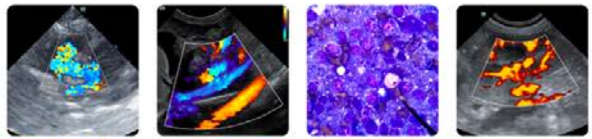


PATIENT
Hunter Williams

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
12

WEIGHT
10.2

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Michelle Roche

HOSPITAL NAME
Fredon Animal Hospital

REFERRING VET
Dr. Ben Goldstein

INVOICE
74542

DATE
4/17/26

PRESENTING CLINICAL SIGNS

Acute onset lethargy & inappetence. Vomited a few times, mostly bile

Abnormal PE/Chem/CBC/UA Results: BCS 5/9, some mild generalized muscle wasting CBC wnl CHEM: BUN 57 Glu 164 ALT 143 Urine: sg >1.050, pH 6 PRO 1+ GLU 4+ KET neg

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 is small normal at 3.5 cm. Right kidney is small normal at 3.4 cm.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

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.

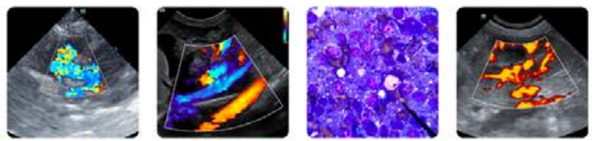
The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The cystic and common bile duct appear diffusely tortuous and mildly dilated, measuring 0.46 cm dilated.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, 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.



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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 no apparent pathologic lymphadenopathy noted in these images.

Adjacent to what I believe is a prominent hypoechoic pancreas is an approximately 1.4 cm x 1.9 cm anechoic density in the cranial abdomen that I believe represents a pocket of free fluid. Additionally, enhanced hyperechoic mesenteric fat is noted in the area.

ULTRASONOGRAPHIC FINDINGS

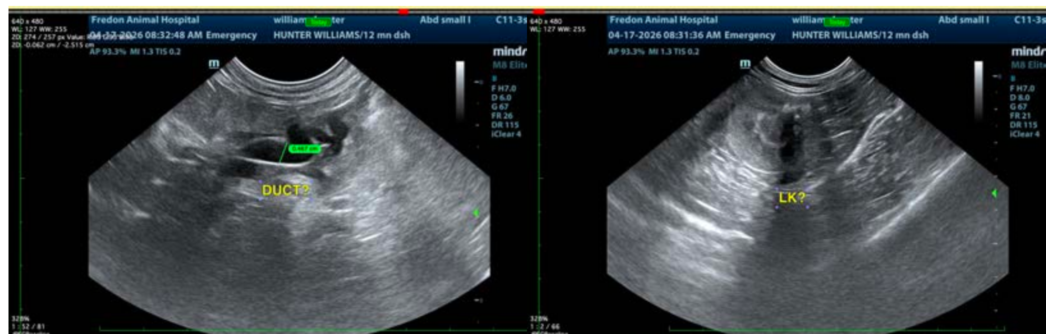
- Suspect moderate to severe acute pancreatitis with free fluid. Having said that, the anechoic structure described above could represent a very hypoechoic tissue density such as additional pancreatic parenchyma, lymph nodes versus other.
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Moderate bilateral chronic kidney disease changes.

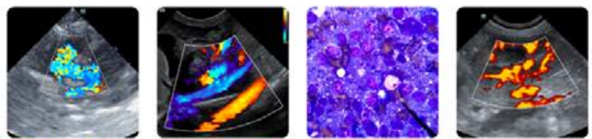
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.

Fine needle aspirates of the pancreas as well as the suspected pocket of free fluid could be considered if patient's coagulation status is appropriate.

Otherwise, in the meantime, while monitoring for improvement, 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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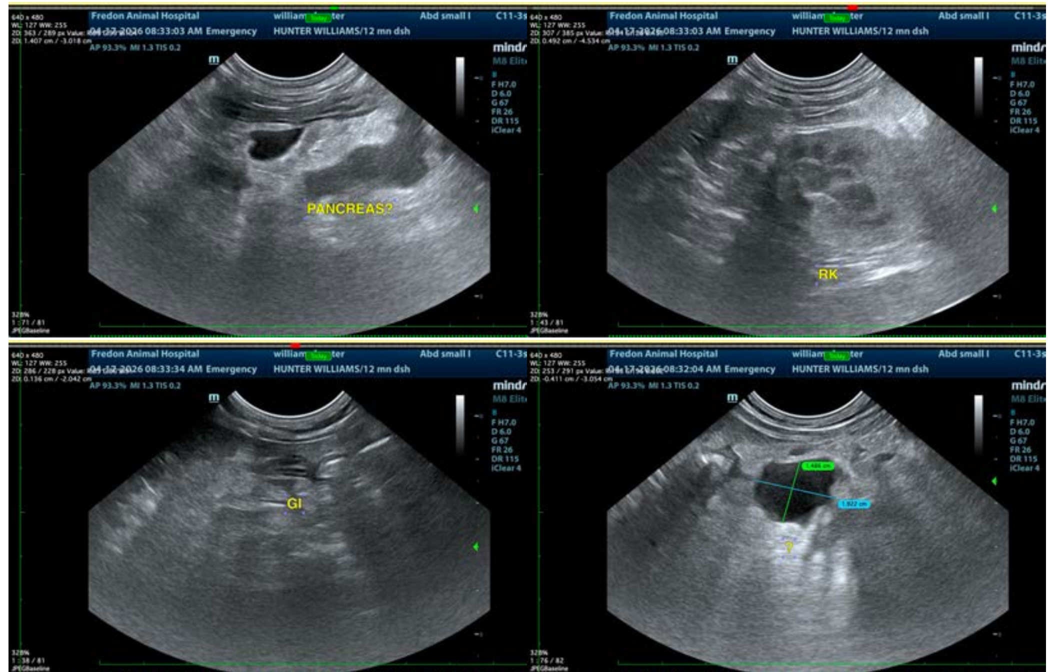

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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