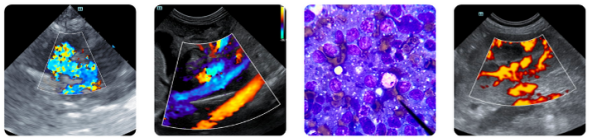


PATIENT

Cassie Andrews

SPECIES

Feline

BREED

Somali

SEX

FS

AGE

12 years 2 months

WEIGHT

5.4 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

11983

DATE

5/19/2026

PRESENTING CLINICAL SIGNS

Previous problem list: Low Folate Resolved, slightly elevated Cardiopet BNP resolved, previous hx of Feline lymphoplasmacytic Gingivitis resolved, previous Hx allergic dermatitis under control, previous hx of Chronic diarrhea Under control, previous Hx of Idiopathic Hyper Ca resolved, previous Hx of occasional UTI's, idiopathic cystitis.

Assessment/DDX: Chronic Increased Spec fPl ,chronic low-grade smoldering pancreatitis, mild inflammatory bowel disease (IBD) pattern – mild chronic kidney disease changes with bilateral medullary rim sign, mild intermittent limping noted by owner RF last 2 months, Limp has improved. R/C AUS.

Abnormal PE/Chem/CBC/UA Results: X-ray Study: 1. Bilateral mild elbow arthritis. 2. Unremarkable right and left shoulder, carpus and foot. 3. Unremarkable pelvis and right/left stifle. 4. Mild arthritis of the tarsus bilaterally. 5. Mild cardiomegaly likely secondary to hypertrophic cardiomyopathy. Other forms of cardiomyopathy cannot be ruled out. There is no evidence of heart failure. 6. Mild feline asthma. 7. It should be confirmed this patient can urinate normally. The abdomen is otherwise unremarkable.

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 irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. A hyperechoic band parallel to the corticomedullary border is present bilaterally. Left kidney is small/normal in size and measures 3.5 cm. The right kidney is normal in size and measures 3.7 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.5 cm at cranial pole and 0.4 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

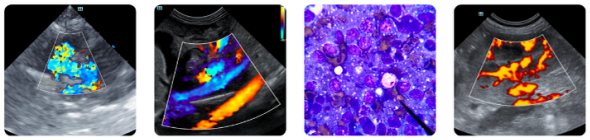
The left adrenal gland is normal in size (0.4 cm at cranial pole and 0.2 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal



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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 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.

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

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted. In some views there appears to be a subtly scalloped, almost nodular appearance.

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 bilateral chronic kidney disease changes with bilateral medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
- Hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Concurrent chronic low grade smoldering pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs. Additionally, pancreatic nodular hyperplasia or less likely infiltrative neoplasia cannot be definitively ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of this ultrasound is largely as expected, given patient's history. Based on the reportedly controlled medical history, additional recommendations are not indicated at this time.

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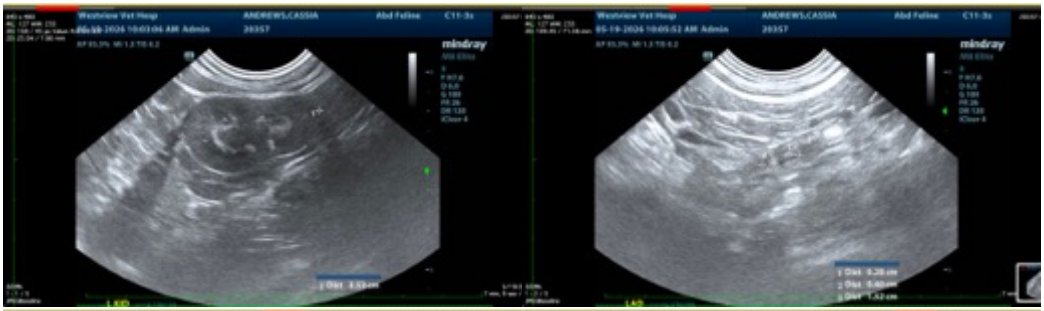

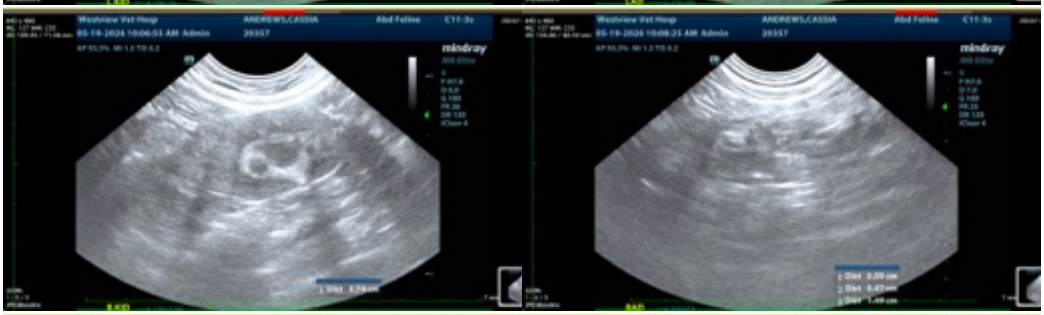

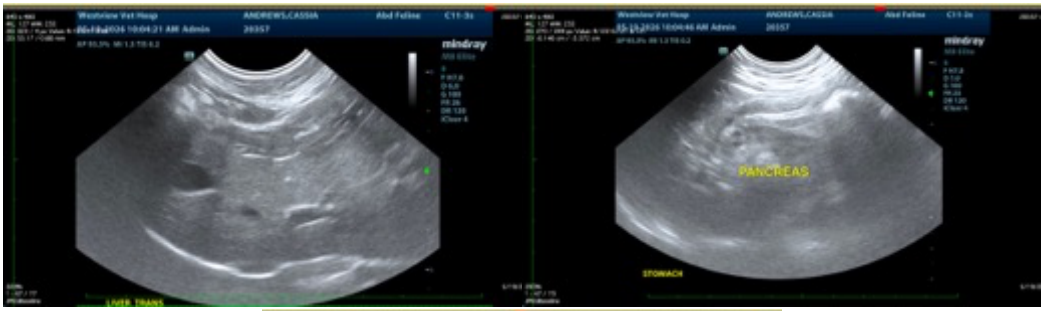

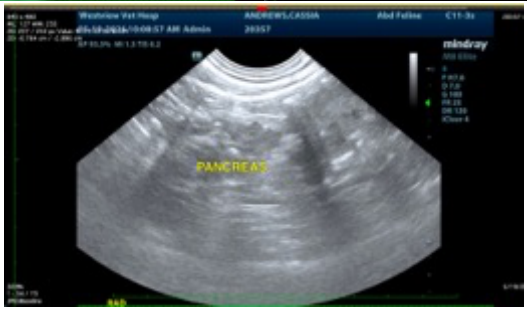

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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