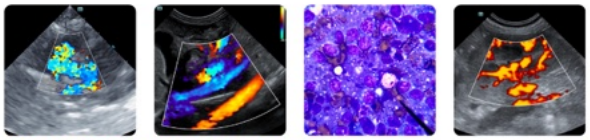


PATIENT

Flip Tweed

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11.8 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Sophie Lee, DVM

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Lee

INVOICE

71695

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Diagnosed with diabetes mellitus December 2025
- Diabetic management with Lantus has been challenging. Pt has chronically high BG with occasional rapid hypoglycemia. Symogi effect is suspected at current dose.
- History of chronic post-prandial vomiting and intermittent inappetence, normal stool
- Suspicion that underlying chronic disease may contribute to insulin resistance
- Normal CBC/chem27 except hyperglycemia Normal UA except glucosuria Texas GI panel normal Thyroid testing normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.14×2.78 cm, and the thickness of the cortex is 0.37 cm in the sagittal plane. The right kidney is normal in shape and size: 4.49×2.33 cm, and the thickness of the cortex is 0.38 cm in the sagittal plane. Both kidneys: Renal length is within normal limits for an adult cat The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Doppler color shows a normal vascular pattern.

Adrenal Glands

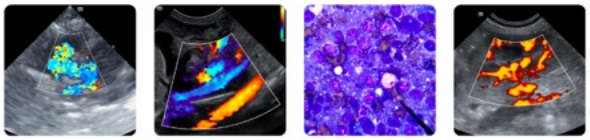
Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.26 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.27 cm at the cranial pole and 0.29 cm at the caudal pole. These measurements are well within normal limits for a cat (typically ≤0.45 cm).

Spleen

Splenic thickness is 1.03 cm, which is within normal limits for an adult cat. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No focal lesions or hepatic lymphadenopathy are observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 1.46 mm and preserved wall layering. This measurement is within normal limits for a non-distended feline stomach. The pylorus measures 2.37 mm and contains a small amount of fluid and gas.

Several linear hyperechoic filamentous structures without distal acoustic shadowing are observed within the gastric lumen. These findings are most consistent with ingested grass or similar material and should be correlated clinically. Additionally, multiple small hyperechoic mucosal foci are observed on dynamic imaging from different projections. These correspond to small gas interfaces along the mucosal surface. No discrete mural defect, focal wall thinning, or perforation is identified.

Duodenum: 1.85 mm total wall thickness, within normal limits (≤2.7 mm).
Jejunum: 2.21 mm total wall thickness. Mucosa: 1.14 mm. Submucosa: 0.52 mm. Muscularis propria: 0.23 mm. The muscularis-to-mucosa ratio is approximately 0.20, which is within normal limits (<0.5).
Ileum: 1.71–1.86 mm total wall thickness. Mucosa: 0.84 mm. Submucosa: 0.72 mm. Muscularis propria: 0.26 mm. The muscularis-to-mucosa ratio is approximately 0.31, within normal limits. Wall layering is preserved throughout.

The ileocecal junction measures 2.22 mm, with muscularis thickness of 0.72 mm. Layering is preserved. No signs of inflammation, ileus, or obstructive foreign material are identified.

Colon: 1.09 mm, with formed feces in the descending segment. Wall thickness is within normal limits.

Pancreas

Pancreatic thickness is 4.98 mm, which is within normal limits for an adult cat (typically 4–6 mm). The parenchyma is isoechoic to the adjacent omental fat. The pancreatic duct is not dilated. No ultrasonographic signs of active pancreatitis or focal mass lesions are identified.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are normal; the largest measures 2.33 mm in thickness, with normal shape and echogenicity. Ileocecal lymph nodes are unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

- Several linear hyperechoic filamentous intraluminal gastric structures without distal acoustic shadowing, most consistent with ingested grass or similar material.
- Small hyperechoic mucosal foci within the stomach, most consistent with adherent luminal gas; superficial mucosal irritation cannot be completely excluded.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural cause for insulin resistance is identified on this examination.

