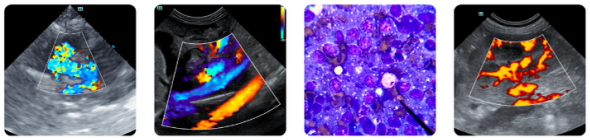


PATIENT

Whisper Abbey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years 3 months

WEIGHT

8.42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

11743

DATE

4/20/2026

PRESENTING CLINICAL SIGNS

Seen 3/30/26 for intermittent episodes of dizziness and vomiting that had been occurring for about 1 week. Generally, the episodes start with the pet becoming wobbly and then end with vomiting. E/D normally. Urinations normal. No diarrhea noted at that time. Indoor mostly but does have limited time outside in the backyard. Ultrasound to assess for underlying cause. Owner did note the other day patient came in from outside and looked like she had blood around her anus from potential problems defecating. Has an automatic litter box and the other times patient urinates/defecates will go outside so difficult to monitor stools.

Abnormal PE/Chem/CBC/UA Results: Physical exam: On exam today patient has lost weight (11# on 7/10/24, today is 8.42#). Patient has a grade 2/6 parasternal systolic HM. No organomegaly or pain on abdominal palpation. Peripheral LNs normal. Eupneic. No thyroid slip noted. Lab work: BP 3/30/26 137 doppler average Senior panel 3/30/36 Globulins high 5.8 creatinine high 2.5 SDMA high 16.1 Amylase high 1920 PSL high 49 remainder of cbc/chem normal T4 normal 2.8 FeLV/FIV neg/neg HWT negative USG 1.014 quiet sediment GI panel pending

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.

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 3.21 cm and the right kidney measures 3.71 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

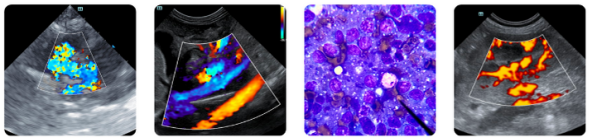
The left adrenal gland is normal in size (0.29 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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.



PATIENT

Whisper Abbey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years 3 months

WEIGHT

8.42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

11743

DATE

4/20/2026

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 moderate to severely 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 colon is diffusely mildly thick ranging between 0.25 cm and 0.3 cm thick, with normal intact layering. The lumen is empty.

Pancreas

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Mild duct dilation measuring 0.26 cm dilated.

Free Abdomen

There is scant/trace free fluid is noted adjacent to the spleen.

There is no significant pathologic lymphadenopathy noted in these images.

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. This change may be in part normal patient variant in a senior cat.
- The mildly thick colon demonstrates the same differentials as described above.
- Chronic low grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Scant/trace free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.

SECONDARY FINDINGS

- Moderate age-related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

PATIENT

Whisper Abbey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years 3 months

WEIGHT

8.42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

11743

DATE

4/20/2026

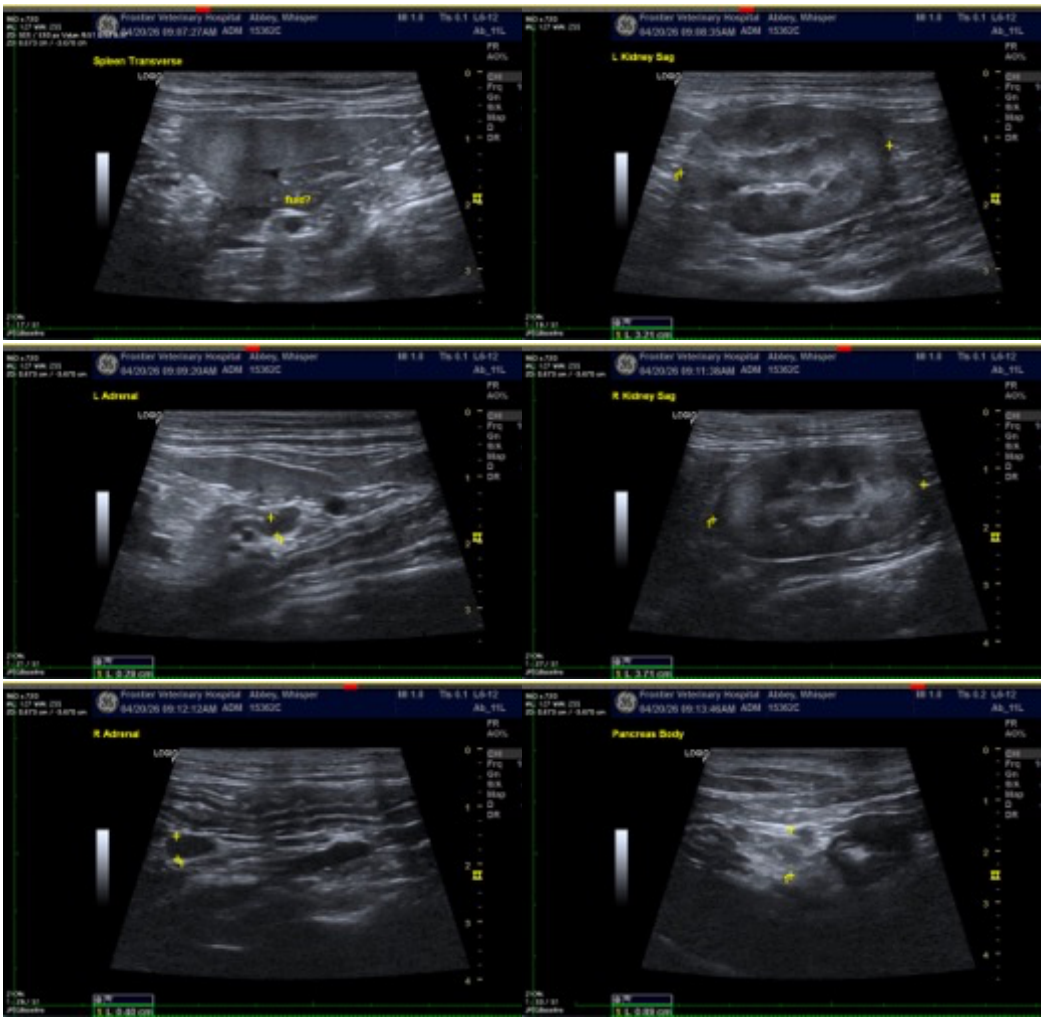
Given patients reported clinical signs, despite the largely subtle changes described above, as is reportedly already pending, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Additionally, a routine fecal/giardia exam is recommended if not recently evaluated.

