

## PATIENT

Siam Picker

## SPECIES

Feline

## BREED

Siamese

## SEX

MN

## AGE

13 years

## WEIGHT

10.5 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

Animal Clinic of Penn  
Valley

## REFERRING VET

N/a

## INVOICE

11068

## DATE

1/7/2026

## PRESENTING CLINICAL SIGNS

Siam" is a 13 Y.O male neutered Siamese belonging to Nancy Picker. Siam has hx of methimazole 2.5 mg BID for recent mild hyperthyroidism and (long ago) teeth extractions caudal to canines for stomatitis . Siam presented to an emergency clinic on 1/1/26 for lethargy, anorexia and vomiting. He also appeared polydipsic. He was febrile at 104.7F and had lost 0.5# (10.5#) since he was last at our clinic (11#). Globulins were elevated at 5.1 (2.8-4.8) and glucose was 231 (70-130); no PSL on that panel. Past panels he was normal/doesn't usually have stress hyperglycemia; a recheck spot check later was 213. Other chems WNL and CBC had very mild neutrophilia/lymphopenia. Symptomatic care was given but he continued to be lethargic and some vomiting and anorexia. Recheck blood showed increased PSL 128 (8-26), glucose 192 (64-170), temperature normal, more weight loss to 10.1# despite some force feeding, BR- 4.8 (0.1-0.4) and jaundiced skin. HCT mild anemic at 27% (29-48%) and creat at high end 2.0 (0.6-2.4)/SDMA 19 (<15). Concern was for pancreatitis/cholangitis vs mass- Xrays showed mild peritoneal effusion but no mass visible (AI rapid review).

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

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. Left kidney measures 4.1 cm, and the right kidney measures 4.3 cm.

### Adrenal Glands

The right adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

Spleen is subjectively large in size (1.4 cm thick at the hilus) with normal smooth margins. Parenchyma is normal in echogenicity with a diffusely coarse/heterogenous echotexture. No discrete sizable focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

Liver is subjectively enlarged (swollen contour). Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is diffusely mildly thick, irregular and echogenic with a prominent wall extending throughout the bile duct, all the way to the duodenal papillae without visible pathologic distension noted in these images at this time.

### Gastrointestinal



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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.

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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.

**BREED**

Siamese

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

**SEX**

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**Pancreas**

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat is noted.

**AGE**

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**Free Abdomen**

There is a trace amount of anechoic free fluid in these images.

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Pancreaticoduodenal 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.

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**ULTRASONOGRAPHIC FINDINGS**

- Suspect moderate to severe acute pancreatitis.
- Concurrent cholangitis/cholangiohepatitis is suspected with infiltrative disease including potentially infiltrative neoplasia affecting the liver as well as the pancreas thought less likely, but unable to be definitively rule out.
- 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.
- Coarse 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.
- Mild chronic kidney disease changes.
- Mildly reactive pancreaticoduodenal lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.



**PATIENT**

A urinalysis is recommended if not recently evaluated.

Siam Picker

Fine needle aspirates of the liver and spleen +/- pancreas are recommended if patient's coagulation status is appropriate.

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Feline

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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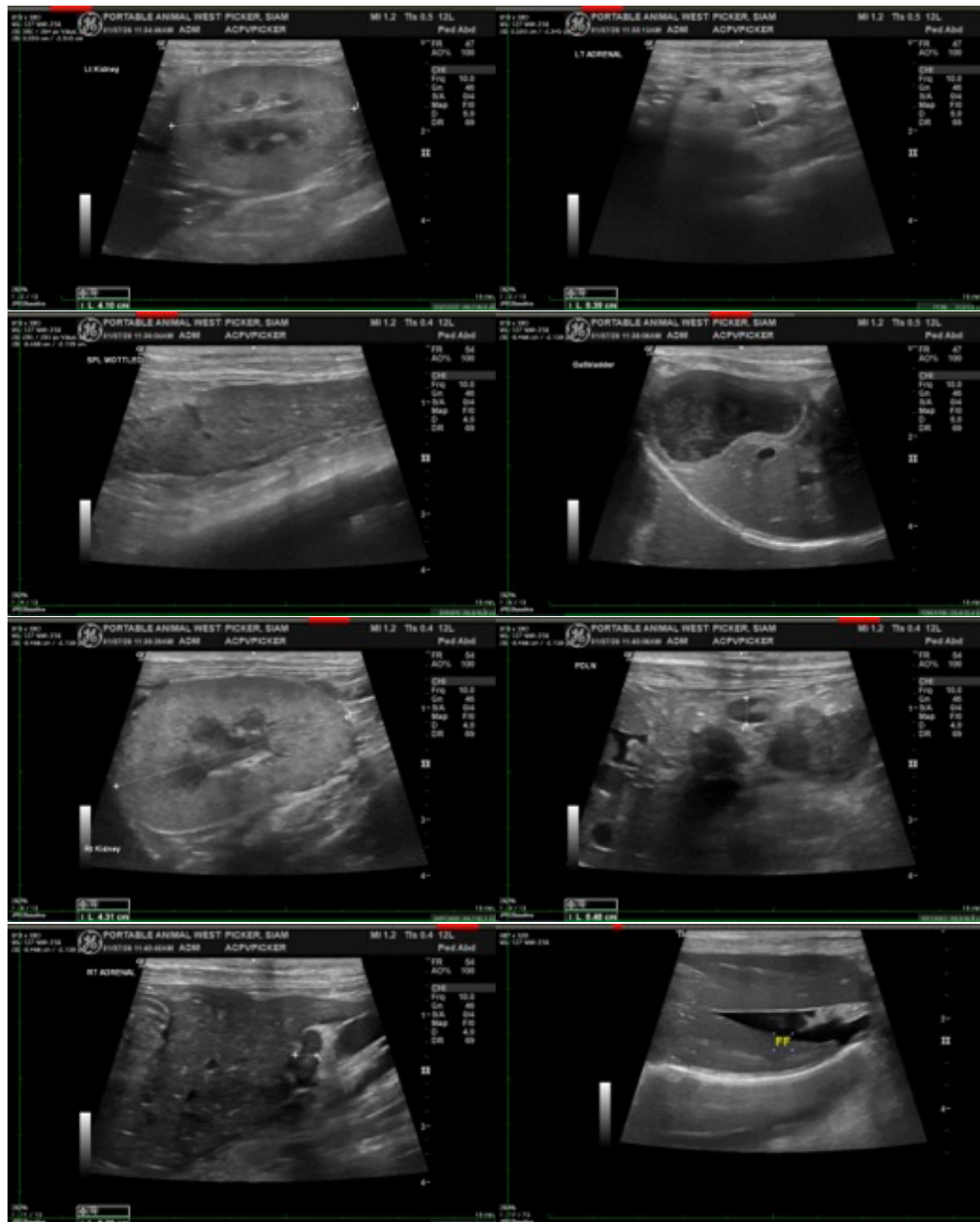
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Imaging performed by