Adrenal gland size is well within normal limits. No ultrasonographic evidence of pancreatic enlargement or active pancreatitis is present (although chronic low-grade pancreatitis cannot be excluded in cats based on ultrasound alone).

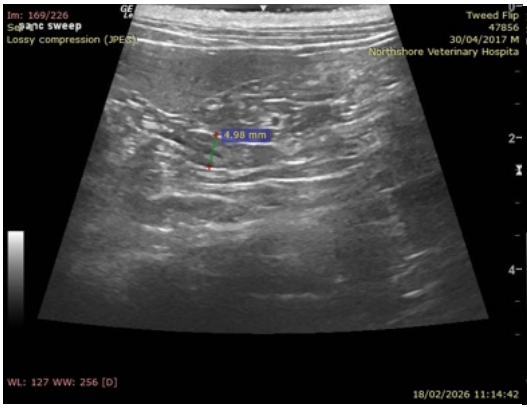
Several linear hyperechoic filamentous structures are present within the gastric lumen, most consistent with ingested grass or similar material. In the context of chronic post-prandial vomiting, this finding likely reflects nausea-driven grass ingestion rather than a primary gastric foreign body. While no obstructive pattern is identified, repeated ingestion of plant material may contribute to gastric irritation and episodic vomiting.

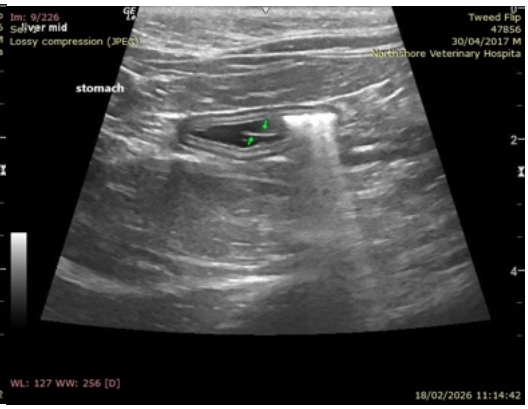
Small hyperechoic mucosal foci are observed along the gastric mucosa and are most consistent with adherent luminal gas; however, mild superficial mucosal irritation cannot be entirely excluded. Despite normal wall thickness and layering, functional or mild inflammatory gastric disease remains possible and may explain the chronic vomiting history.

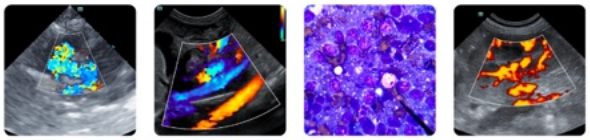
Overall, no clinically significant structural abdominal abnormality is identified to explain unstable diabetic regulation. The vomiting appears more likely related to mild gastric irritation or functional gastrointestinal disease.

Recommendations

- Reassessment of diabetic management is recommended. Confirmation or exclusion of Somogyi effect via serial glucose curve or continuous glucose monitoring would be appropriate before further insulin dose escalation.
- Given the history of chronic post-prandial vomiting, empirical management of gastric irritation (dietary modification, antiemetic or acid suppression trial) may be reasonable. If vomiting persists or worsens, further investigation (including endoscopy) could be considered.
- If glycemic instability persists despite optimized dosing, evaluation for acromegaly (serum IGF-1) should be considered, as hypersomatotropism is a common cause of insulin resistance in diabetic cats and would not be detected on routine abdominal ultrasound.







