



PATIENT

Astrid Williams

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

6.9 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Harmony Animal
Hospital

REFERRING VET

Dr. Gruber

INVOICE

75511

DATE

5/28/26

PRESENTING CLINICAL SIGNS

Hx of regurg. , chronic intermittent V. R/O IBD vs GI dz vs neoplasia. BCS 3/9. Current Meds: Prednisolone 5mg PO Q24h, B12 inj.

Abnormal PE/Chem/CBC/UA Results: PLT 63k; Hct 52.8; TBili 1.0; TP 11; Glob 7.2; UA: Protein 500; BLD 250; RBC 20-30; USG: 1.038

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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. Left kidney is small-normal at 3.4 cm. Right kidney is small at 3.2 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.30 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.40 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

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 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. The cystic and common bile duct are subjectively diffusely tortuous in appearance without obvious distention noted.

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 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,



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Feline	<i>Pancreas</i>
BREED	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.
DSH	
SEX	<i>Free Abdomen</i>
Spayed Female	There is no visible free peritoneal effusion noted in these images.
AGE	Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
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Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> • Mild/emerging inflammatory bowel disease (IBD) 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. <i>*This change is very mild/subtle and could be in part normal patient variant in a senior cat.</i> • Mildly reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. • Mild/subtle bilateral chronic kidney disease changes. • The biliary changes are subtle and can be normal variant in a senior cat or even related to previous episodes of cholangitis, although chronic low-grade smoldering cholangitis, pancreatitis/“Triaditis” can’t be ruled out.
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75511	<p>If not recently evaluated, a T4 +/- free T4 is recommended.</p> <p>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.</p> <p>Fine needle aspirates of the liver could be considered if patient’s coagulation status is appropriate.</p> <p>Further evaluation of the reported hyperglobulinemia via electrophoresis could be considered.</p>
DATE	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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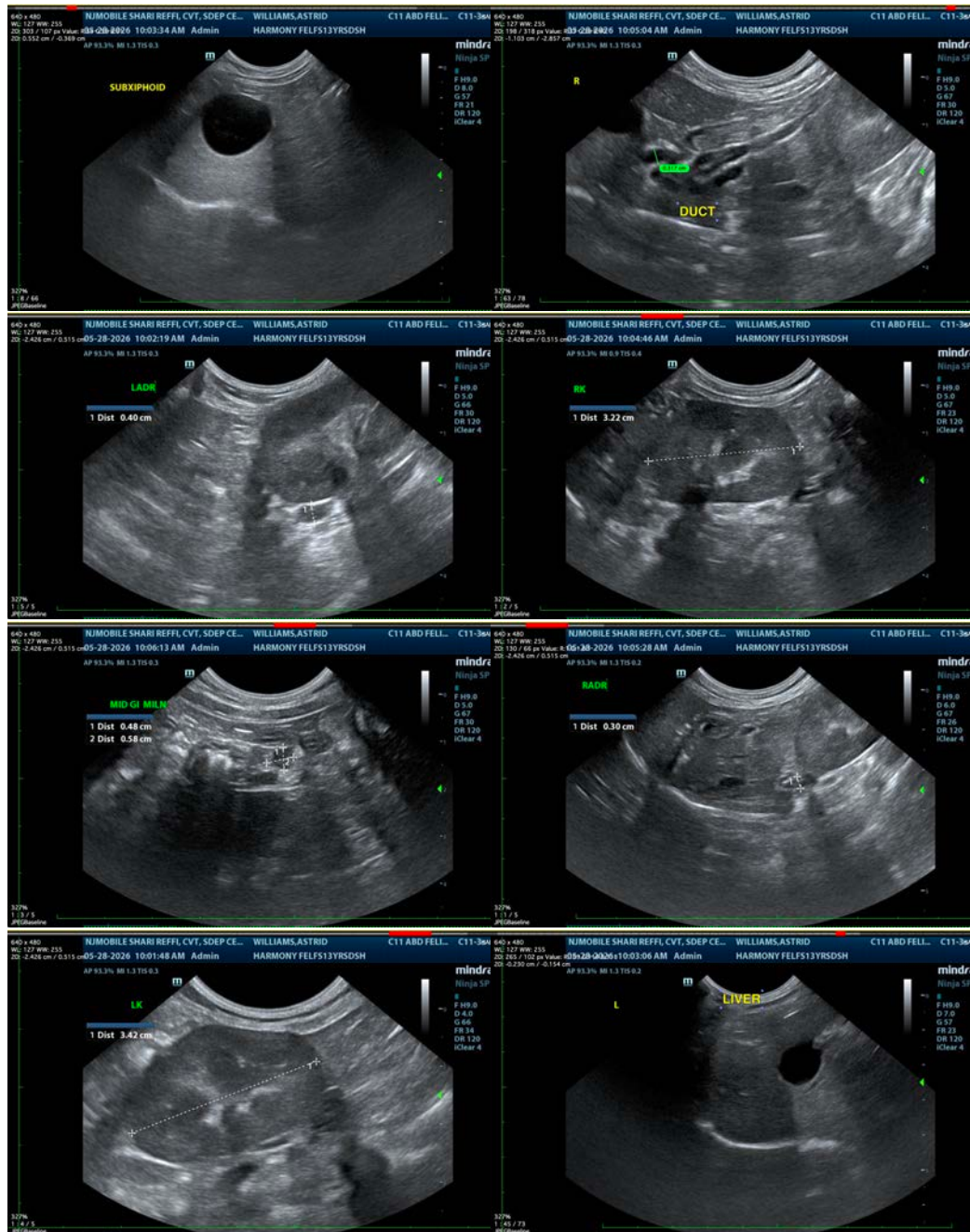
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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