



## PATIENT

Pepper Richardson

## SPECIES

Feline

## BREED

DSH

## SEX

Female

## AGE

13 Years 7 Months

## WEIGHT

2.63 kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Renee Trionfetti, VMD

## HOSPITAL NAME

Cypress Veterinary  
Clinic

## REFERRING VET

Laura Johnson, VMD

## INVOICE

71905

## DATE

11/18/25

## PRESENTING CLINICAL SIGNS

AUS to further evaluate elevated liver values (ALT/ALP/AST), bilirubin and globulin. Presented to pDVM for a change in appetite, eating canned food but not her dry food. She also has nasal discharge/URI and suspected herpes viral infection. BW showed elevated LES, Bilirubin, globulins, mild monocytosis and basophilia. O found her as a stray 13 years ago, unsure if she was previously spayed

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 36.6%, Mono 0.623 H (0.042-0.467), Baso 0.122 H (0-0.1), Plts 284-n - Chem: TP 9.2 H, Glob 6.3 H, ALT 439 H, AST 165 H, ALP 277 H, T. bili 2.2 H, Unconj. bili 1.0 H, Conj. bili 1.2 H, Chol 314 H, Alb 2.9-n, SDMA 12-n, Cr 1.6, BUN 22 - T4 1.8 - UA 1.019, pH 7.5, trace protein, 1+ bili - Rads: Pending

## 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 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 measuring 2.61 cm. Right kidney is normal in size measuring 3.3 cm.

### Adrenal Glands

The right adrenal gland is normal in size (0.23 cm at cranial pole and 0.23 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.42 cm at cranial pole and 0.39 cm at caudal pole), 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

Liver is subjectively enlarged (swollen contour) with a diffusely mildly coarse architecture and subtly increased portal markings. Mildly mixed echogenic changes are noted diffusely. 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.

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,



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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.

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

### **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.

\*This change is most significant in the left limb.

### **Free Abdomen**

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

There is no apparent pathologic lymphadenopathy noted in these images.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild to moderate acute pancreatitis, likely an acute on chronic low-grade smoldering pancreatitis flare up suspected involving primarily the left limb.
- Mild/emerging 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.
- A concurrent microscopic hepatopathy is suspected, with differentials including bacterial cholangiohepatitis, lymphoplasmacytic hepatitis, hepatic lipidosis, and/or even infiltrative neoplasia can't be ruled out without tissue sampling.
- Very mild/subtle early chronic kidney disease changes affecting primarily the left kidney, characterized by a small kidney.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes described above are consistent with possible “triaditis”. Therefore, further recommendations include:

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 +/- pancreas could be considered if patient's coagulation status is appropriate.

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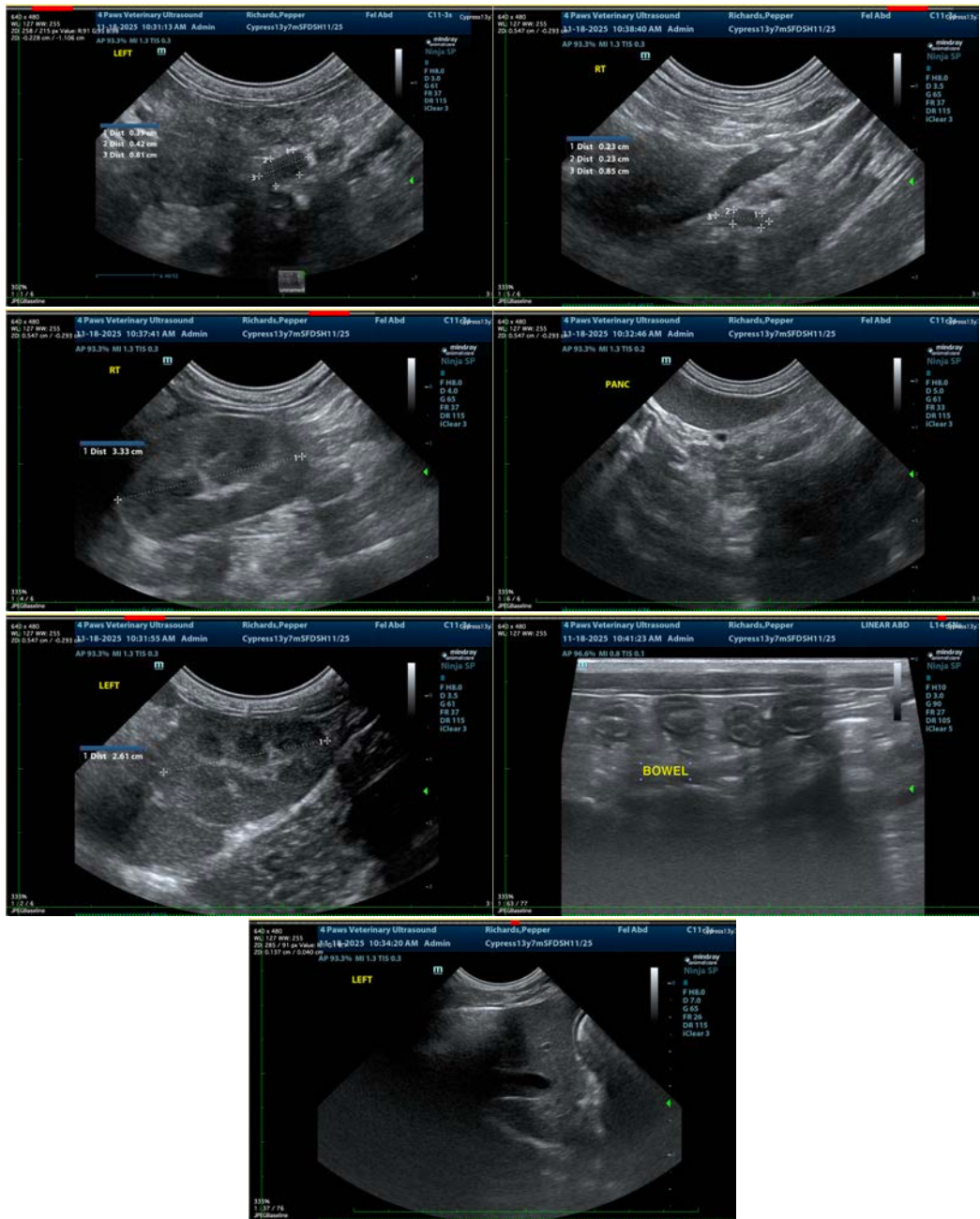
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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