



PATIENT

Tucker Clemens

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

VCA Sinking Springs

INVOICE

74820

DATE

4/29/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate diarrhea x 1 week, previously has been intermittent, weight loss, intermittent PU/PD. Eating normally. History of IBD initially diagnosed in 2017 and on chronic prednisolone. Other PMHx: FLUTD (2022), anal sacculitis (2025). Meds: Chronic Prednisolone, proviable, gabapentin (fear free) Diet: Hills C/D multicare

Abnormal PE/Chem/CBC/UA Results: Multiple prev AUS mentioned in records and noted WNL. Last O reported ultrasound was 3 years ago. - Chem: Alb 3.7-n, normal LES, normal Cr, BUN, SDMA, PercisionPSL 30- mild H, remainder NSF - CBC: Hct 41%, plts 242-n, remainder NSF - T4: 3.2-n - Keyscreen fecal: NPD

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.

The right kidney is normal is size (3.68 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 (4.05 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 (0.47 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 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, except for in the right caudal liver where there is an approximately 1.8 cm x 2.0 cm anechoic/cystic density. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Tucker Clemens

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.

SPECIES

Feline

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.

BREED

DSH

The visible small intestine demonstrates areas of mildly 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.

SEX

Neutered Male

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

AGE

13 Years 9 Months

Pancreas

The pancreas is diffusely (although primarily in the left limb) prominent in size and hypoechoic to surrounding tissue with a mildly irregular undulating contour and coarse parenchyma. The right pancreas has some of that same change, although more subtle. However, it demonstrates ill-defined hypoechoic nodules throughout the parenchyma. There is no definitive evidence of active peripancreatic inflammation.

WEIGHT

5.3 kg

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is no apparent pathologic lymphadenopathy noted in these images.

IMAGING PERFORMED BY

Renee Trionfetti, VMD

ULTRASONOGRAPHIC FINDINGS

- Mild 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 process may be partially masked in severity by current Prednisone therapy.
- Suspect chronic low-grade smoldering pancreatitis with possible concurrent pancreatic nodular hyperplasia. Infiltrative neoplasia is considered less likely but can't be definitively ruled out.
- Suspect incidental benign hepatic cyst versus feline biliary cystadenoma.
- Moderate amount of echogenic urinary bladder debris.

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

VCA Sinking Springs

INVOICE

74820

DATE

4/29/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a 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 ratio is recommended.



PATIENT

Tucker Clemens

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

VCA Sinking Springs

INVOICE

74820

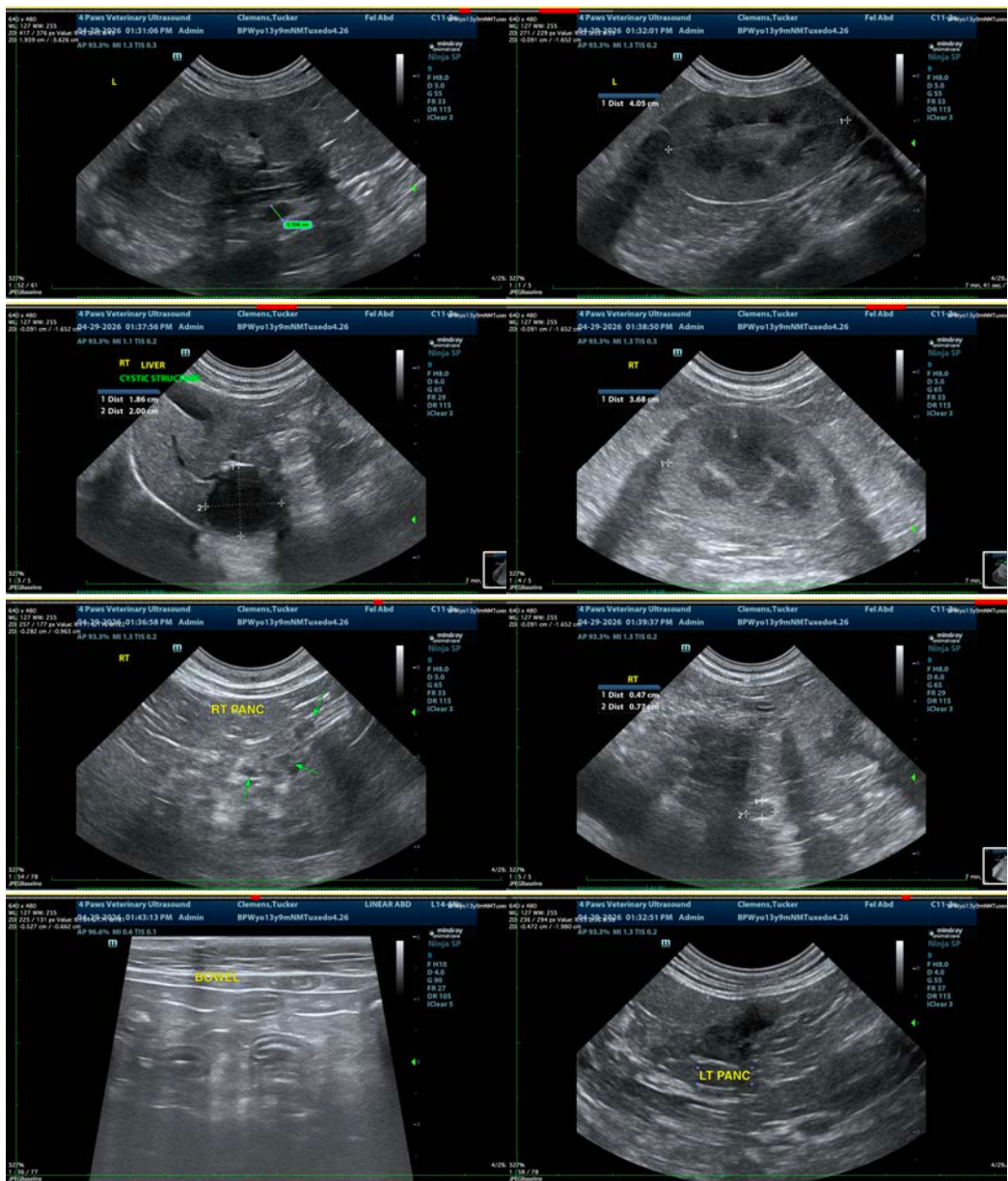
DATE

4/29/26

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.

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.

Fine needle aspirates of the pancreas could be considered if patient's coagulation status is appropriate. Ultimately, however, if clinical signs persist without a diagnosis, biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for definitive diagnosis and to further guide medical management.





PATIENT

Tucker Clemens

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 9 Months

WEIGHT

5.3 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

VCA Sinking Springs

INVOICE

74820

DATE

4/29/26



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