



PATIENT	PRESENTING CLINICAL SIGNS
Zazzy Elkins	History: rapid weight loss over the last few months, good appetite, normal TT4 Abnormal PE/Chem/CBC/UA Results: loss of muscle mass generalized,
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System 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.
BREED	
DSH	
SEX	Kidneys are overall normal in size (left 3.2 cm) (right 3.2 cm) 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. Pinpoint nonobstructive nephroliths are noted bilaterally. There is no evidence of pyelectasia or infarcts observed.
Female Spayed	
AGE	Adrenal Glands The area of the left adrenal gland is examined without evident adrenal gland pathology, but it is difficult to fully visualize/isolate for measurement.
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WEIGHT	The right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
8.8	
INTERPRETED BY	Spleen Spleen is subjectively large in size (1.1 cm in thickness at the level of the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Liver 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.
Brita Kiffney	
HOSPITAL NAME	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.
Northshore VH	
REFERRING VET	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.
Brita Kiffney	
INVOICE	The visible small intestine demonstrates areas of mildly 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.
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DATE	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
6-5-26	



PATIENT	Pancreas 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.
Zazzy Elkins	
SPECIES	Lymph Nodes Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.
Feline	
BREED	Free Abdomen There is no visible free peritoneal effusion noted in these images. There is no apparent pathologic lymphadenopathy noted in these images.
DSH	
SEX	ULTRASONOGRAPHIC FINDINGS
Female Spayed	Primary Findings
AGE	<ul style="list-style-type: none"> • Mild 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, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling. This finding may be in part normal patient variant in a senior cat. Concurrent chronic low-grade smoldering pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs. • Mildly- to moderately reactive mesenteric lymph nodes – Infiltrative neoplastic disease cannot be ruled out but is considered less likely. • 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, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.
14	
WEIGHT	
8.8	
INTERPRETED BY	
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Secondary Findings
Brita Kiffney	<ul style="list-style-type: none"> • Age-related kidney changes with pinpoint nonobstructive nephroliths bilaterally
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Northshore VH	<ul style="list-style-type: none"> • The bowel changes described above are subtle/mild, but given patient's reported weight loss in the face of polyphagia, maldigestion and/or malabsorption is a differential. Therefore, 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 spleen +/- mesenteric lymph nodes (if they can safely be reached) can be considered if patient's coagulation status is appropriate • A repeat fecal/Giardia examination is recommended (if not recently evaluated). • Ultimately, pending results of above, biopsies of the GI tract (being sure to include ileum if possible) may be necessary for a definitive diagnosis and to further guide medical management.
REFERRING VET	
Brita Kiffney	
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PATIENT

Zazzy Elkins

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14

WEIGHT

8.8

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Brita Kiffney

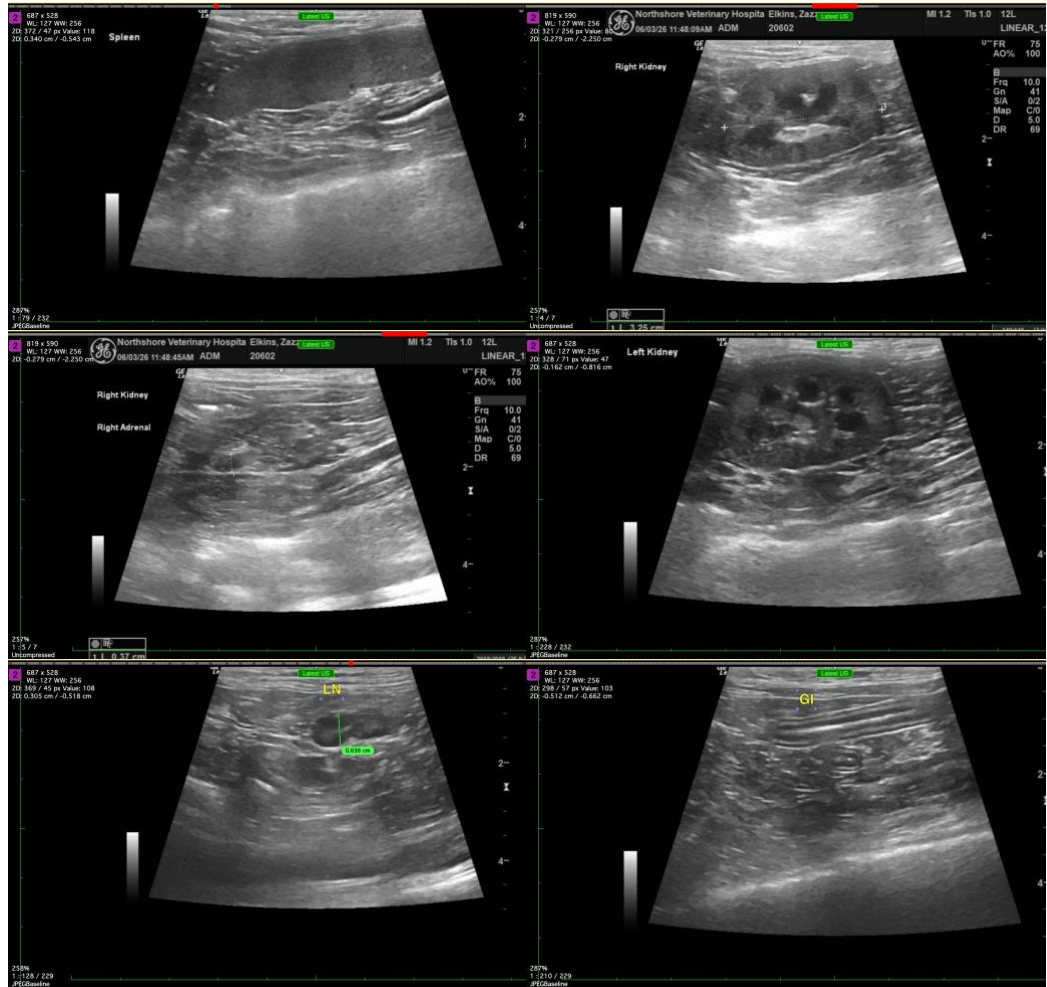
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- Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



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.

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