



**PATIENT**

Ivan Macdonald

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

1.5 Years

**WEIGHT**

10.6 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Santa Clara Animal  
Hospital

**REFERRING VET**

Dr. Maki

**INVOICE**

75595

**DATE**

6/2/26

**PRESENTING CLINICAL SIGNS**

Ivan has had intermittent vomiting for the last year. Ivan's gastrointestinal signs have been present for about one year. Client eliminated ingredients from the diet and noted improvement with chicken was eliminated. Subsequently diet was changed to an OTC hydrolyzed protein. His symptoms were well-controlled on hydrolyzed diet for a couple months with only occasional vomiting (once weekly),

ABNORMAL Labwork Values: Chem/CBC are WNL. Current Medications: Cerenia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The 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 3.3 cm. Right kidney is small-normal at 3.6 cm.

**Adrenal Glands**

The right adrenal gland is normal in size (0.55 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 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**

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.

**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.



<b>PATIENT</b>	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.
Ivan Macdonald	
<b>SPECIES</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Feline	
<b>BREED</b>	<b>Pancreas</b>
DSH	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.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	There is no visible free peritoneal effusion noted in these images.
<b>AGE</b>	There is no apparent pathologic lymphadenopathy noted in these images.
1.5 Years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
10.6 lbs	<ul style="list-style-type: none"> <li>Mild to moderate chronic kidney disease changes.</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Beth Johnson, DVM DACVIM	If not recently evaluated, a full general metabolic health screen including urinalysis is recommended.
<b>IMAGING PERFORMED BY</b>	A largely unremarkable appearing gastrointestinal tract does not rule out emerging bowel disease including inflammatory bowel disease or dietary indiscretion, etc. Therefore, additionally 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.
Sara Hansen	A routine fecal/giardia exam is recommended if not recently evaluated.
<b>HOSPITAL NAME</b>	In the meantime, empirical deworming with a 5-day course of Panacur is recommended.
Santa Clara Animal Hospital	Pending addition to any supportive/symptomatic medical management of clinical signs, if tolerated, a transition in diet is recommended, based on trial-and-error response.
<b>REFERRING VET</b>	Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.
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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](mailto:info@sonopath.com)