calfee

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13 years

WEIGHT

6.5 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

**IMAGING
PERFORMED BY**

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Alpine Animal Hospital

REFERRING VET

Dr. Lindsay Sjolin

INVOICE

11755

DATE

4/20/2026

PRESENTING CLINICAL SIGNS

Chronic vomiting for the last 3 months. Was vomiting a few times a week but worsening recently. Patient is normal otherwise. Eating, drinking, good activity. When vomiting started it was ~30 minutes after eating. Owner would feed smaller more frequent meals, and it helped. Most recently patient has been "yowling" before vomiting and seems like he is in pain. Did vomit 3-4 times in one day. Abdomen is comfortable on palpation. No masses noted. Radiographs do not show an obstructive pattern or mass effect.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 50% (29-48), Plt 154 (200-500) - clumped Chem: ALT 106 (20-100), BUN 45 (10-30), Cre 2.0 (0.3 - 2.1), TP 8.4 (5.4 - 8.2) T4: 1.5 (0.8 - 4) UA: USG 1.031, 2+ protein UPC: 0.4.

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 a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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 irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no mineral observed. Mild pyelectasia is noted bilaterally. Left kidney is normal in size and measures 3.9 cm, right kidney is small/normal in size and measures 3.6 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.47 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

Spleen is subjectively large in size (measures just at 1.0 cm thick at the hilus) 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

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 stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

The visible small intestines are diffusely 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. However, in the mid abdomen there is one loop of bowel that measures normal thickness but subtly in several views has less distinct than normal layering/emerging loss of layering.

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

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

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

Medial iliac and 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.

ULTRASONOGRAPHIC FINDINGS

- The focal mid abdominal bowel changes could represent a benign inflammatory bowel disease or given the concern for emerging loss of layering, infiltrative neoplasia such as lymphoma can't be definitively ruled out without tissue sampling.
- 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.
- 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.
- The gastric contents described above could represent normal ingesta/gas and should be interpreted in combination with when patient last ate, as well as potentially, in combination with reassessment following an additional 12 – 24 hours of fasting. As given the subtle shadow, foreign material potentially contributing to patient's nausea can't be ruled out.
- Moderately reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Mildly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.



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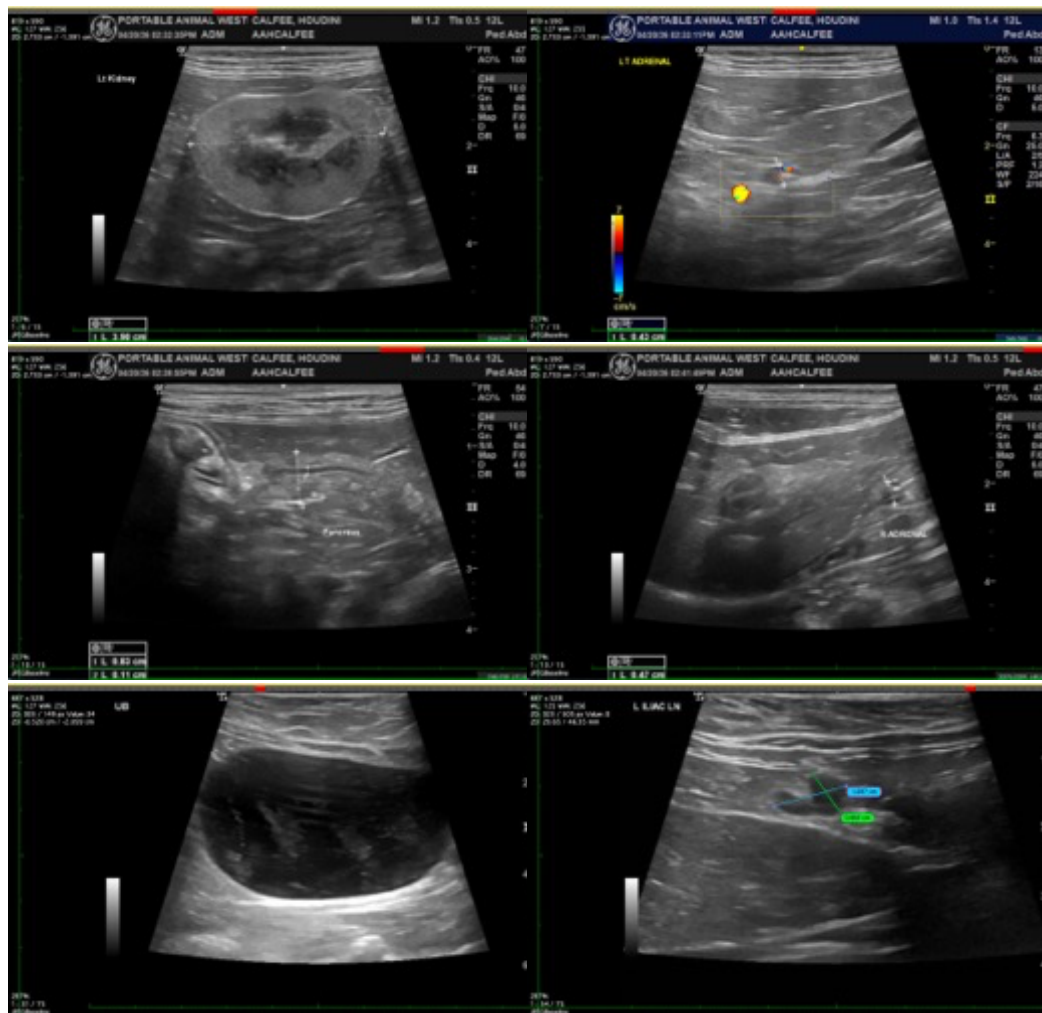
- Moderate bilateral chronic kidney disease changes most visibly significant in the right kidney with mild bilateral pyelectasia.
- A moderate amount of echogenic urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the spleen +/- the most significantly enlarged medial iliac lymph node could be considered if patient's coagulation status is appropriate but ultimately, if a diagnosis is not obtained, biopsies of the GI tract, being sure to include primarily the focal mid abdominal bowel loop described above, as well as ileum, if possible, may be necessary for a definitive diagnosis and therefore to further guide medical management.