As is, 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.

The spleen technically measures within normal size but subjectively has a mildly folded appearance and given the adjacent free fluid, sampling of the spleen via fine needle aspirate could be considered if patient's coagulation status is appropriate.

If clinical signs persist and a diagnosis is not obtained, 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.



PATIENT

Whisper Abbey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

17 years 3 months

WEIGHT

8.42 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

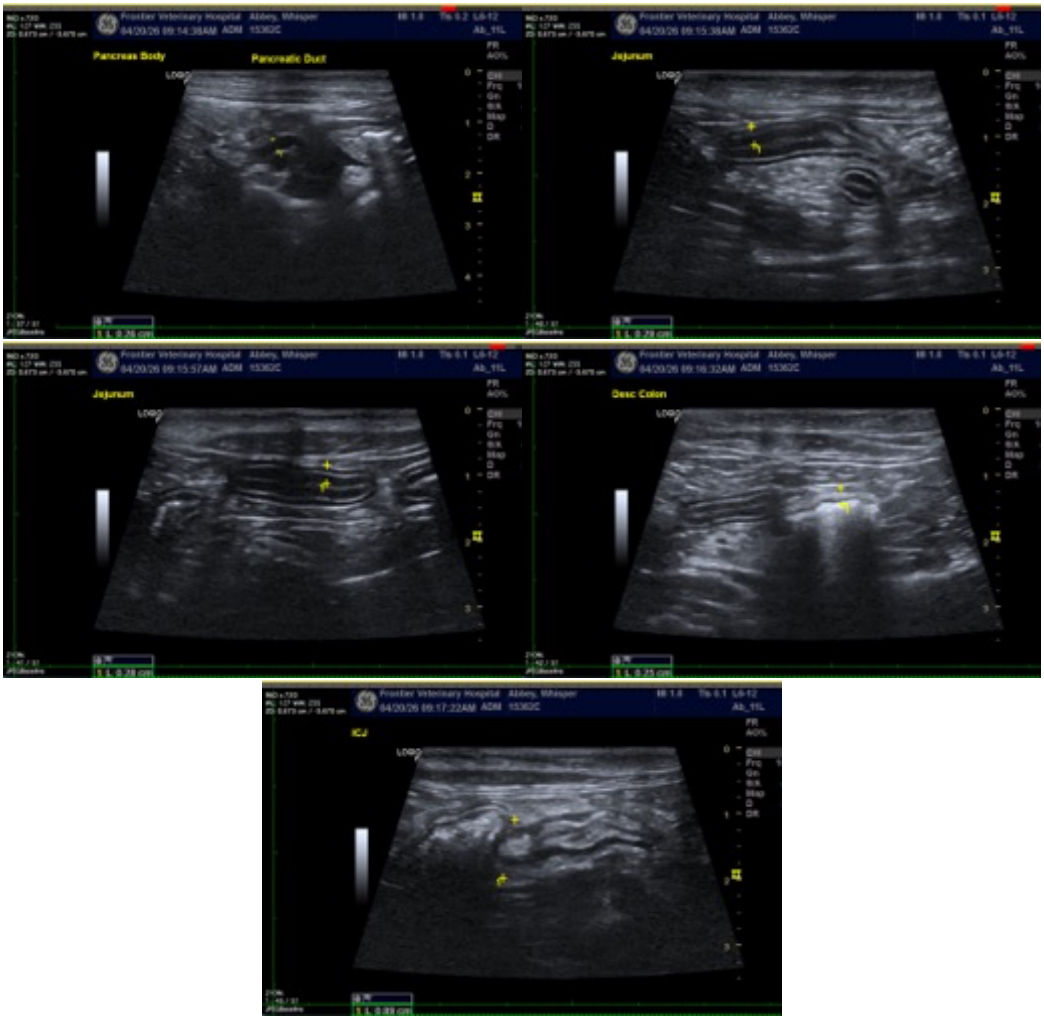
Dr. Lucas Budden

INVOICE

11743

DATE

4/20/2026



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