

PATIENT

Jingles Eighme

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

9 years

WEIGHT

10.6 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

All Friends Animal
Hospital

REFERRING VET

Dr. Shoshana Gittens

INVOICE

11287

DATE

2/11/2026

PRESENTING CLINICAL SIGNS

- Presented for inappropriate urination x 1 months..Unintentional weight loss and lethargy. Jaundice noted today during exam. Current medications: Metro 50 mg q12h, Clavamox 62.5 mg/mL 0.8 mL q12h, Denamarin, Mirtazipine, inner ear pinna

Abnormal PE/Chem/CBC/UA Results: WBC 23.4, neut 19.47, mono 0.81, gluc 191, crea 0.6, BUN 9, ALT 639, ALP 1751, GGT 13, TBili 8.5, Na 145, K 3.4, Cl 102.

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 occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral "sand" (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia observed. Pinpoint non-obstructive mineral densities noted bilaterally. Left kidney is small/normal in size, and measures 3.6 cm. The right kidney is normal in size measuring 3.75 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.4 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.4 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 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 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. The cystic and common bile duct are diffusely tortuous without definitive ultrasonographically 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 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.

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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.

Pancreas

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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.

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Free Abdomen

There is a trace amount of anechoic free fluid noted in the cranial abdomen as well as diffusely enhanced hyperechoic fat around the pancreas, most significant in the right cranial abdomen.

WEIGHT

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There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

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Beth Johnson, DVM
DACVIM

- Suspect mild to moderate acute pancreatitis, likely an acute on chronic low grade smoldering pancreatitis flare up.
- 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.
- Subtle/mild bilateral chronic kidney disease changes with pinpoint non-obstructive nephroliths bilaterally,
- A moderate to large amount of echogenic urinary bladder mineral/sand debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reported clinical signs combined with laboratory changes, etc., could be secondary to the suspected acute pancreatitis with possible hepatic lipidosis secondary to anorexia if that's clinically consistent, or concurrent microscopic hepatopathy can't be ruled out with both benign and/or infiltrative neoplastic differentials possible. Therefore, further recommendations include:

