



PATIENT

Lily Heller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years 6 Months

WEIGHT

6.88 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Whppany Veterinary
Hospital

REFERRING VET

Dr. Enoch

INVOICE

71537

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Difficulty maintaining weight; low folate in Nov 24, Thin body condition, hyperthyroid. Meds: Transdermal Methimazole 2.5 mg/ o.1 ml 1 click (1.25mg) to ear once daily in AM.

Abnormal PE/Chem/CBC/UA Results: 10/11/25- BUN 55, Creat 2.0, Current T4 2.1, Current FT4 33

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 small, 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 2.96 cm. Right kidney measures 2.9 cm.

Adrenal Glands

The area of the right adrenal gland is examined without evident adrenal gland pathology, but the adrenal gland is unable to be well visualized/isolated for measurement.

The left adrenal gland is normal in size (0.33 cm), 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

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.

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 intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.



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

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Pancreas

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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.

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Free Abdomen

DSH

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

SEX

There is no apparent pathologic lymphadenopathy noted in these images.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Chronic low-grade smoldering pancreatitis is suspected. A mild acute on chronic flare up can't be definitively ruled out.
- Significant chronic kidney disease changes are noted bilaterally.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6.88 lbs

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.

INTERPRETED BY

A blood pressure is also recommended.

Beth Johnson, DVM
DACVIM

A largely unremarkable appearing gastrointestinal tract doesn't rule out malabsorption or maldigestive disease. Therefore, given patient's history, especially if the weight loss is in the face of a normal or even increased appetite, 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.

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If, however, patient's appetite is at all decreased and could be contributing to weight loss, then supportive/symptomatic medical management of possible subclinical nausea versus other possibly related to the chronic kidney disease could be considered in the form of antiemetics, gastroprotectants, an appetite stimulant, etc. while monitoring for improvement.

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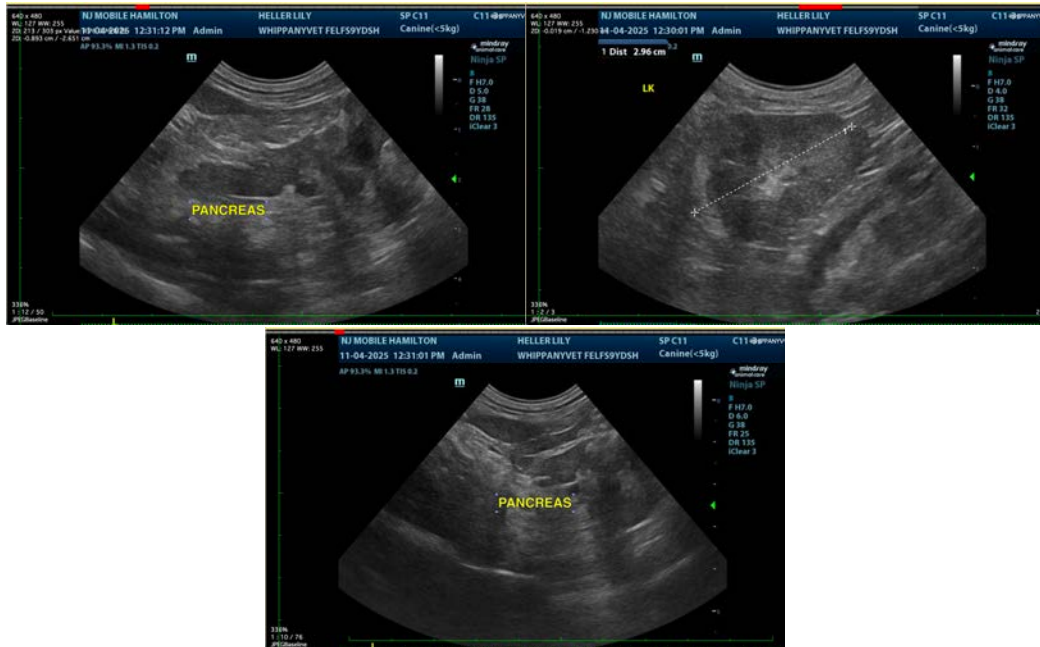
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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