



PATIENT

Misha Hahn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 6 Months

WEIGHT

8.1

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Erin Rothrock, DVM

INVOICE

74703

DATE

4/22/26

PRESENTING CLINICAL SIGNS

Historically diabetic with difficulty managing. Switched from Vetsulin to Glargine ~1 week ago. Patient was hospitalized for DKA at the end of last week, but continued to decline at home over the weekend.

On Monday, patient re-presented for not eating and lethargy. BG was high and ketones elevated again. Elected for hospitalization again, however, this morning patient has started to become slightly jaundice. Glargine 2 units SQ BID, Cerenia, famotidine, Mirataz, KCL in NaCl, Renal K

Abnormal PE/Chem/CBC/UA Results: Moderate leukocytosis (18.28 K/uL), mild monocytosis; mild hyperglucemia (291 mg/dL), moderate hypokalemia (2.5 mmol/dL), mild hypophosphatemia (2.3 mg/dL), mild hyponatremia (144 mmol/L), mild hypochloremia (100 mmol/L), moderate ALT elevation (412 U/L), moderate hyperbilirubinemia (4.9 mg/dL) BG curve 4/21: 377, 415, 320, 202, 268, 232, 203 BG curve so far 4/22: 432, 310, 411, 326 Ketones 4/21 = 3.5, ketones 4/22 = 5.1 RADS: left kidney subjectively mildly enlarged, moderate fecal material within distal colon, urinary bladder full

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 uniformly enlarged/swollen (left 5.2 cm, right 4.61 cm) with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvis are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery.

Adrenal Glands

The right adrenal gland is normal in size (0.42 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.45 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.



PATIENT

Misha Hahn

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 and subjectively mildly distended.

SPECIES

Feline

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.

BREED

DSH

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.

SEX

Spayed Female

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

AGE

7 Years 6 Months

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.

WEIGHT

8.1

Free Abdomen

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

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Jessica Green

- Moderate to severe acute pancreatitis is suspected.
- The hepatobiliary changes are likely in part secondary to the pancreatitis as well as the reported diabetes mellitus. Having said that, concurrent cholangitis/cholangiohepatitis or even infiltrative disease such as round cell neoplasia versus other affecting the liver can't be ruled out.
- Mild/emerging 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.
- The bilateral renomegaly more significant on the left side and bilateral pyelectasia are concerning for possible pyelonephritis. Other disease including infiltrative disease affecting the kidneys, however, can't be definitively ruled out without tissue sampling.

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Erin Rothrock, DVM

INVOICE

74703

DATE

4/22/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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.