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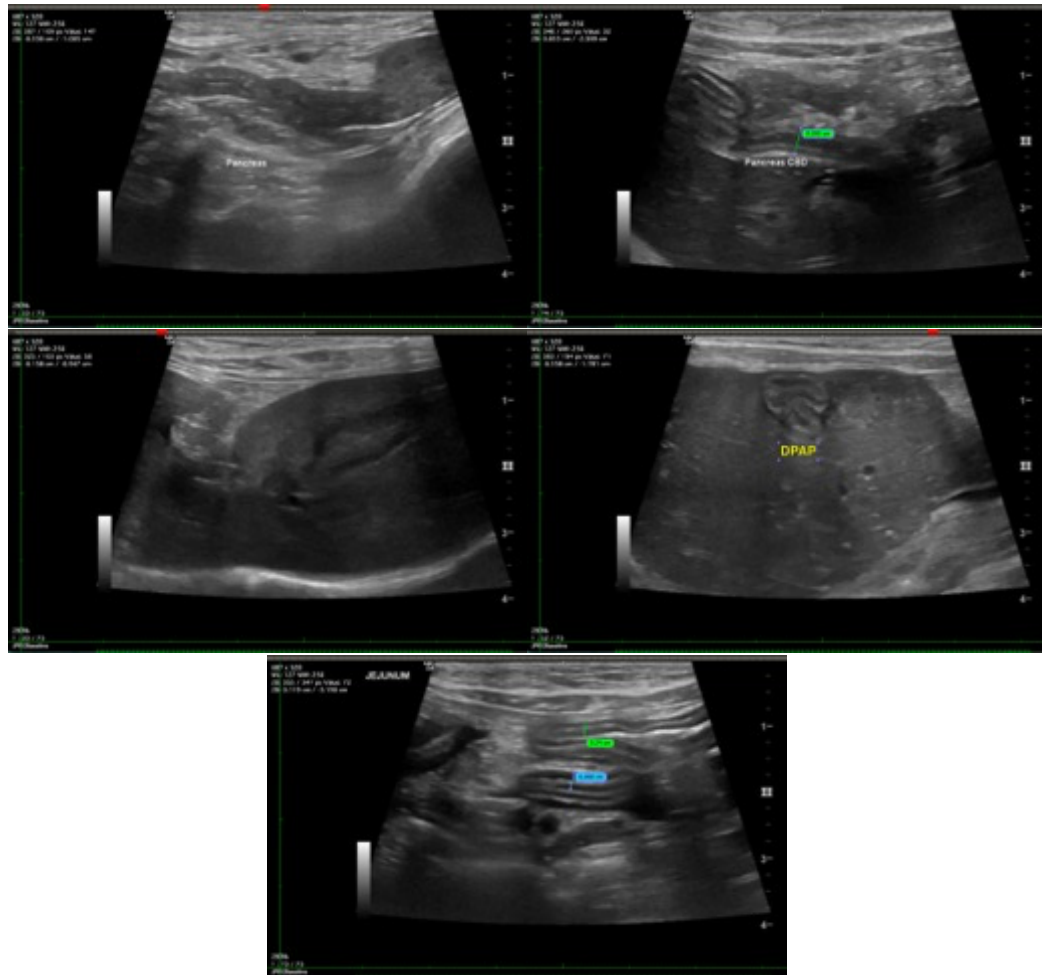
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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