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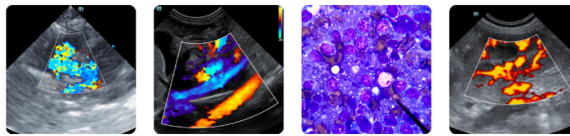
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- If not recently evaluated, given the changes above, urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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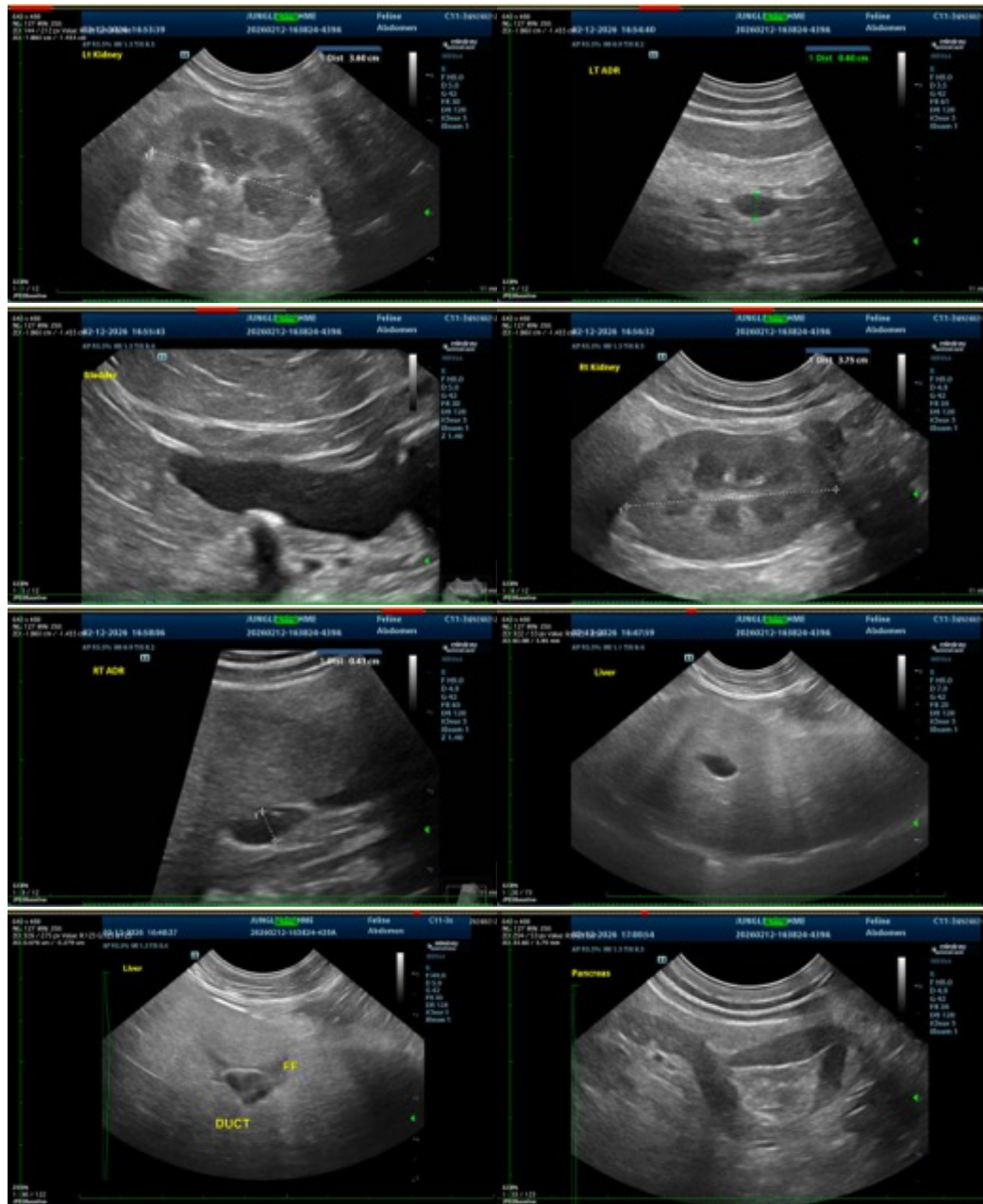
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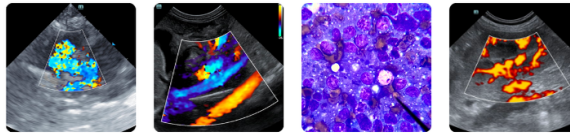
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- Fine needle aspirates of the liver are recommended if patient's coagulation status is appropriate.

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.





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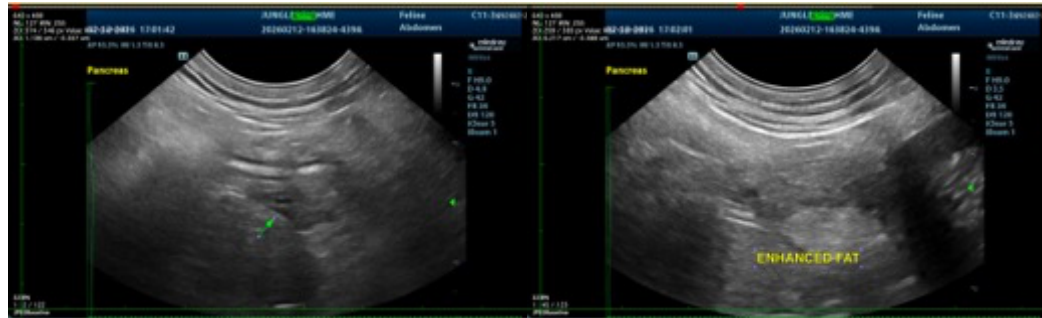
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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