



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Shadow Christman	Chronic diarrhea, pancreatitis (chronic), weight loss. Methimazole 5mg 1/2 SID Abnormal PE/Chem/CBC/UA Results: WNL
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</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.
DSH	
<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 3.08 cm. Right kidney measured 3.14 cm.
Spayed Female	
<b>AGE</b>	<b>Adrenal Glands</b>
17 Years	The right adrenal gland is normal in size (0.18 cm at cranial pole and 0.37 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>WEIGHT</b>	The left adrenal gland is normal in size (0.28 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
7.5 lbs	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Beth Johnson, DVM DACVIM	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Chloe Lowe, CVT	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.
<b>HOSPITAL NAME</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.
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<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Coburn	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>INVOICE</b>	The visible small intestine demonstrates areas of moderately 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.
75609	
<b>DATE</b>	
6/2/26	



**PATIENT**

Shadow Christman

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

***Pancreas***

**SPECIES**

Feline

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.

**BREED**

DSH

***Free Abdomen***

**SEX**

Spayed Female

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

There is no apparent pathologic lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

**AGE**

17 Years

- Moderate 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.

**WEIGHT**

7.5 lbs

**SECONDARY FINDINGS**

- Mild to moderate age related kidney changes.

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

- 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.

- A fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

**HOSPITAL NAME**

Barton Heights  
 Veterinary Hospital

- Additionally, a routine fecal/giardia exam is recommended if not recently evaluated.

- Ideally, biopsies of the GI tract, being sure to include ileum if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

**REFERRING VET**

Dr. Coburn

- If biopsies cannot be obtained, empirical therapies could include a probiotic (if diarrhea is present, such as visbiome or proviable), empirical deworming with a 5-day course of Panacur and, if tolerated, a transition in diet, based on trial-and-error response, beginning with a hydrolyzed protein diet. Some patients respond to one brand/version of a hydrolyzed protein diet better than another brand, so several trials may be required.

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- Additional considerations could include cobalamin supplementation (unless cobalamin level is evaluated and supplementation is not warranted) and prednisolone (if not contraindicated based on patient contraindications, co-morbidities, etc.).



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Shadow Christman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

17 Years

**WEIGHT**

7.5 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Chloe Lowe, CVT

**HOSPITAL NAME**

Barton Heights  
 Veterinary Hospital

**REFERRING VET**

Dr. Coburn

**INVOICE**

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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