



## PATIENT

Hercules Robinson

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

16 Years 8 Months

## WEIGHT

10.5 Pounds

## INTERPRETED BY

Beth Johnson, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gwenna Johnson

## HOSPITAL NAME

Willow Run VC

## REFERRING VET

Dr. Gwenna Johnson

## INVOICE

37103

## DATE

5/12/26

## PRESENTING CLINICAL SIGNS

History: Patient presented for acute worsening of chronic vomiting. Owner reports weight loss; patient has not been to a vet since 2021. No significant findings on CBC, chem, T4

Abnormal PE/Chem/CBC/UA Results: HCT 46%, Neutrophils 11k, SDMA 17, globulins 5.2, T4 1.9

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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 irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is normal in size, measuring 4.2 cm. The right kidney is small in size, measuring 3.3 cm.

### *Adrenal Glands*

Left adrenal gland is normal in size (0.37 cm at cranial pole and 0.34 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident adrenal gland pathology, but it's difficult to fully visualize/isolate for measurement.

### *Spleen*

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 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.

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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.



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The visible small intestine demonstrates areas of moderate to severely 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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

### *Pancreas*

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. No pancreatic duct dilation is noted. Additionally, in the areas of the entire pancreas, extending from the left cranial abdomen through the right cranial abdomen are discrete irregular homogenous hypoechoic densities surrounded by enhanced hyperechoic fat, measuring 1.1 cm x 1.6 cm in size and 1.1 cm x 1.2 cm in size, that I believe are focally prominent, potentially inflamed areas of the pancreatic parenchyma. Adjacent lymph nodes, however, can't be definitively ruled out.

### *Free Abdomen*

There is a scant/trace amount of anechoic free fluid primarily in the cranial abdomen. No other lymphadenopathy, other than what was described around the pancreas potentially.

## ULTRASONOGRAPHIC FINDINGS

- Moderate inflammatory bowel disease 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.
- Concurrent mild to moderate acute pancreatitis- potentially an acute on chronic low grade smoldering pancreatitis flare-up is suspected. Lymph nodes surrounding the pancreas, as described above, can't be ruled out.
- Trace/scant free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Mild bilateral chronic kidney disease changes, most visibly significant in the right kidney.

## 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 hypoechoic densities in the cranial abdomen/pancreas could be considered if patient's coagulation status is appropriate.

Additionally, and/or alternatively, biopsies of the GI tract, being sure to include ileum, if possible, could be considered for a definitive diagnosis.



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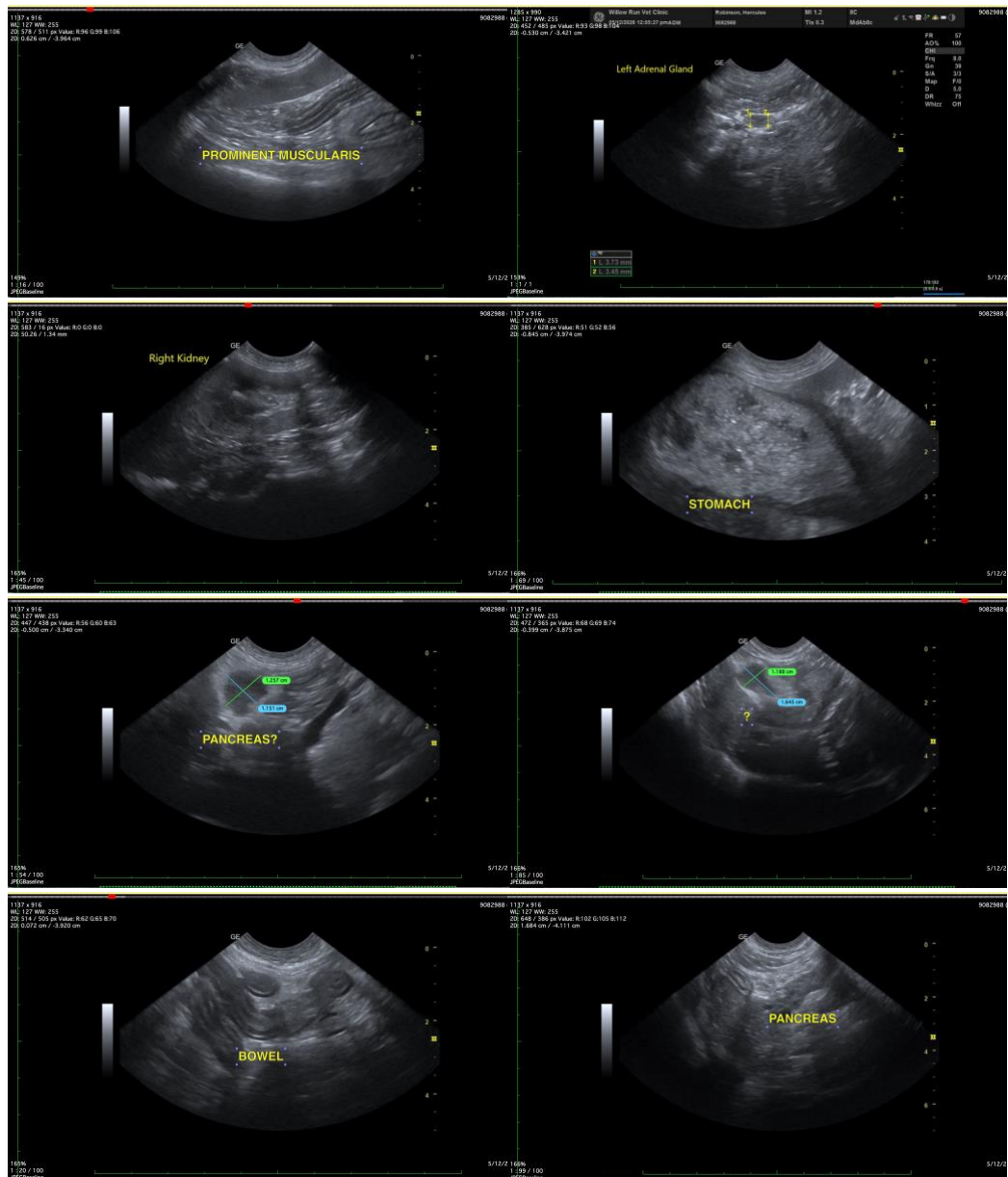
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In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas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





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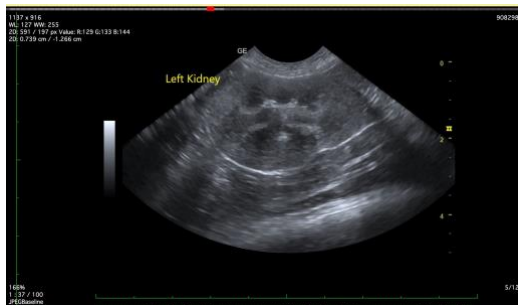
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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