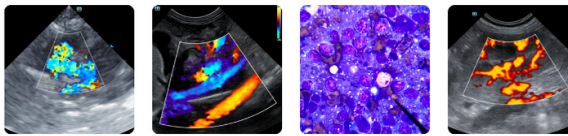
Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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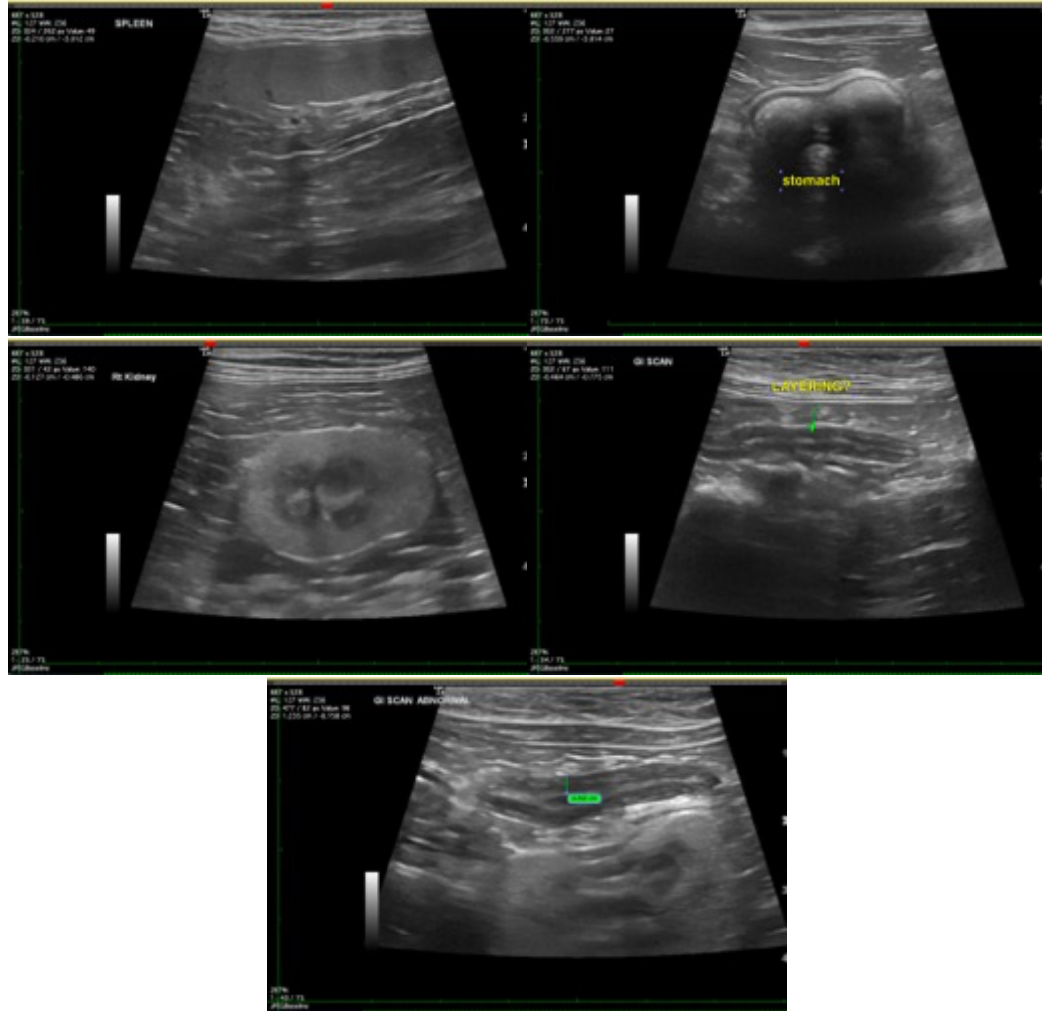
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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