



PATIENT

Toki Myers

SPECIES

Feline

BREED

Bermese

SEX

Neutered Male

AGE

11 Years 8 Months

WEIGHT

4.34 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Brian Barnes

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Brian Barnes

INVOICE

74957

DATE

5/5/26

PRESENTING CLINICAL SIGNS

Assessment/DDX: last AU

1) Non regenerative anemia 2) Weight loss 3) Gastric wall thickening Neoplastic vs other 4) Moderate IBD pattern Neoplastic vs inflammatory 5) Moderate reactive cranial abdominal gastric LN 6) Pancreatitis 7) Constipation 8) Non obstructive Nephrolithiasis. 9) Multiple punctate cortical renal cyst bilaterally 10) Age related renal changes 10) Fractious nature Sept 16, 2025 Upper GI flex Bx 1. Stomach mucosa: Round cell neoplasm. Mitotic count (per 2.37 sq mm): Less than one. Histologic tumor-free margins: Not applicable; submitted in fragments. Vascular invasion: Not present 2. Gastric cardia: Gastritis, lymphoplasmacytic and eosinophilic, mild, with fibrosis 3. Small intestine: Enteritis, lymphoplasmacytic and eosinophilic, mild, with exocytosis

Abnormal PE/Chem/CBC/UA Results: Toki is continuing to do well, Only occasional vomiting Weight is good Energy is good Going outside.

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 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 infarcts observed. Left kidney measures 3.97 cm with trace pyelectasia and multiple small cortical cysts. Right kidney measures 4.42 cm with punctate non-obstructive nephroliths noted, as are multiple small cortical cysts.

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.48 cm at cranial pole and 0.48 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

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.

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.



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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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. 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.

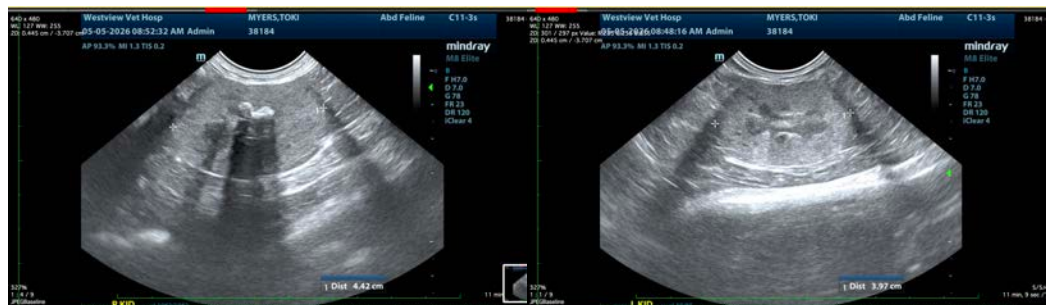
There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic age-related remodeling/Chronic pancreatitis – 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.
- Moderate age related kidney changes with trace pyelectasia in the left kidney, punctate non-obstructive nephroliths in the right kidney, and bilateral cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely improved study compared to the previous exam, with no ultrasonographically visible evidence of gastric and/or infiltrative bowel disease noted in these images at this time. Therefore, continued medical management, monitoring, etc. (as is reportedly already in place) is recommended.





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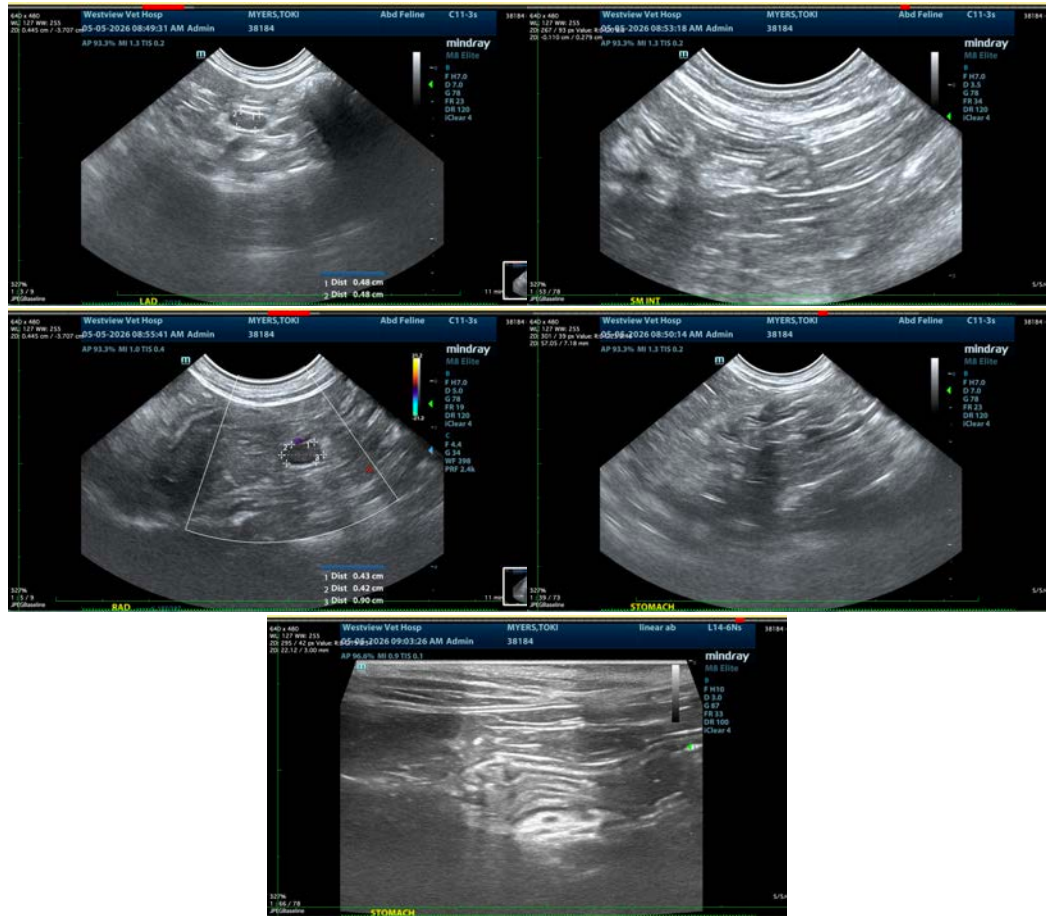
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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