

PATIENT

Ollie Callahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

12.78 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Companion Animal
Clinic

REFERRING VET

Dr. Casita

INVOICE

74346

DATE

4/9/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Overweight, P otherwise fairly normal exam. Worsening V since Oct 2025, no significant weight loss, no D. improved on low dose oral Prednisolone and GI Biome, recently V has returned even on BID Pred.

ABNORMAL Labwork Values: Chem: WNL. CBC: Platelets 168 (Adequate due to clumping), HCT 49% T4: 1.9 wnl.

Current Medications: Prednisolone 5 mg/ml: 1 ml PO SID

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. Left kidney measured 3.56 cm. Right kidney measured 3.74 cm.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

The left adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

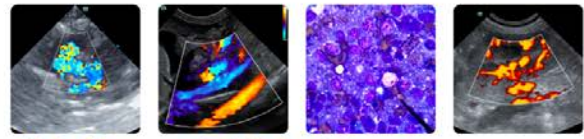
Spleen

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.



PATIENT

Ollie Callahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

12.78 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Companion Animal
 Clinic

REFERRING VET

Dr. Casita

INVOICE

74346

DATE

4/9/26

Gastrointestinal

The gastric wall is diffusely normal in thickness and layering except for approaching the pylorus, where it is focally thick, measuring 0.70 cm thick with hypoechoic appearance and loss of layering. The lumen is empty with no visible evidence of foreign material or obstruction noted in these images at this time.

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.

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

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.

PRIMARY FINDINGS

- The focal gastric wall/pyloric thickening could represent a benign infiltrative inflammatory process or infiltrative neoplasia such as round cell neoplasia, carcinoma versus other, and can't be fully differentiated without tissue sampling.

SECONDARY FINDINGS

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

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.

If the focal gastric wall thickening can safely be reached, fine needle aspirates could be considered if patient's coagulation status is appropriate. Otherwise, biopsies may be necessary for definitive diagnosis and to further guide medical management, in which case upper GI gastroscopy could be a potential option.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



PATIENT

Ollie Callahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

12.78 lbs

INTERPRETED BY

Beth Johnson, DVM
 DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Companion Animal
 Clinic

REFERRING VET

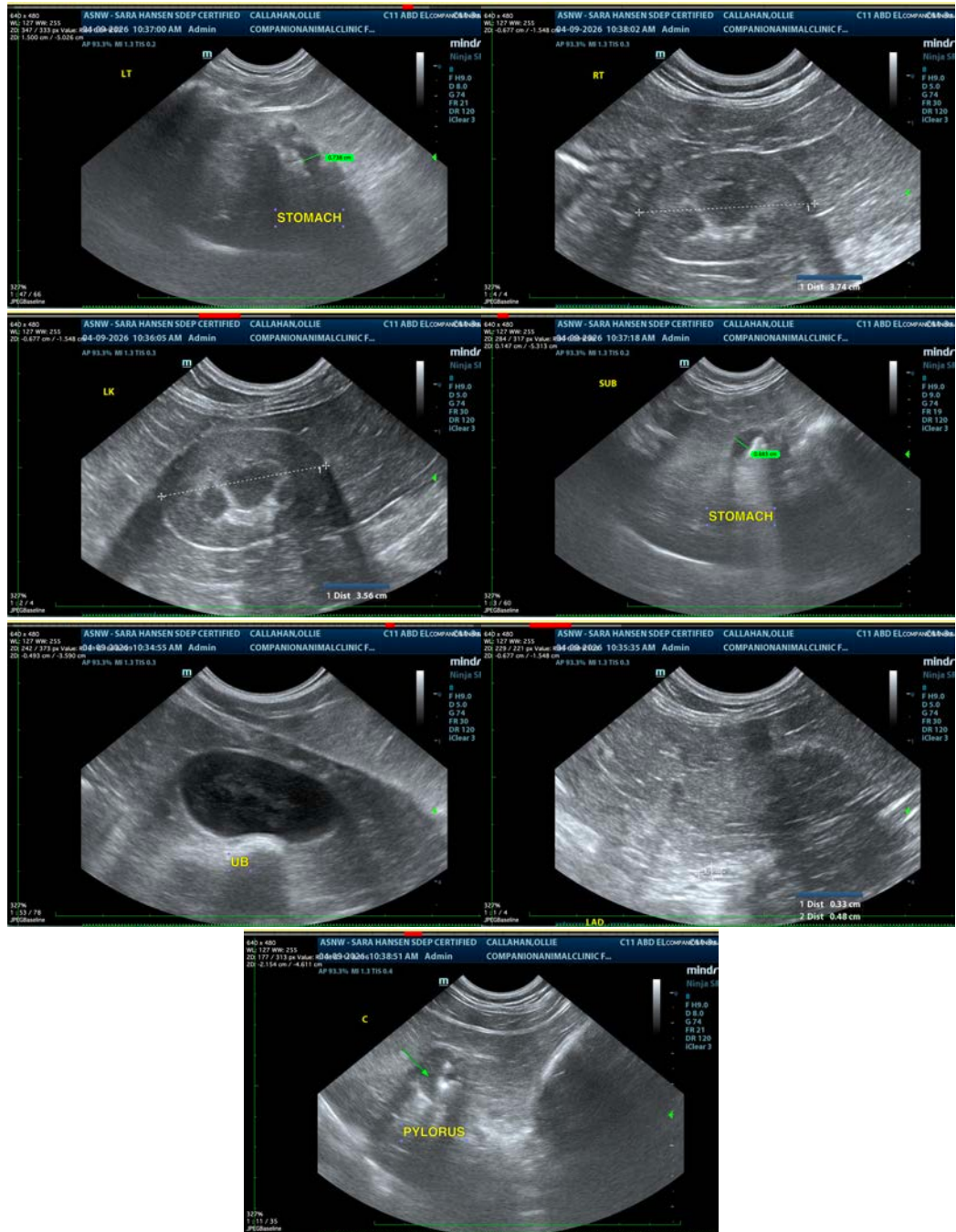
Dr. Casita

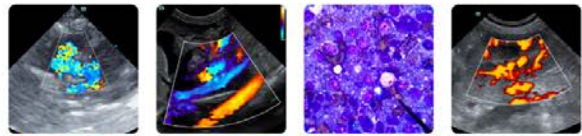
INVOICE

74346

DATE

4/9/26





PATIENT

Ollie Callahan

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

12.78 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Companion Animal
Clinic

REFERRING VET

Dr. Casita

INVOICE

74346

DATE

4/9/26

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