



PATIENT

Loki Blanchard

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

11 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Dr. Lathrop

INVOICE

73445

DATE

3/16/26

PRESENTING CLINICAL SIGNS

- History of diabetes mellitus and hyperthyroidism, both under fair control with insulin therapy and methimazole
- Recently appears to have distended abdomen
- Distended abdomen, but no obvious organomegaly on PE. Mild muscle wasting along spine. Normal CBC/Chem/TT4/UA other than hyperglycemia

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. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.55×2.91 cm. The right kidney is normal in shape and size, measuring 4.98×3.01 cm.

In both kidneys, 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. Very few small hyperechoic foci are present within the renal calyces. Color Doppler 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 0.28 cm at the cranial pole and 0.26 cm at the caudal pole. The right adrenal gland measures 0.34 cm at the cranial pole and 0.39 cm at the caudal pole.

Spleen

Splenic thickness is 0.73 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with a regular contour. The hepatic parenchyma appears mildly heterogeneous with a slightly coarse echotexture. No hepatic lymphadenopathy is observed. The vascular structures in the hepatorenal and splenorenal regions appear subjectively prominent.

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



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Gastrointestinal

The stomach contains mild residual ingesta. Gastric wall thickness is 1.40 mm with preserved layering. The pylorus measures 3.50 mm. The duodenum measures 2.79 mm.

The jejunum measures 2.46 mm. The ileum measures 2.62 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No ultrasonographic signs of inflammation, ileus, or foreign material are identified.

The colon measures 0.65 mm and contains formed feces in the descending segment.

Pancreas

Right limb: 9.71 mm. Left limb: 7.08 mm. Irregular contour. The pancreatic parenchyma is slightly hypoechoic relative to the adjacent omental fat. The pancreatic duct measures 1.07 mm. No ultrasonographic evidence of active inflammation in the peripancreatic fat is observed.

Peritoneal Cavity

No ultrasonographic evidence of abdominal effusion, peritonitis or lymphadenomegaly is identified. The iliac trifurcation is unremarkable.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Significant pancreatic enlargement (right limb 9.71 mm, left limb 7.08 mm) with irregular contour.
- Mildly prominent pancreatic duct (1.07 mm).
- Mildly heterogeneous hepatic parenchyma with coarse echotexture.

SECONDARY FINDINGS

- Subjectively prominent hepatorenal/splenorenal vasculature.
- Incidental renal mineral foci.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degree of pancreatic enlargement is clinically significant; however, in this patient, diffuse pancreatic changes without focal lesions or peripancreatic inflammation are more suggestive of chronic pancreatic disease. These findings strongly support chronic pancreatopathy in a diabetic cat.

The hepatic parenchyma is mildly heterogeneous with a coarse echotexture. This is a nonspecific finding that may be seen with hepatocellular disease (including vacuolar change, chronic hepatopathy, or reactive change secondary to pancreatic or systemic disease). The subjectively prominent regional



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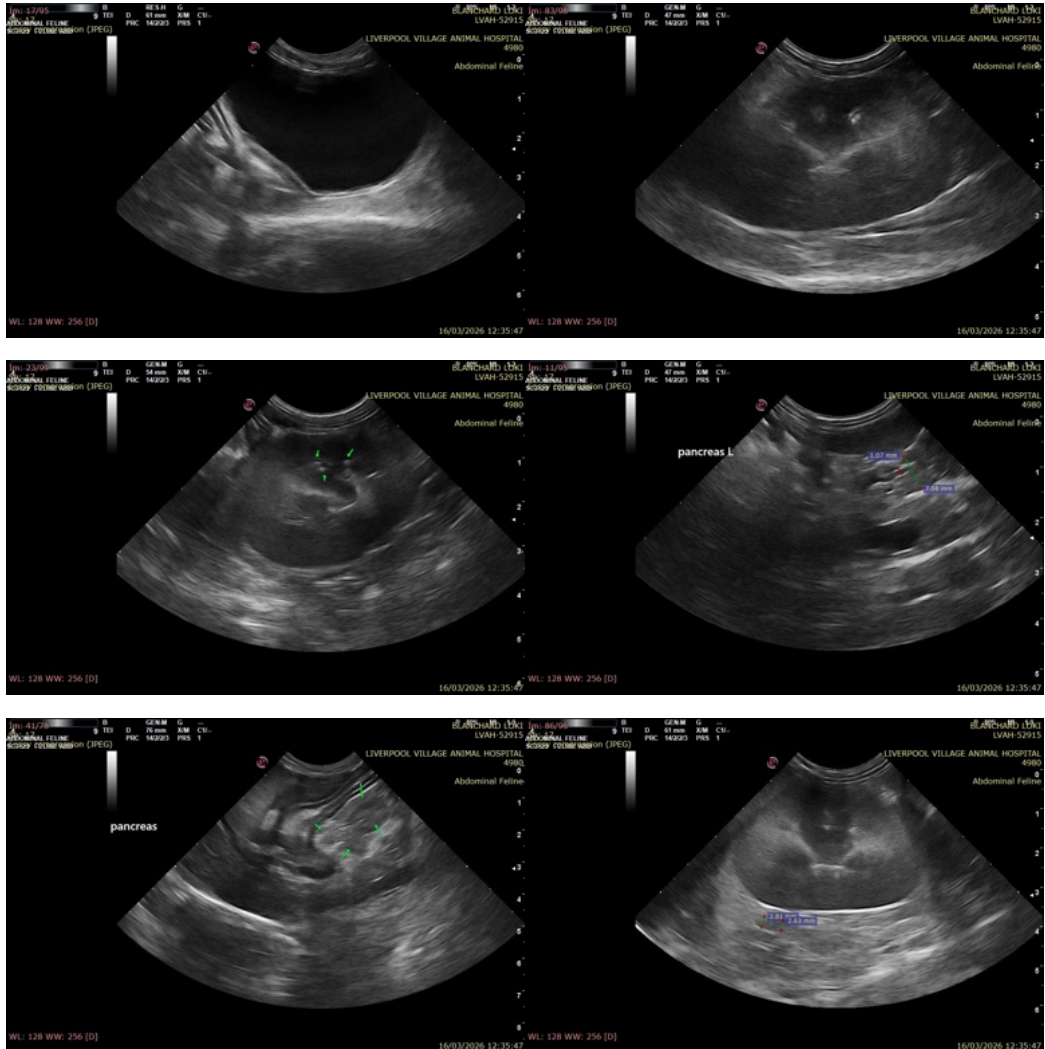
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vasculature may be influenced by sedation or hemodynamic factors and, in isolation, is of uncertain clinical significance.

The gastrointestinal tract is within normal limits in thickness and all within accepted feline reference ranges), making clinically significant diffuse enteropathy or lymphoma less likely based on ultrasound alone.





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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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