



PATIENT	PRESENTING CLINICAL SIGNS
Sassy Saito	O said p hasnt wanted to eat or drink over the past 72 hours now. Not urinating today but had lot of urine output yesterday. P is mostly inside but will go out side for a few hours at a time but not overnight.
SPECIES	Exam notes: Mentation/Behavior- QAR, lethargic Hydration - 3-5% dehydrated, tacky MM BCS- 5/9
Feline	Eyes - Clean and clear, no lacrimation or conjunctivitis Ears- Clean- no debris or erythema
BREED	Mouth/Teeth/Gums- MM icteric, tacky Cardiovascular- normal rate and rhythm. No Murmur. Strong synchronous pulses. Respiratory/Thorax- Normal Bronchovesicular sounds bilaterally. Eupneic No coughing/sneezing. Abdomen/Gastrointestinal- Mild pain on abdominal palpation. No organomegaly or obvious masses. Integument- Clean hair, no ectoparasites or lesions. Lymphatic- No external lymphadenopathy Musculoskeletal- Ambulatory on all limbs. Normal range of motion. Moderate atrophy affecting epaxial and gluteal muscles.
Domestic Shorthair	
SEX	Abnormal PE/Chem/CBC/UA Results: Reid Vet Diagnostics 6/4/26: CBC: HCT 44.4 (N), WBC 12.65 (N), Neut 10.46 (H), Lymph 0.43 (L)- stress leukogram, Mono 0.44 (N), Plt 150 (L) Chem: SDMA 39 (H), Creat 1.4 (N), BUN 25 (N), Phos 2.8 (L), ALT 7,447 (H- 1:10 dilution), T.bili 5.6 (H), Cholest 255 (H), cPL: 13.2 (H) Epoc: Potassium 3.5 L Calcium, ionized 1.09 L Lactate 9.53 H BUN 34 H Glucose 237 H PCV/TS PCV: 39 T.S.: 6
Spayed Female	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
11	Urinary System
WEIGHT	Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can 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.
2.8 kg	
INTERPRETED BY	Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Pinpoint non-obstructive mineral densities are noted bilaterally. Left kidney is normal in size at 4.1 cm. Right kidney is small at 3.4 cm.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Adrenal Glands
Dr. Burns	The area of the adrenal glands are examined without evident adrenal gland pathology.
HOSPITAL NAME	Spleen
Wilvet Salem	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.
REFERRING VET	Liver
Dr. Burns	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.
INVOICE	
75688	
DATE	
6/4/26	



PATIENT

Sassy Saito

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

SPECIES

Feline

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is moderately to markedly distended with fluid and some subtle echogenic, non-shadowing contents consistent with residual chyme. There is no definitively visible evidence of foreign material, infiltrative disease, or other obstructive cause present in these images at this time. The pylorus appears patent.

BREED

Domestic Shorthair

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.

SEX

Spayed Female

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

AGE

11

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted.

WEIGHT

2.8 kg

Free Abdomen

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is a mild to moderate amount of free fluid noted in these images, primarily in the cranial abdomen between liver lobes.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Burns

- The liver changes are non-specific but concerning for a microscopic hepatopathy, with differentials include a benign process such as hepatic lipidosis, endocrine hepatopathy, bacterial or lymphoplasmacytic cholangiohepatitis, other, as well as infiltrative disease such as amyloidosis, round cell neoplasia, etc., which can't be ruled out without tissue sampling.
- The mild to moderate amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Concurrent chronic low-grade smoldering pancreatitis can't be ruled out.
- Mild bilateral chronic kidney disease changes with pinpoint non-obstructive nephroliths bilaterally and a moderate to large amount of echogenic urinary bladder debris.

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Burns

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.



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Domestic Shorthair

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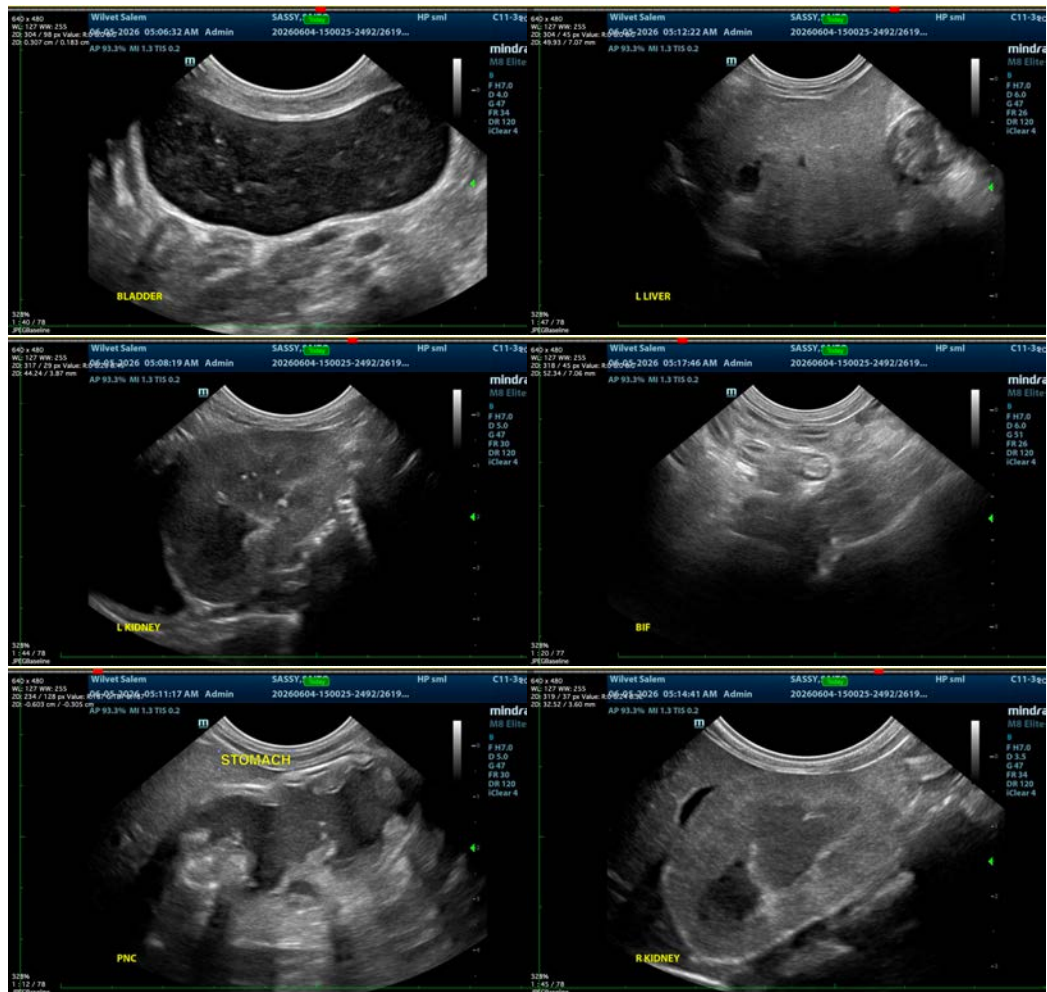
A T4 +/- free T4 is recommended.

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.

Fine needle aspirates of the liver as well as sampling of the free abdominal fluid are recommended if patient's coagulation status is appropriate.

Pending results of that workup, comprehensive infectious disease evaluation based on geographic exposures could be considered.

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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SPECIES

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Domestic Shorthair

SEX

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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