



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Zane Allen	Came back still V/D prev u/s 5/5 and 5/8
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b><i>Urinary System</i></b>
<b>BREED</b>	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.
Singapura	<b><i>Kidneys</i></b>
<b>SEX</b>	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 3.65 cm. Right kidney measured 3.62 cm.
Neutered Male	<b><i>Adrenal Glands</i></b>
<b>AGE</b>	The areas of the adrenal glands are examined without evident adrenal gland pathology.
13	<b><i>Spleen</i></b>
<b>WEIGHT</b>	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.
10.3	<b><i>Liver</i></b>
<b>INTERPRETED BY</b>	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.
Beth Johnson, DVM DACVIM	<b><i>Gallbladder</i></b>
<b>IMAGING PERFORMED BY</b>	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.
Jenn	<b><i>Gastrointestinal</i></b>
<b>HOSPITAL NAME</b>	The visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. There is no evidence of obstruction, foreign material, or infiltrative disease. Pyloric outflow tract appears patent.
Rockaway Animal Hospital	<b><i>Bowel</i></b>
<b>REFERRING VET</b>	The bowel in the cranial abdomen that can be visualized is 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. *Full bowel evaluation throughout the mid and caudal abdomen is not possible in these images.
Dr. Maniar	<b><i>Colon</i></b>
<b>INVOICE</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
75278	
<b>DATE</b>	
5/20/26	



**PATIENT**

Zane Allen

**SPECIES**

Feline

**BREED**

Singapura

**SEX**

Neutered Male

**AGE**

13

**WEIGHT**

10.3

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital

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**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 images, subtle but multifocal hypoechoic nodules are suspected throughout the pancreas.

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

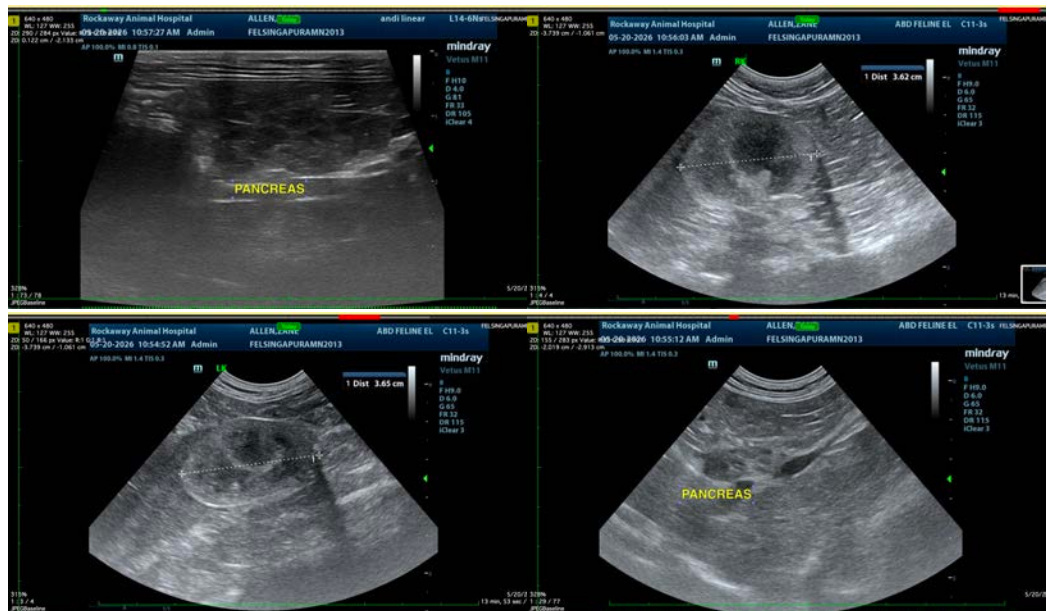
There is no apparent pathologic lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic low-grade smoldering pancreatitis can't be ruled out. The nodules are most consistent in appearance with a benign process such as pancreatic nodular hyperplasia, although infiltrative neoplasia can't be definitively ruled out without tissue sampling.
- Mild to moderate age related kidney changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommendations are largely dependent on what previous diagnostics have been done following the previous two studies, the results of those diagnostics, etc. Having said that, additionally fine needle aspirates of the pancreas could be considered if patient's coagulation status is appropriate.





## PATIENT

Zane Allen

## SPECIES

Feline

## BREED

Singapura

## SEX

Neutered Male

## AGE

13

## WEIGHT

10.3

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jenn

## HOSPITAL NAME

Rockaway Animal  
Hospital

## REFERRING VET

Dr. Maniar

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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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