



PATIENT

Imelda "Mimi" Lasher

SPECIES

Feline

BREED

Siberian

SEX

FS

AGE

11 years

WEIGHT

12.5 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Danielle Shemanski

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Robert Lann

INVOICE

11812

DATE

4/28/2026

PRESENTING CLINICAL SIGNS

Seen at Green Acres 4/19 with tenesmus of 2 days duration. Ongoing as of exam with Cats Exclusively 4/21. History per owner: She was straining but not passing much stool. She finally passed a normal-sized stool a couple of days ago. She was not eating much during this time. She was initially vomiting food, but this resolved after receiving an anti-nausea medication from her primary vet. She has not vomited since. She also received an anti-inflammatory for her large and small intestine. Owner reports she seems to be back to normal now. She was very lethargic for a couple of days. HX: constipation and has been treated for it before. She will occasionally strain. She rarely ever vomits. She had teeth removed in November. She is very food motivated. She seems to be back to normal now. She was very lethargic for a couple of days and had tenesmus. She has a history of constipation and has been treated for it before. She will occasionally strain.

MEDICATIONS: Metronidazole 1.2 mL (120 mg) BD 4/21 to 4/28, Mirataz 1.5 mL TID; SID as needed beginning 4/21, P received 50mg gaba the night before and 50mg the morning of appt; was also given 0.12ml of butorphanol IM.

Abnormal PE/Chem/CBC/UA Results: Diagnostics at Greenacres ER: - RADS: Mild hepatomegaly. One small intestinal segment shows soft tissue opacity, possibly partial obstruction or other pathology; mural detail not fully assessed. Cardiac findings: mild cardiomegaly vs HCM vs concentric hypertrophy (hyperthyroidism/systemic hypertension). Hepatomegaly likely inflammatory or infectious; DM and hepatic lipidosis less likely given normal BG. - CBC/Chem/T4: Unremarkable per RDVM. - Total T4: 1.4 - BG (4/20): 168 - Glob: 5.4 g/dL (HIGH). - Lymphocytes: 4.86 thousand/uL. - bNeut: Sus. - UA (4/21): WNL.

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 (4.7 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 (4.24 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 (0.46 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



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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) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. 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 subjectively mildly diffusely tortuous in appearance, which is often a normal variant in senior cats, although chronic low grade smoldering cholangitis can't be ruled out.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

The visible colon is normal. Very subjectively, in a few places there is some hard shadowing, but largely unremarkable/normal luminal contents.

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

- Residual or emerging constipation can't be ruled out. This finding should be interpreted in combination with clinical and/or radiographic evidence of ongoing constipation.
- The liver changes are subtle and non-specific but could indicate a microscopic hepatopathy including bacterial or lymphoplasmacytic cholangiohepatitis, hepatic lipidosis, or infiltrative neoplasia such as lymphoma can't be ruled out without tissue sampling.



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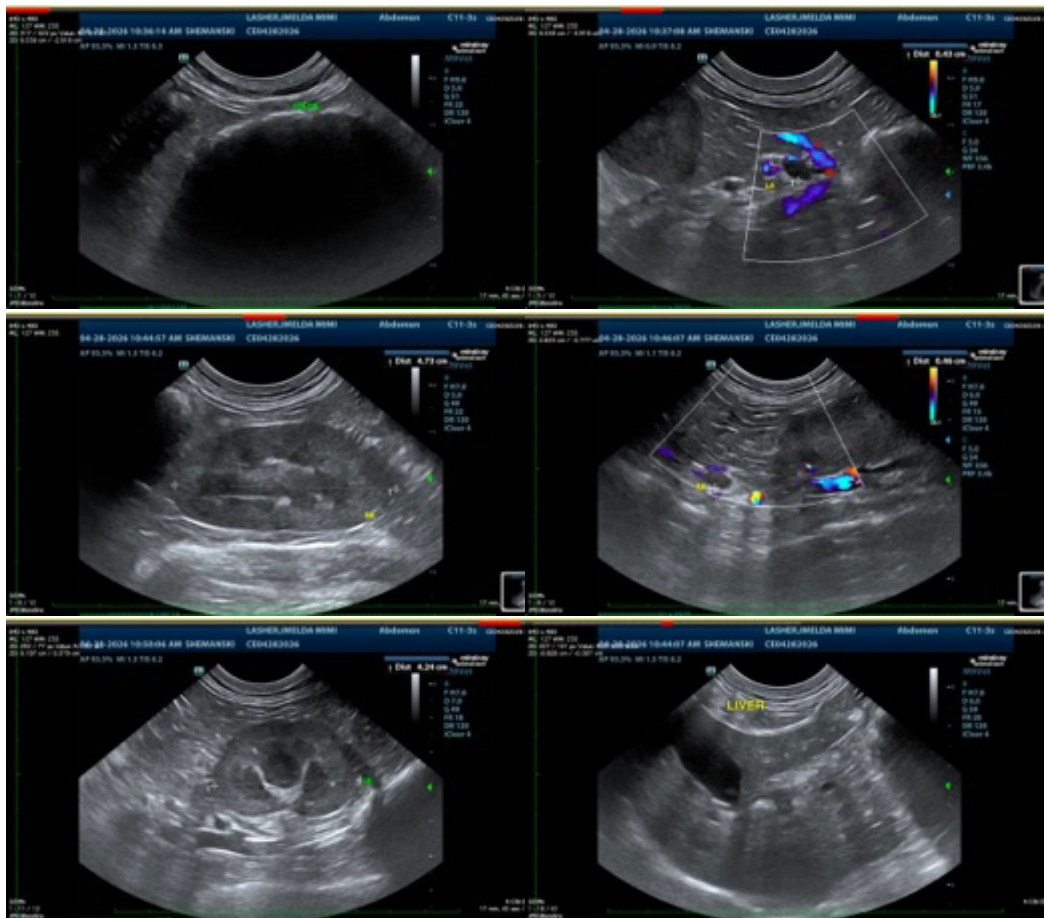
4/28/2026

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, if additional supportive/symptomatic medical management of ongoing constipation episodes is indicated, then it is recommended and could include addressing any hydration issues, potentially a change in diet, fiber supplementation, stool softeners, etc.

In the meantime, especially given patient's reported hyperglobulinemia, electrophoresis could be considered for further assessment of the globulins, and fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.





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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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