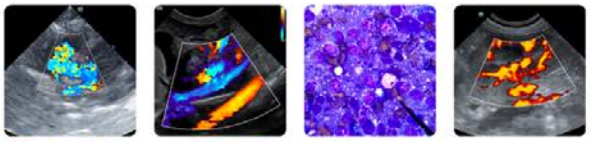


PATIENT

Manny Donat

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

4 Years 9 Months

WEIGHT

10.53

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary Clinic

REFERRING VET

Dr. Erin Rothrock

INVOICE

72519

DATE

1/28/26

PRESENTING CLINICAL SIGNS

Patient is historically diabetic and has been previously well controlled with Vetsulin. Patient stopped eating Friday and declined throughout the weekend.

Abnormal PE/Chem/CBC/UA Results: Ketones 5.9 on presentation; mild neutrophilia (11.22 K/uL), significant hyperglycemia (484 mg/dL), Creat trending up (2.2 mg/dL), increased BUN (52 mg/dL), significant hypokalemia (2.7 mmol/L), mild hypochloremia (102 mmol/L), moderate ALT elevation (725 U/L), mild hyperbilirubinemia (1.5 mg/dL); T4 normal; CPL abnormal at 37.9 (high end of normal is 4.4) RADS: Humulin R PRN, NaCl with KCL and 2.5% dextrose, Cerenia, Metronidazole, Elura, Buprenorphine PRN

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are large in size (left 4.8 cm, right 5.3 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. 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

Adrenal glands are bilaterally uniformly plump egg-shaped adrenal. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended. Left measures 0.57 cm at the cranial pole and 0.63 cm at the caudal pole.

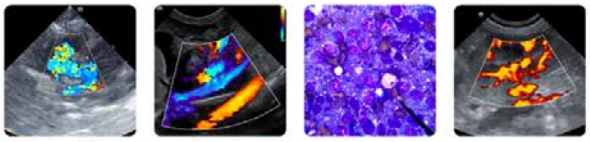
Spleen

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.

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 without visible evidence of dilation noted in these images at this time.



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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.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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.

Free Abdomen

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

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

- Feline renomegaly – These renal changes can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out, especially in a large cat (I'm unsure if the provided weight was lbs or kg). This finding should be interpreted in combination with full clinical picture.
- Similarly, suspect some age related or chronic disease induced adrenomegaly, although concurrent or emerging adrenal disease can't be ruled out. This finding too should be interpreted in combination with clinical signs or suspicion.
- 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.
- Chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.
- Very mild reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the changes described above are non-specific, many of which could be suspected in a diabetic patient and/or a large cat, and should therefore be interpreted in combination with ongoing clinical signs following supportive/symptomatic medical management of this ketotic episode, etc. If diabetes

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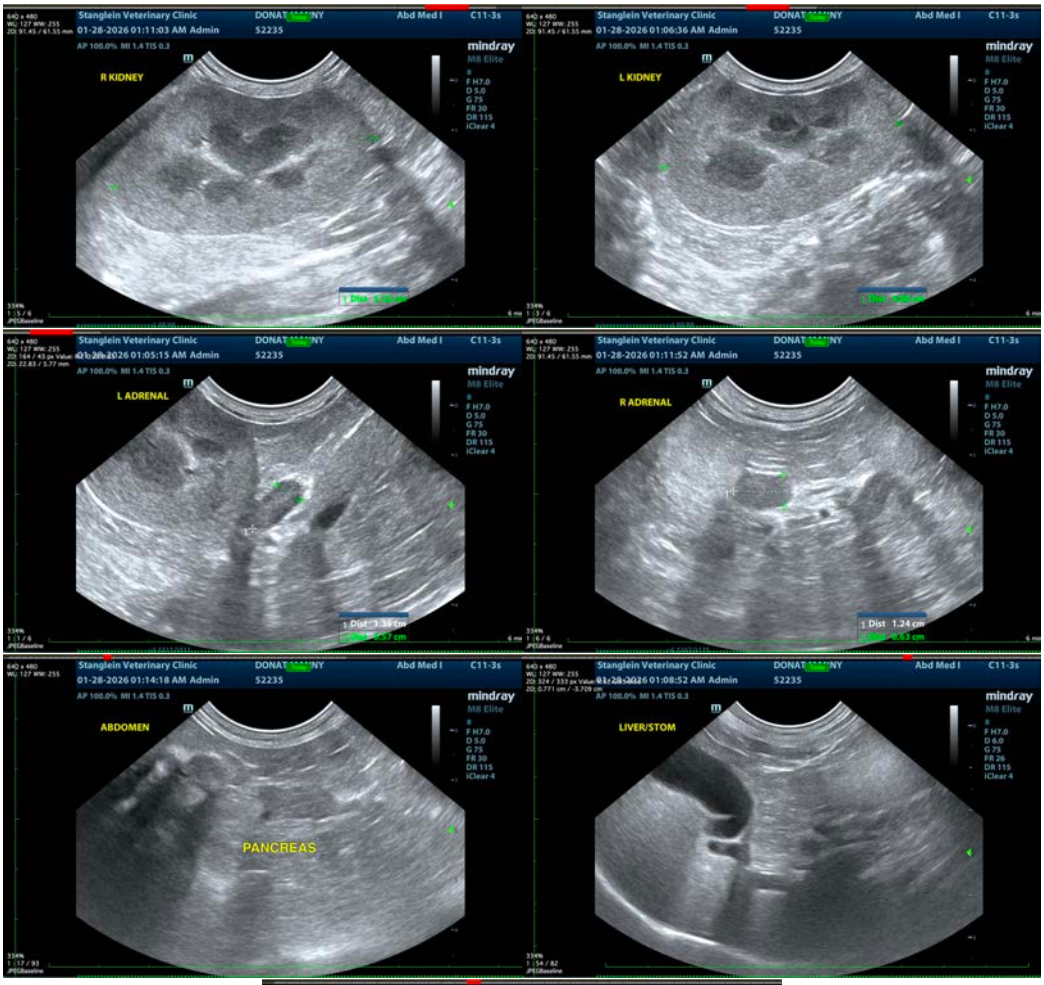
becomes exceedingly difficult to manage on an appropriate or even high dose of an appropriate feline insulin, hormone testing for adrenal disease could be considered.

Similarly, fine needle aspirates of the kidneys could be considered if patient's coagulation status is appropriate.

In the meantime, if not recently evaluated, a blood pressure is recommended.



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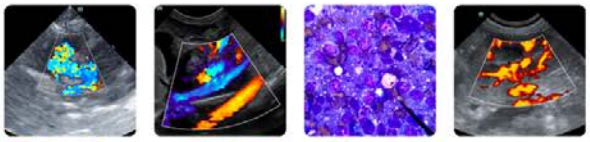

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com