



PATIENT

Roscoe Hamm

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12

WEIGHT

15.7

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

36867

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Recheck from 4/29 Overnight cat had defecated small hard pieces of poop
Abnormal PE/Chem/CBC/UA Results: Ran a u/a after u/s Proteinuria, hematuria USG 1.049

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.

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. The left kidney measures 4.2 cm. The right kidney measures 4.5 cm.

Adrenal Glands

The areas of the adrenal glands are examined without evident adrenal gland pathology.

Spleen

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 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.

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.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. The lumen contains subjectively mildly increased stool shadowing, most appreciated especially at the ileocecolic junction, which could indicate some mild or emerging firm or hard stool or constipation.

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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. No pancreatic duct dilation is noted.

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Free Abdomen

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

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In the area of the ileocecolic junction, there's subtly enhanced hyperechoic tissue and mild lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- The previous gastric contents are no longer present, and the stomach is empty in today's images.
- Chronic low-grade smoldering pancreatitis is still suspected with a static appearance to the pancreas.
- Very mildly reactive mesenteric lymphadenopathy - infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Especially based on patient's new history, the shadowing in the stool could be consistent with constipation. Having said that, constipation should be confirmed clinically or potentially radiographically, as ultrasound is not the most specific diagnostic tool for assessing it.

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Secondary Findings

- Mild age-related kidney changes
- Mild to moderate amount of echogenic urinary bladder debris

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations are largely unchanged, except for potentially implementing hydration, stool softeners or other supportive such symptomatic medical management for possible constipation if a clinical or radiographic confirmation is obtained.

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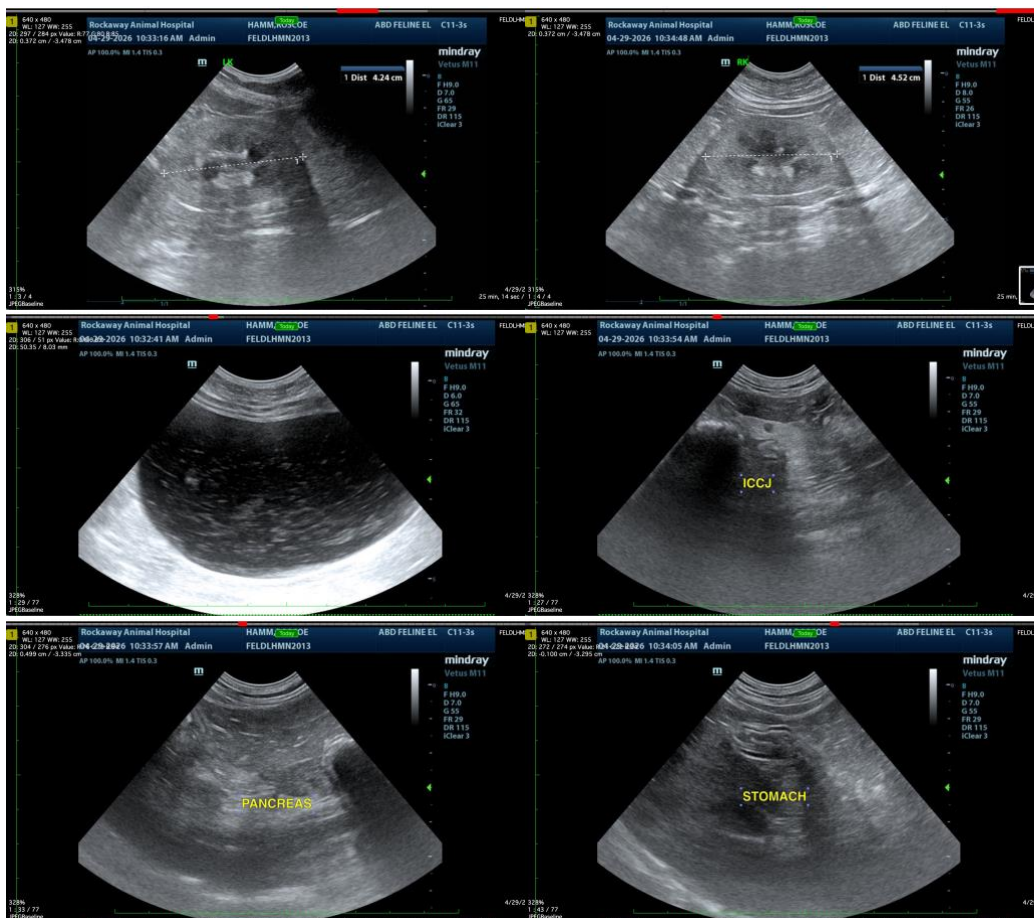
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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