**PATIENT**

Ollie Stansfield

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

13 Years 1 Month

**WEIGHT**

6.4 Pounds

**INTERPRETED BY**

Beth Johnson, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Vincent Ravancho, CVT

**HOSPITAL NAME**

Legacy AH

**REFERRING VET**

Dr. Potenzone

**INVOICE**

37133

**DATE**

5/18/26

## PRESENTING CLINICAL SIGNS

History: V+ w/weight loss.

Abnormal PE/Chem/CBC/UA Results: Nov 2025 - CBC/Chem/T4 Free T4 = WNL. Fecal negative. BNP 117, CK 618

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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.

Left kidney is normal in size (3.35 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.

Right kidney is normal in size (4.45 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*

Left adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.46 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *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. Multiple largely cystic mildly hyperechoic densities are noted throughout the liver, including an approximately 1.1 cm in diameter density in the left caudal liver, as well as a larger 1.7 cm x 2.5 cm largely anechoic density mid to right liver adjacent to the gallbladder. 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. The cystic and common bile duct appear diffusely tortuous and distended with a 0.5 cm in diameter mineral density noted in one image that could be causing some degree of obstruction. The exact location of the mineral is difficult to fully determine.

### *Gastrointestinal*

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of moderate to severely 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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.

## ULTRASONOGRAPHIC FINDINGS

- Moderate inflammatory bowel disease 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 finding may be in part normal patient variant in a senior cat, but given the vomiting and weight loss, this is likely contributing, if not fully, at least partially to the clinical signs.
- Suspect biliary cystadenomas- In a senior cat, these liver lesions are most consistent with multiple benign biliary cystadenomas. Malignancy cannot be ruled out but is considered less likely give lack of clinical signs and/or laboratory changes.
- Concurrent chronic low grade smoldering cholangitis with cholelithiasis, contributing to patient's clinical signs, can't be ruled out. Some degree of obstruction, either partially, if not full, from a cholecystolith within the cystic or common bile duct is also possible. Incidental or residual changes, however, can occur, therefore this finding should be interpreted in combination with clinical signs, such as cranial abdominal pain, laboratory changes, etc.
- Age-related pancreatic remodeling - Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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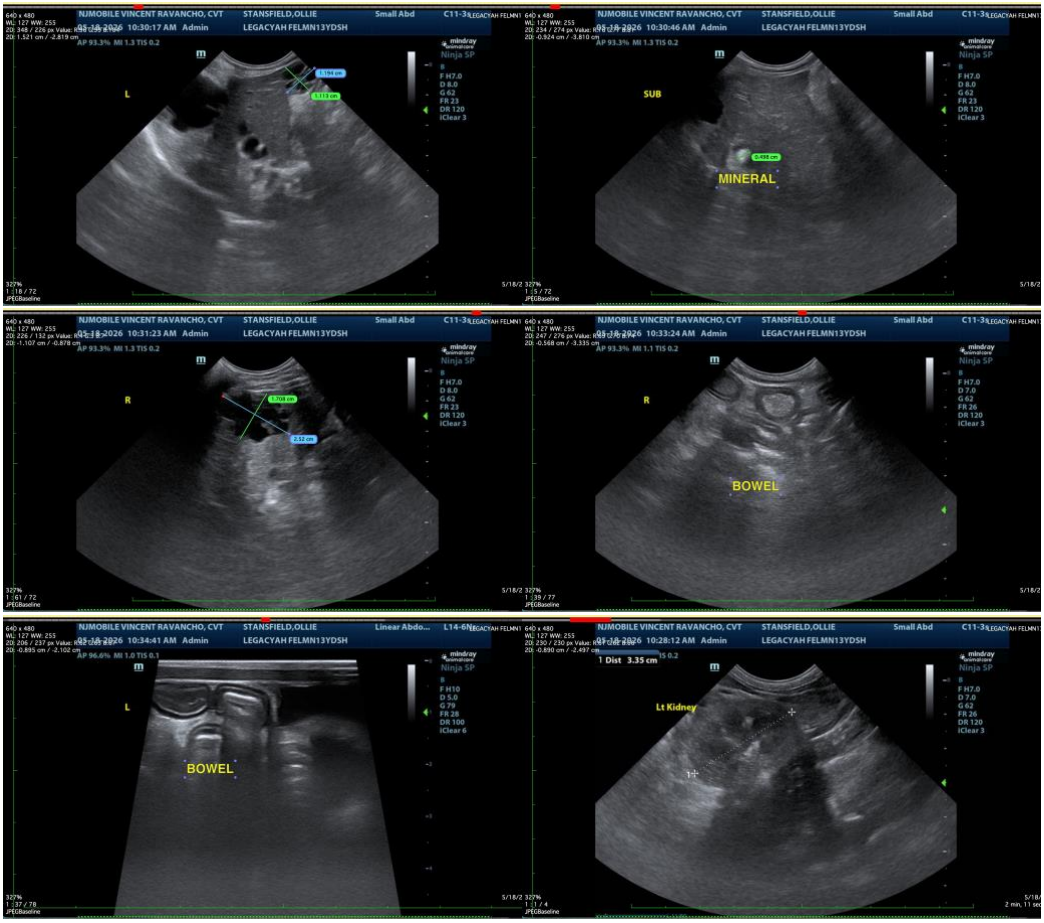
If not recently evaluated, a general metabolic health screen (CBC, chemistry panel with electrolytes and urinalysis) is recommended.