PATIENT

Misha Hahn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 6 Months

WEIGHT

8.1

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Erin Rothrock, DVM

INVOICE

74703

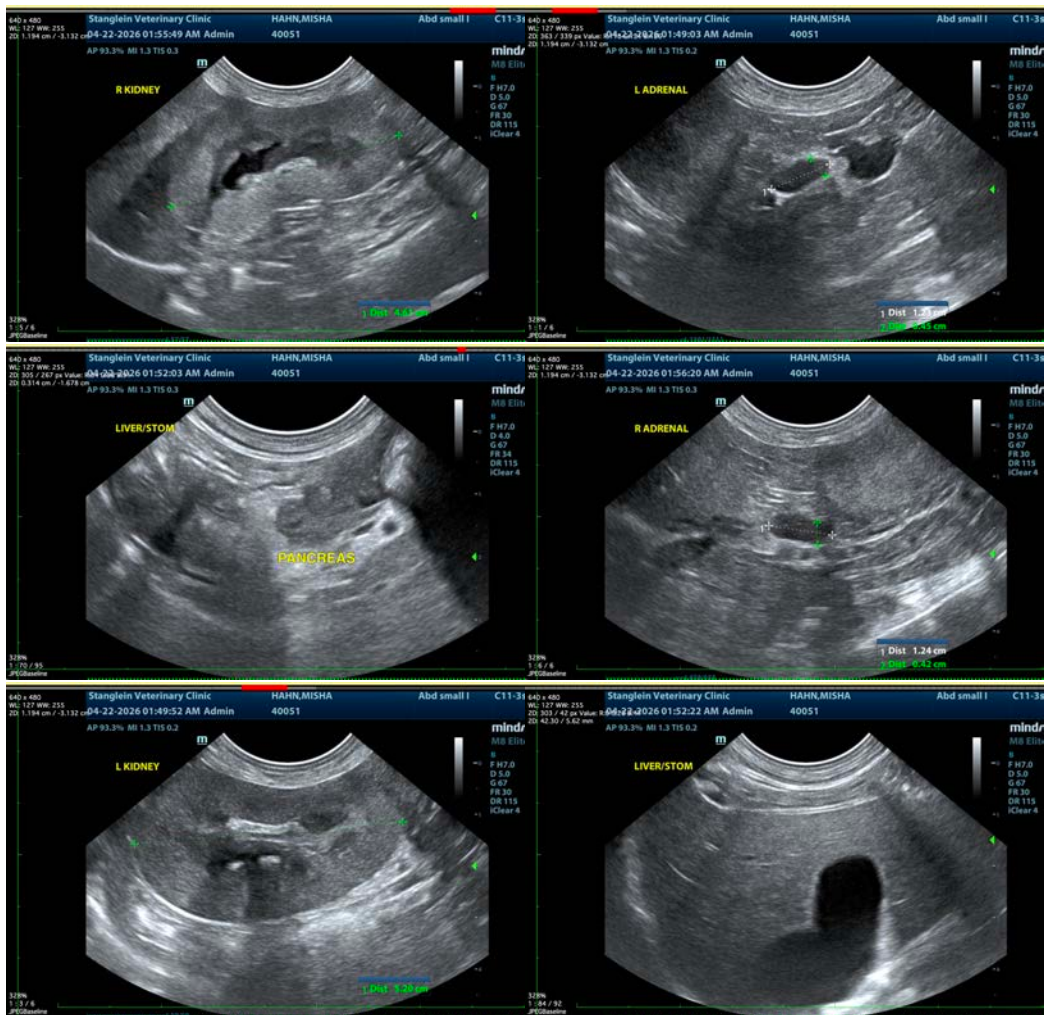
DATE

4/22/26

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 liver could be considered 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.





PATIENT

Misha Hahn

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

7 Years 6 Months

WEIGHT

8.1

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

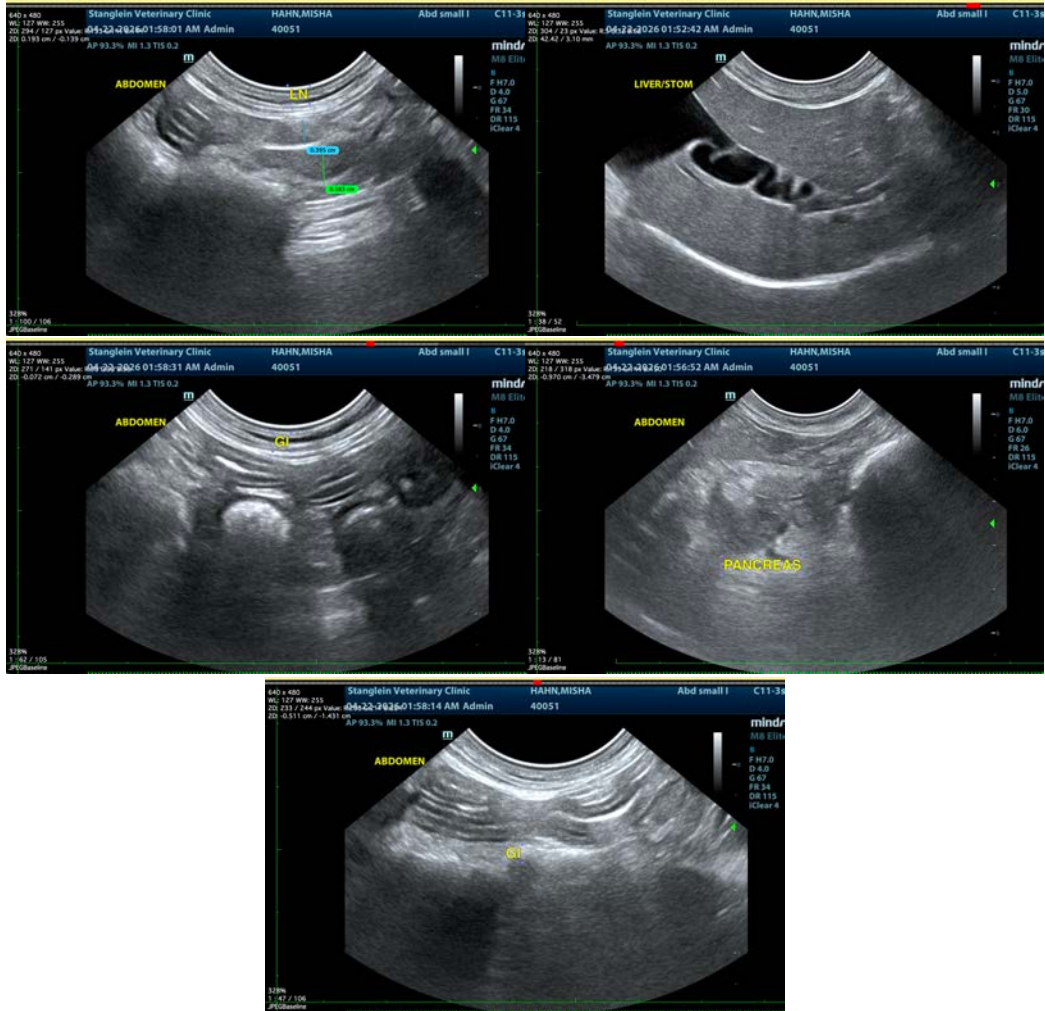
Erin Rothrock, DVM

INVOICE

74703

DATE

4/22/26



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