



**PATIENT PRESENTING CLINICAL SIGNS**

Sheldon Haneke

- Presented for several day history of lethargy, eating less. Monday there was no fever, on Wednesday there was a fever of 40.2C. PE – dehydrated. Has been on Convenia. Recommend US due to high liver enzymes.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: ALT 674(18-121U/L), AST 243U/L, ALP 84(5-160U/L), Total Bili 96.8.

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

MN

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.

**AGE**

15.5 years

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.03 cm, and the right measures 3.69 cm.

**WEIGHT**

4.6 kg

**Adrenal Glands**

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

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 (0.51 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Crystal Hill

**Spleen**

**HOSPITAL NAME**

Orchard AH

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.

**REFERRING VET**

Dr. D'Amico

**Liver**

The cranial abdomen is difficult to evaluate given the large amount of dilated, anechoic tubular structures throughout the liver. Combined with a very large amount of shadowing from what appears to be mineral densities, I believe throughout the distended biliary tract. Mineral within bowel is possible, but I believe less likely. Having said that, the part of the liver that can be evaluated is 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.

**INVOICE**

11280

**DATE**

2/12/2026

The gallbladder, as described above, I believe is diffusely distended with a distended biliary tree and full of multifocal mineral with strong acoustic shadowing all the way to what I believe is the duodenal papillae.



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**Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas. 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 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.

**Free Abdomen**

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

There is no apparent pathologic lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

- I suspect, based on the large amount of shadowing mineral within the cranial abdomen, post hepatic cholestasis, as a result of at least partial biliary obstruction secondary to mineral i.e. cholelithiasis. Although a mineralized mass or masses, can't be definitively ruled out. Combined with mild to moderate concurrent acute pancreatitis.

**SECONDARY FINDINGS**

- Mild age-related kidney changes.

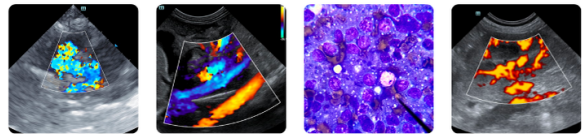
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

Advanced imaging, such as an abdominal Contrast CT scan could be considered, given the difficulty evaluating the cranial abdomen due to all of the mineral shadowing.

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.

If, however, patient does not improve and/or progresses and/or evidence of cholestasis progresses, ultimately, an exploratory laparotomy for further evaluation/exploration and elevation of any discovered obstructions, liver biopsy, etc., may be necessary.



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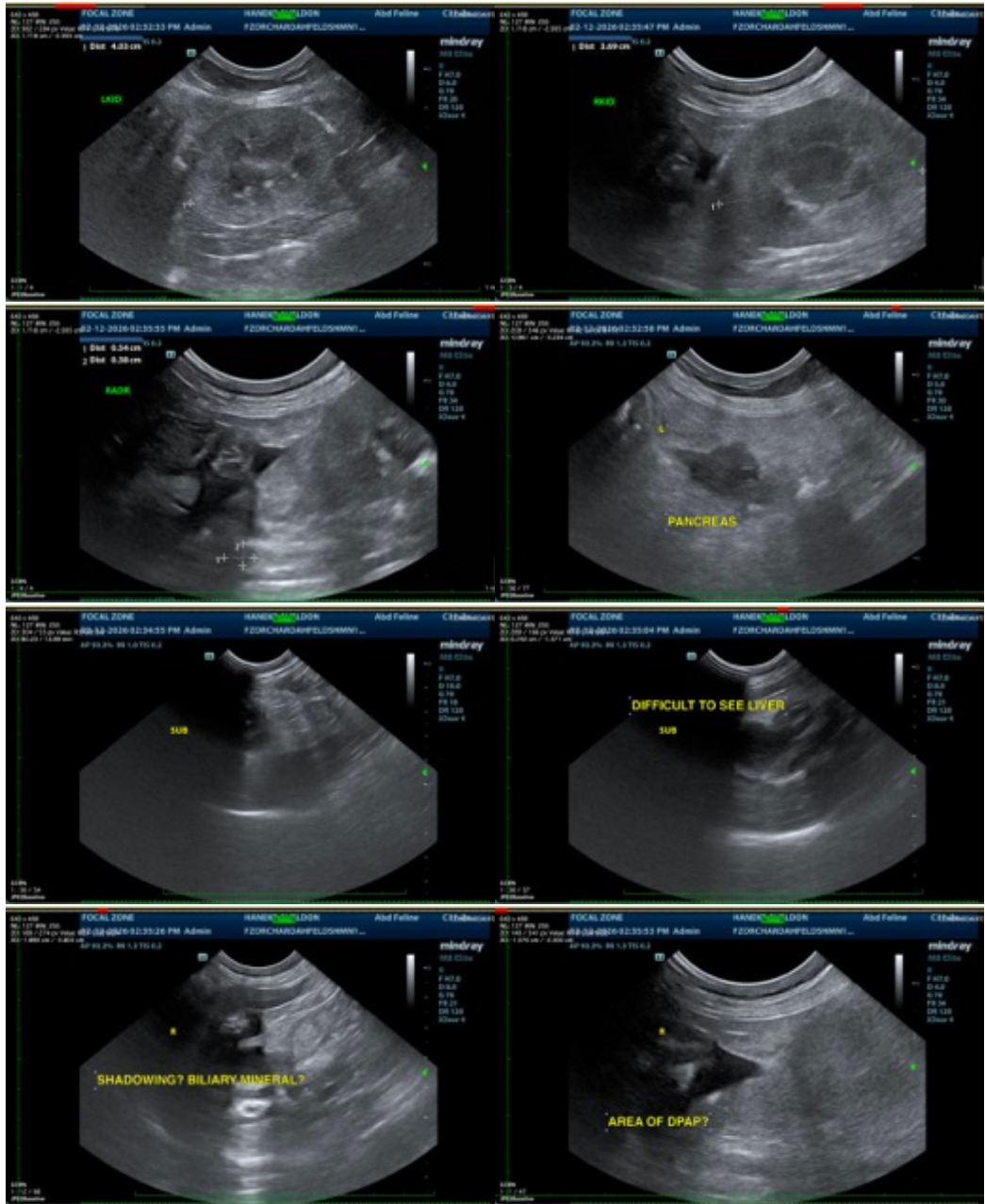
Dr. D'Amico

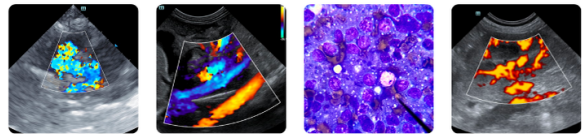
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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