T4 +/- free T4 is also 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.

Pending results of above evaluation, ultimately biopsies of the GI tract, being sure to include ileum, if possible, may be necessary for a definitive diagnosis and to further guide medical management.

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



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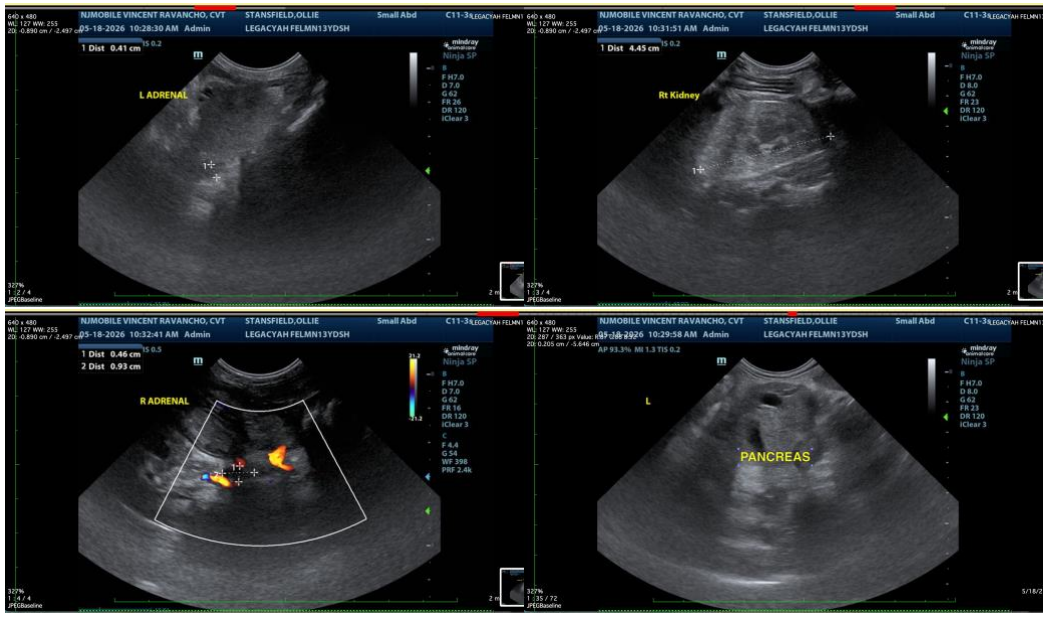


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**

info@sonopath.com