



## PATIENT

Sassy White

## SPECIES

Feline

## BREED

DLH

## SEX

Spayed Female

## AGE

4 Years 5 Months

## WEIGHT

9.5

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Jessica Green

## HOSPITAL NAME

Stanglein Veterinary  
Clinic

## REFERRING VET

Dr. Erin Rothrock

## INVOICE

72296

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

Patient was presented 11/24/25 for progressive weight loss, hiding, and increased coughing. Patient had lost ~4 lbs in 2 months and there was a very mild jaundice hue to patients skin rostral to ear bases bilaterally.

Abnormal PE/Chem/CBC/UA Results: Comprehensive panel: Moderate neutropenia (1..547 K/uL), mild thrombocytosis (488 K/uL); mildly decreased creatinine (0.7 mg/dL), mild hyperkalemia (5.3 mmol/L), moderate hypoglobulinemia with significantly elevated albumi:globulin ratio (glob 2.6 g/dL, alb:glob 1.5); moderately elevated ALKP (648 U/L), significant hyperbilirubinemia (total - 3.7 mg/dL, conjugated - 2.5 mg/dL, unconjugated - 1.2 mg/dL) Urinalysis (via cystocentesis, dark yellow, turbid): moderate proteinuria (2+, UPC not indicated due to bilirubinuria), moderate bilirubinuria (3+), moderate cocci noted thoracic radiographs subjectively unremarkable; mild hepatomegaly with concern for bilateral renomegaly; gastric lumen appears to be empty with no obvious masses or obstructive pattern noted

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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.

The right kidney is normal is size (4.01 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.95 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

The right adrenal gland is normal in size (0.38 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

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 markedly 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



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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 of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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

### ***Pancreas***

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***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**

- Marked hyperechoic hepatomegaly – This appearance is most consistent with benign hepatic lipidosis or endocrine/DM hepatopathy. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Moderate amount of swirling, echogenic urinary bladder debris.

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

If not already pending, a urine culture is recommended.

Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

Pending results of above, especially given patient's reported neutropenia, a comprehensive infectious disease evaluation could be considered, or ultimately, if a diagnosis is not obtained, bone marrow evaluation may be helpful.

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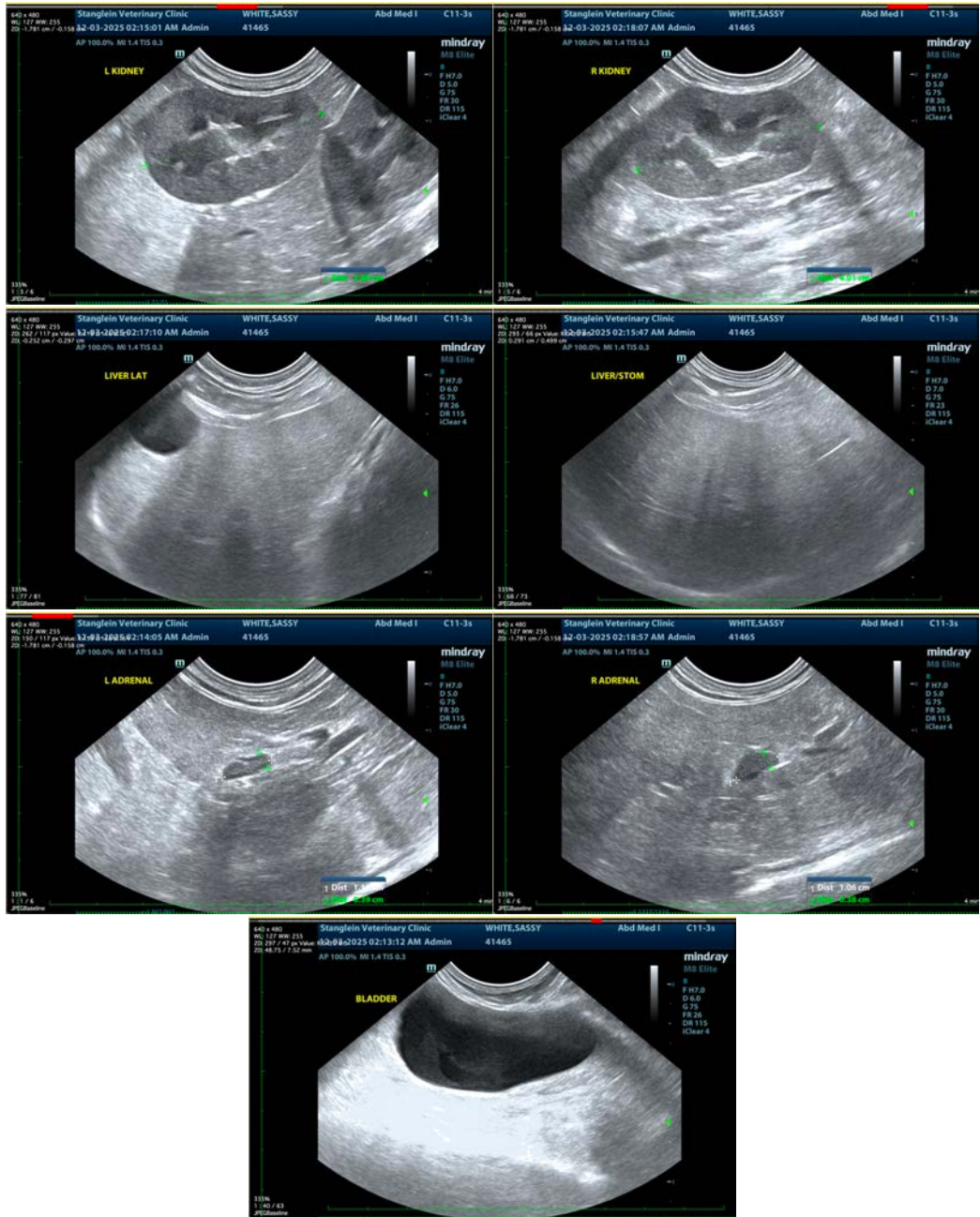
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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