



## PATIENT

Odin Maddox

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

5 years 9 months

## WEIGHT

4.5 kgs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Dr. Renee Trionfetti

## HOSPITAL NAME

Country Companion  
Animal Hospital

## REFERRING VET

Dr. Amanda Wanner

## INVOICE

11966

## DATE

5/18/2026

## PRESENTING CLINICAL SIGNS

AUS to further evaluate chronic intermittent vomiting. Now with increased frequency since mid-March despite diet change and probiotics. Previous positive response to diet change. Evaluate for IBD pattern vs other ultrasonographic evidence of enteropathy/pancreatitis vs other. BW is largely unremarkable. TAMU GI panel unremarkable except mild elevation of folate (r/o SI dysbiosis vs recent folate supp.)

Meds: Fortiflora.

Diet: starting hydrolyzed diet trial.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 48%, plts 301, mild neutrophilia 10,640, remainder NSF - Chem: Alb 3.0-n, normal LES, mild hyperglycemia 176, remainder NSF - T4: 1.7-n TAMU GI panel: TLI, SpecfPL, Cobalamin all WNL. Folate 24.5 mild H (9.7-21.6)- r/o SI dysbiosis vs recent folate supp.

## 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.

The right kidney is normal in size (3.56 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 in size (3.23 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 (0.37 cm at cranial pole and 0.23 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.25 cm at cranial pole and 0.28 cm at caudal pole), 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



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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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The stomach is mildly distended and contains an echogenic interface with distal progressively shadowing material consistent with hairball density (or similar fluid absorbing material) noted. Normal ingesta and gas cannot be definitively ruled out and should be considered especially without adequate fasting prior to the ultrasound.

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.

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 gastric contents demonstrate acoustic shadowing which is concerning for possible foreign material. Having said that, this finding should be interpreted in combination with when patient last ate and/or vomited, as normal ingesta and gas can't be definitively ruled out. Recheck imaging following an additional 12-24 hours of fasting could be considered.
- The bowel changes are very mild/subtle, but emerging infiltrative bowel disease cannot be ruled out. This change can be seen with both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma, but there are no characteristics of malignancy present in these images at this time.

## SECONDARY FINDINGS

- Mild gallbladder debris – Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness, however, it can also be associated with hepatobiliary



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disease in cats and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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- Mild to moderate amount of echogenic urinary bladder debris.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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DSH

Further evaluation of the gastric contents and gastrointestinal biopsies, being sure to include ileum, if possible, via either endoscopy, or surgery could be considered. Especially if follow up imaging increases the index of suspicion for gastric foreign material.

**SEX**

MN

Otherwise, if biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, 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 with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

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Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).