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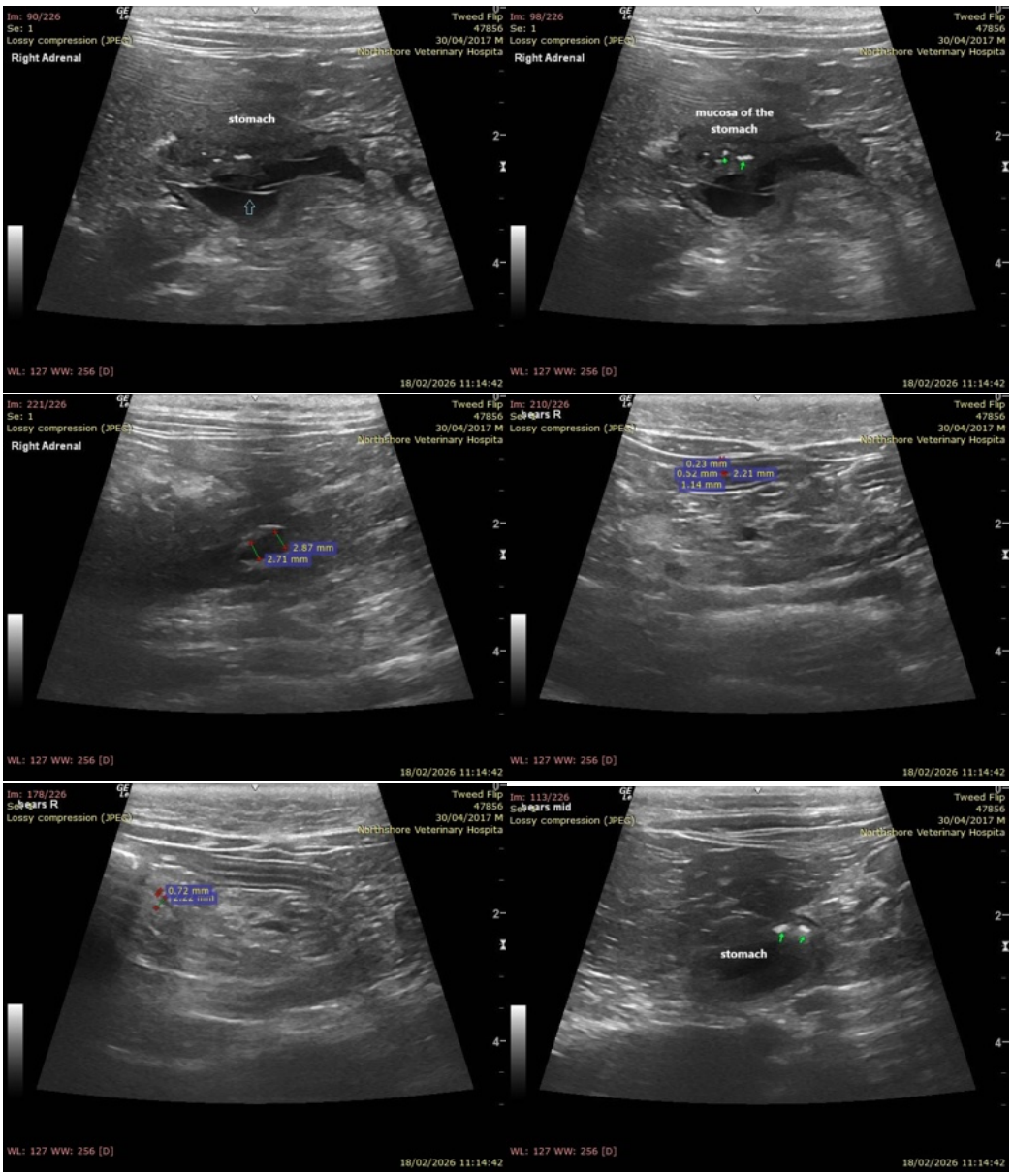

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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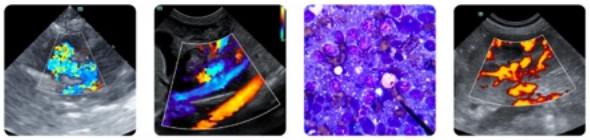

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