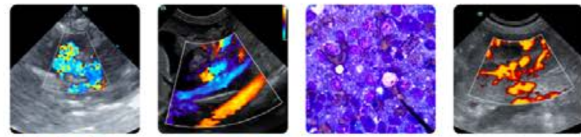


PATIENT

Blackie Chiavetta

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years

WEIGHT

Not Provided

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

74265

DATE

4/7/26

PRESENTING CLINICAL SIGNS

Possible mass or blockage, bloody stool, v+, abdominal painful

Current meds: Royal Canin GI food, Purina EN, Inhaler, Tylosin, Clopidogrel

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 measured 4.22 cm. Right kidney measured 4.35 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 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

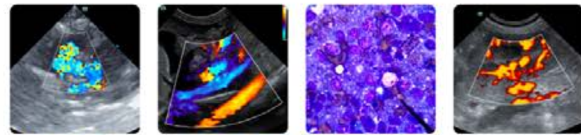
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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 stomach is largely normal in thickness and layering except for approaching the pylorus, where the wall is mildly focally thicker, measuring between 0.60-0.70 cm thick, predominantly involving the muscularis layer. No loss of layering is noted. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular,



PATIENT
Blackie Chiavetta
SPECIES
Feline
BREED
Domestic Shorthair
SEX
Neutered Male
AGE
15 Years
WEIGHT
Not Provided
INTERPRETED BY
Beth Johnson, DVM DACVIM
IMAGING PERFORMED BY
Meghan Morse, LVT, CVT
HOSPITAL NAME
Farview Animal Clinic
REFERRING VET
Dr. Mosaad
INVOICE
74265
DATE
4/7/26

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.

At the Ileocecocolic junction there is a mild focal, slightly thicker than the diffuse changes, area measuring 0.47 cm thick, but again no loss of layering. The lumen is empty. The visible colon is normal in wall thickness (< 0.2 cm) and layering.

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.

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.

Additionally, in the mid to caudal abdomen is an approximately 0.60 cm x 1.6 cm hypo- to anechoic density surrounded by enhanced hyperechoic fat and mesentery.

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 same change is appreciated in the stomach as described above approaching the pylorus, and slightly more prominent at the level of the Ileocecocolic junction.

- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- The density in the caudal abdomen could also represent a lymph node with both reactive and neoplastic lymphadenopathy being a possibility, although other cyst, hematoma, abscess, inflammatory or neoplastic lesions can’t be ruled out without tissue sampling.

SECONDARY FINDINGS

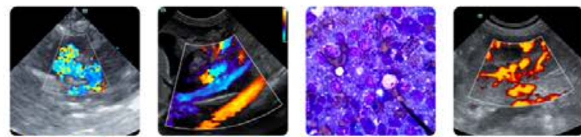
- Moderate age related kidney changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

A routine fecal/giardia exam is recommended if not recently evaluated.

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.



