



PATIENT

Scout Langner

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years 10 Months

WEIGHT

14.7 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Verhalen

INVOICE

75431

DATE

5/26/26

PRESENTING CLINICAL SIGNS

Weight loss > 4lb in less than 6 months. Vomiting, diarrhea, decreased appetite. Known diabetic 3 units prozinc BID MedS: Mirataz, Prozinc insulin, Visbiome.

Abnormal PE/Chem/CBC/UA Results: 5/22/26 CBC/Chem NSF, BG 230

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.

The right kidney is normal is size (4.66 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.54 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.

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. There is an approximately 0.60 cm in diameter anechoic density/suspect benign hepatic cyst noted. 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. 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,



PATIENT	delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.
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SPECIES	If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
Feline	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.
BREED	
DSH	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	
Neutered Male	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. There is very subtly enhanced hyperechoic mesentery and fat adjacent to the pancreas in one view.
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WEIGHT	Free Abdomen There is no visible free peritoneal effusion noted in these images.
14.7 lbs	
INTERPRETED BY	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.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Rebecca Hamilton	<ul style="list-style-type: none">Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs. In some views subtle inflammatory changes are noted, indicating potentially a mild or emerging acute on chronic flare up may be contributing to patient's reported clinical signs and abdominal discomfort.Similarly, there is no significant ultrasonographically visible evidence of bowel disease other than mild lymphadenopathy, but early or emerging bowel disease can't be definitively ruled out.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.Suspect benign incidental hepatic cyst.
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Heart and Paw	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.
REFERRING VET	A T4 +/- free T4 is also recommended.
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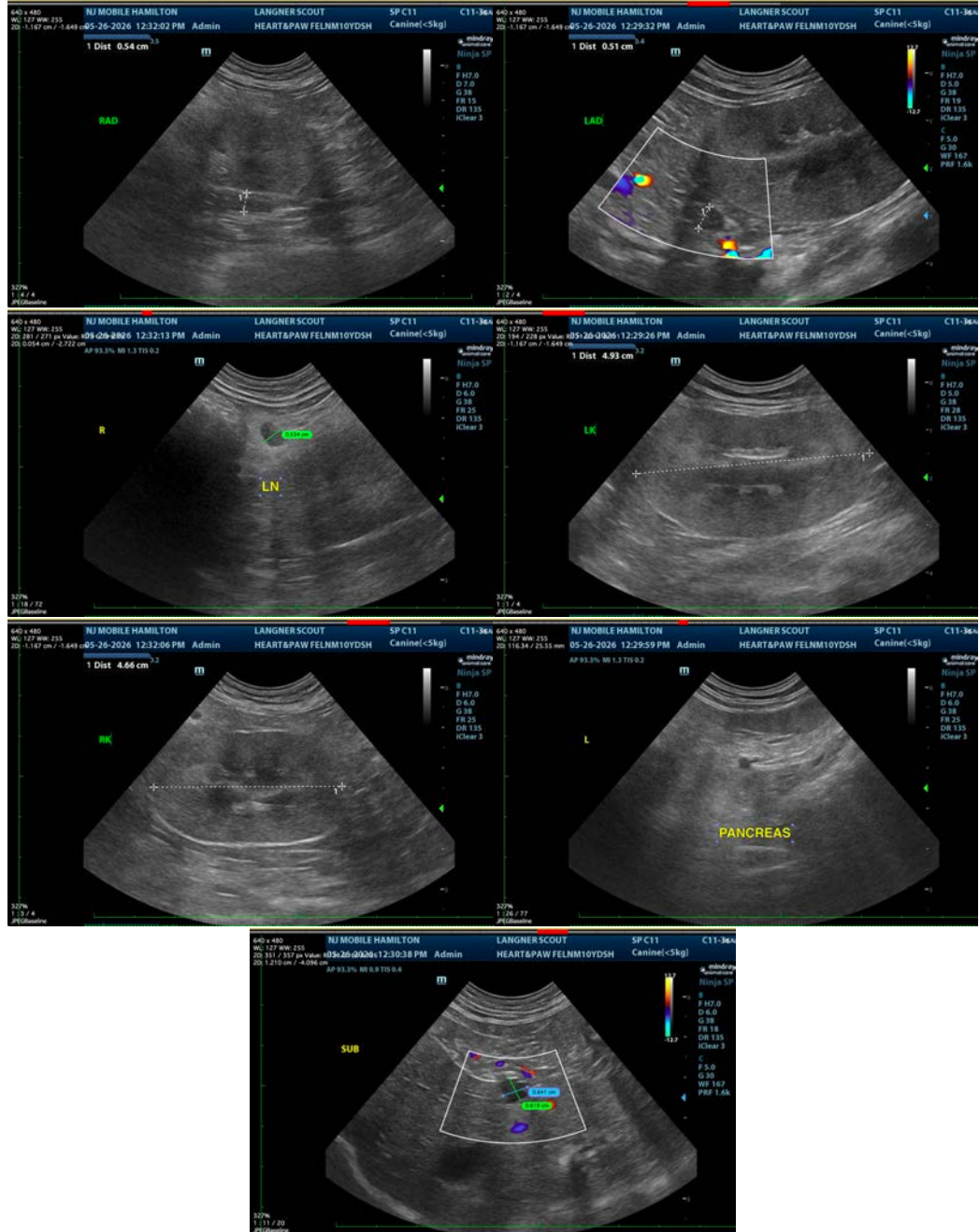
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A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, in addition to supportive/symptomatic medical management of clinical signs, further investigation of diabetes management, potentially via placement of a freestyle libre sensor, could be considered.





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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