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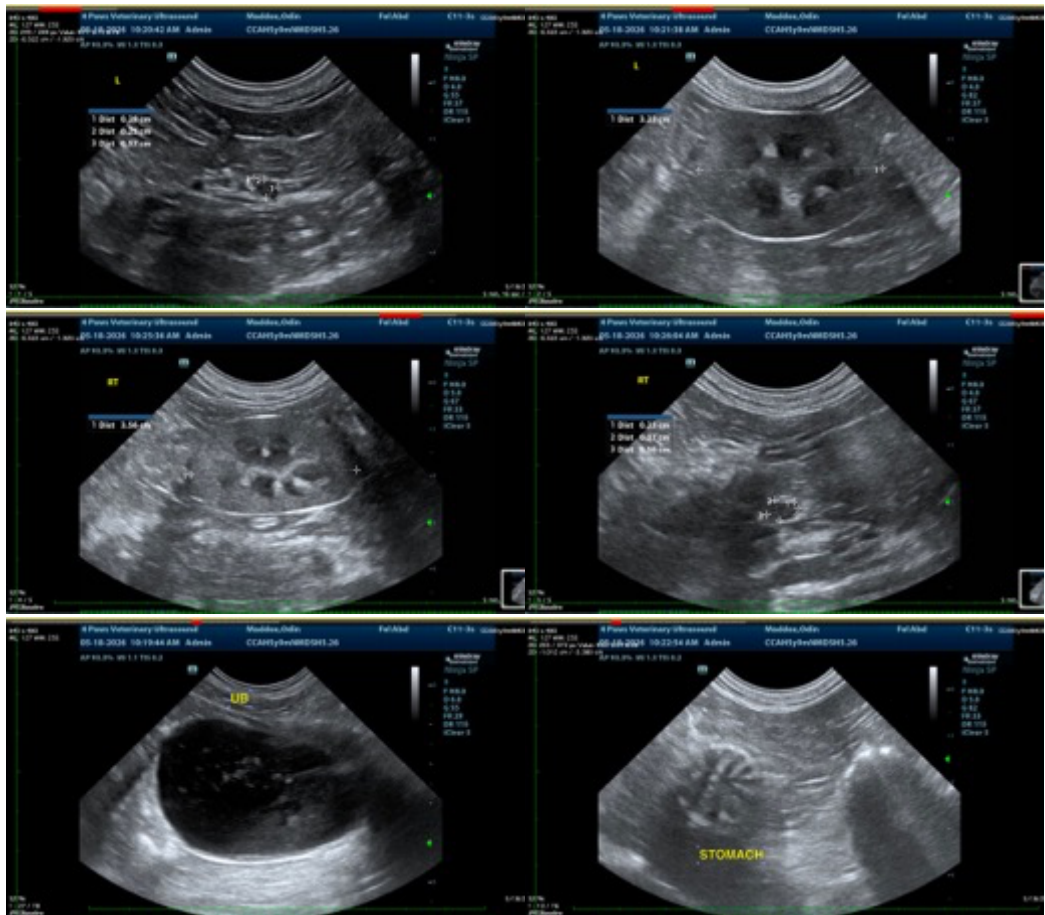
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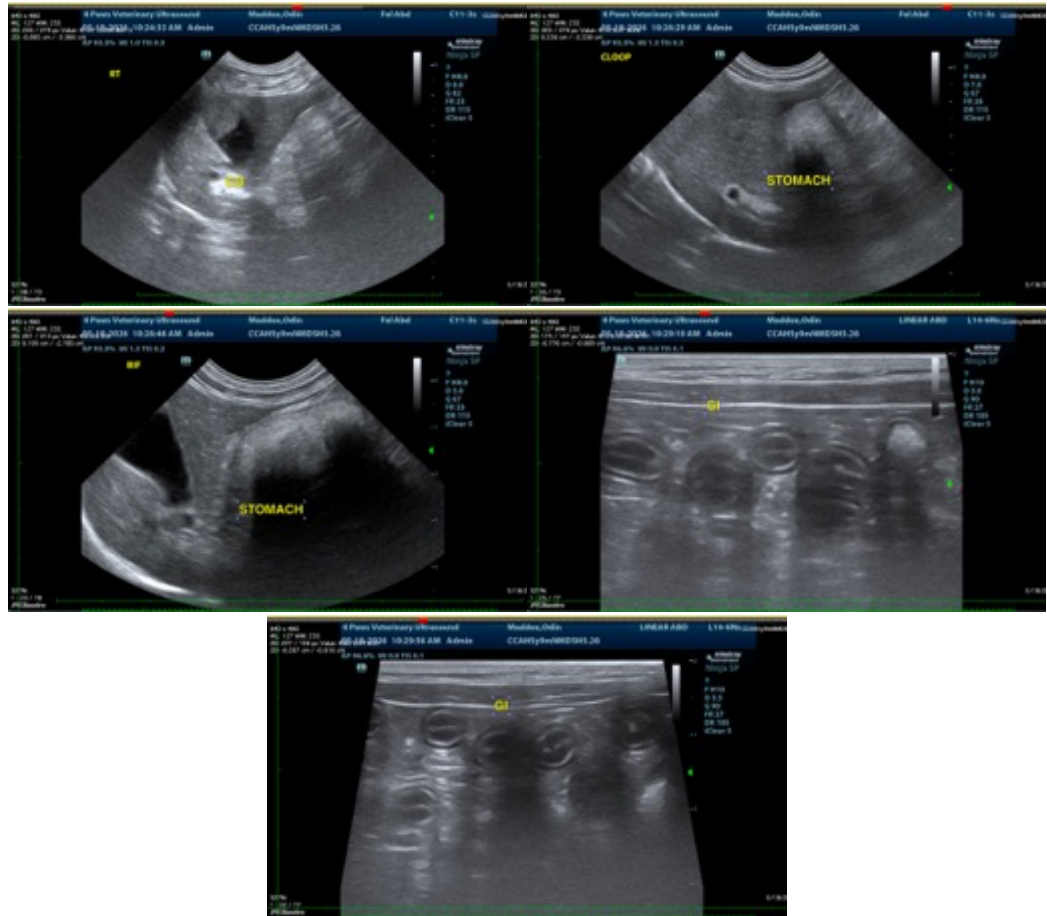
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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