PATIENT

Blackie Chiavetta

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years

WEIGHT

Not Provided

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

Dr. Mosaad

INVOICE

74265

DATE

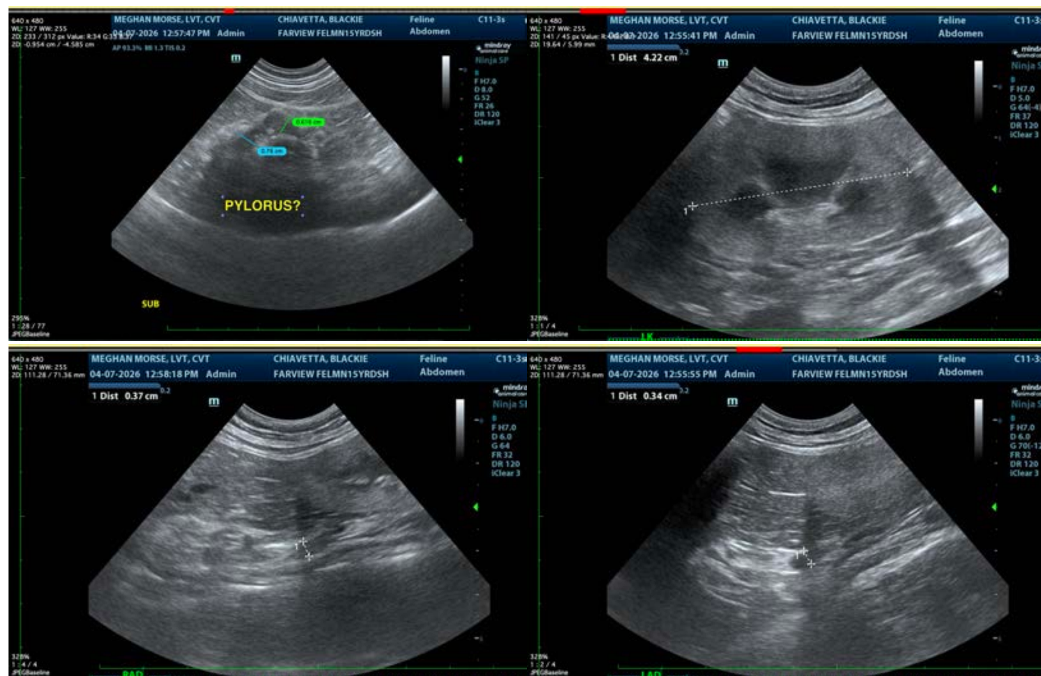
4/7/26

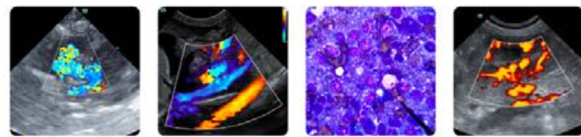
A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the abnormal structures described above, especially the mid caudal abdominal density as well as the lymph nodes adjacent to the Ileocecocolic junction could be considered if they can safely be reached and if patient's coagulation status is appropriate, but if a cytologic diagnosis is unable to be obtained, ultimately biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for definitive diagnosis and therefore to further guide medical management.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended, including a probiotic (such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning possibly with a gastrointestinal biome diet vs a hydrolyzed protein diet vs other. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several brand attempts may be required.





SonoPath
www.SonoPath.com
info@sonopath.com 800.838.4268

PATIENT

Blackie Chiavetta

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

15 Years

WEIGHT

Not Provided

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Farview Animal Clinic

REFERRING VET

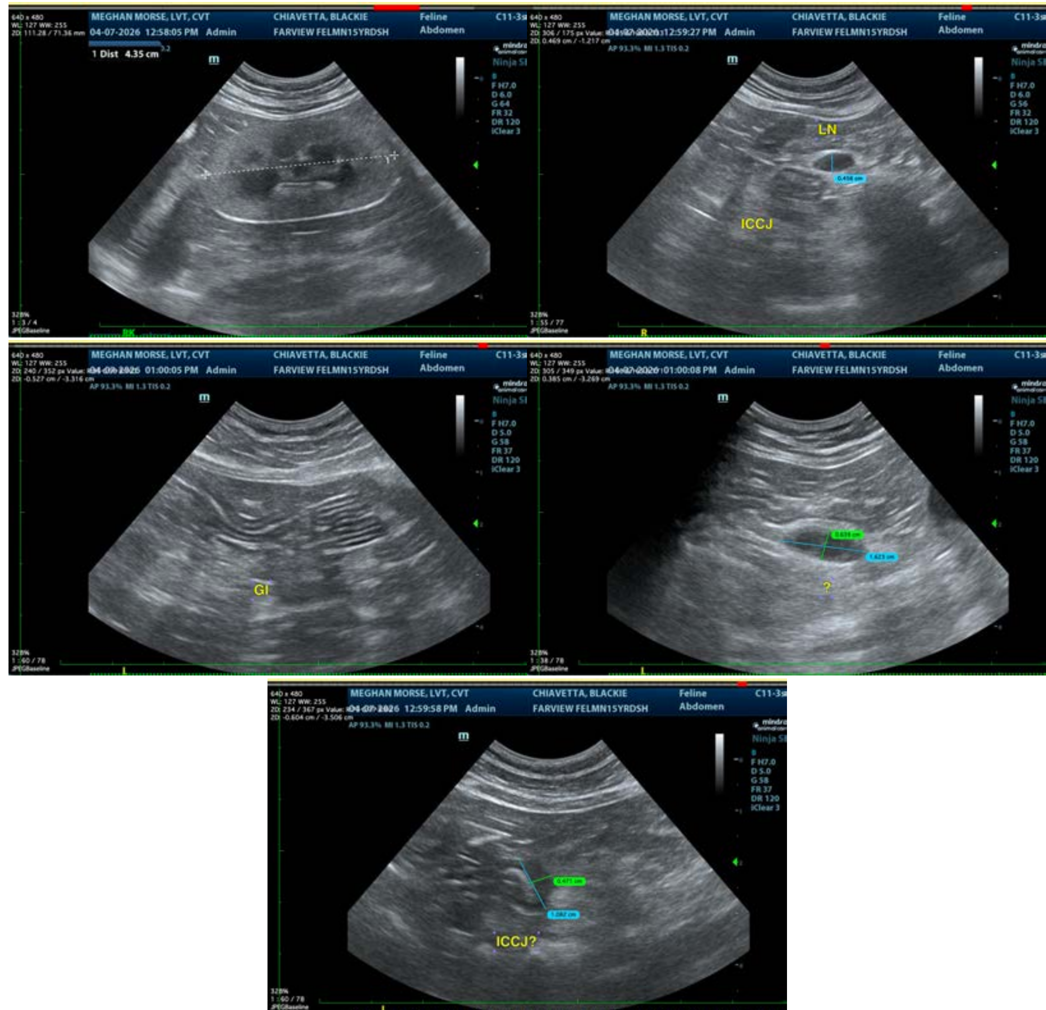
Dr. Mosaad

INVOICE

74265

DATE

4/7/26



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