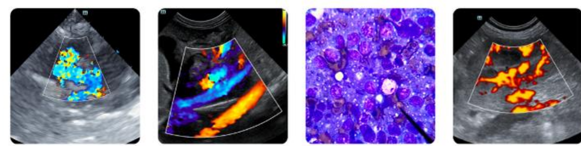


PATIENT
Coco Millington

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13yr

WEIGHT
4.46kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Village Cat Clinic

REFERRING VET
Weir

INVOICE
24991

DATE
06/01/2026

PRESENTING CLINICAL SIGNS

2 kg weight loss since last visit

Current Medications 50 mg Gabapentin twice daily for idiopathic cystitis

Abnormal PE/Chem/CBC/UA Results: labs attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
Urinary bladder is moderately 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 normal in size, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands
Right adrenal gland is normal in size (0.38 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (0.4 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen
Spleen is subjectively large in size with normal smooth margins. Parenchyma is normal in echogenicity. No focal nodules or masses are observed. Splenic vasculature appears normal. The spleen measured 1.2 cm thick at the hilus.

Liver
The liver is subjectively small in size with slightly undulating or scalloped capsular contour or margins. Parenchyma is diffusely heterogeneous and mildly coarse with multiple dilated anechoic tubular structures running throughout the parenchyma, some of these structures contain faint echogenic debris within the suspected fluid.

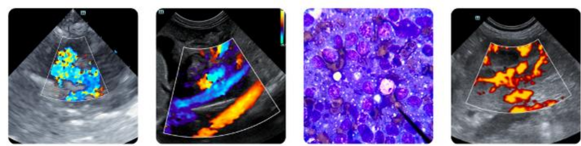
Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. The cystic and common bile duct are subjectively diffusely tortuous and distended in size.

Gastrointestinal
The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 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 empty with no evidence of obstruction or foreign material.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE
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289.808.2608

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Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

- 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.
- Splenomegaly can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
- The hepatobiliary changes could represent chronic low-grade smoldering cholangitis /cholangiohepatitis with benign bacterial lymphoplasmacytic potentially some degree of hepatic lipidosis, other infectious or inflammatory hepatopathies all being differentials with infiltrative neoplasia unable to be definitively ruled out without tissue sampling. While the dilated tubular structures are consistent in appearance with dilated intrahepatic biliary system, tortuous dilated vessels even acquired shunts cannot be definitively ruled out.
- Mild bilateral chronic kidney disease changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Given patients reported weight loss a T4 +/- free T4 is recommended if not recently evaluated.
2. 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.
3. FNA of the spleen +/- liver could be considered if patient's coagulation status is appropriate. Bile acids are recommended if patient's TBIL is not increased. Ultimately however pending results of above, biopsies of the GI tract being sure to include ileum if possible as well as liver +/- spleen may be necessary for a definitive diagnosis and to further guide medical management.
4. In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

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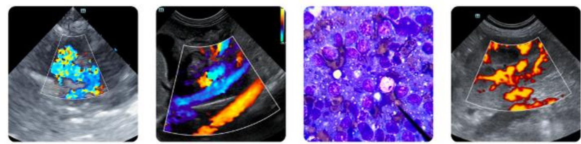

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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