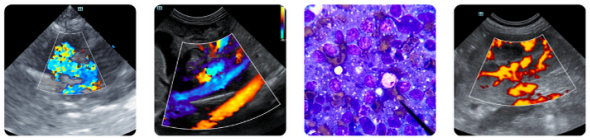


PATIENT

Nico El Guapo Diaz

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14 Years

WEIGHT

19.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dra. Andrea Ramos

INVOICE

35660

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Presented as a referral for an abdominal ultrasound to evaluate history of uncontrolled diabetes and vomiting. Pt was diagnosed with May 2025 and was started on Vetsulin and currently taking 2.5 units BID. Pt usually vomits once a month and appears to be hair ball. Recently licking excessively, the abdomen causing alopecia. Pt also has developed weight loss used to weight 22#. In May 2025 changed diet from High fiber to Hills gluco m/d. currently appears to be glucose

Abnormal PE/Chem/CBC/UA Results: PE: BCS 9/9 Bloodwork attached as supporting documents.

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 overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.2 cm. The right kidney measures 4.2 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.36 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

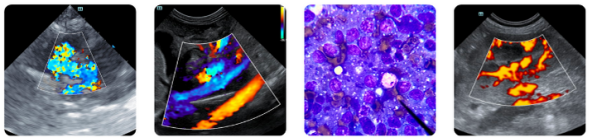
Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively 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.

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



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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 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 empty with no evidence of obstruction or foreign material.

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

Pancreas

The pancreas is prominent/enlarged in size, primarily hyperechoic to surrounding tissue, but contains multifocal ill-defined hypoechoic nodules throughout the parenchyma. The pancreas has a mildly irregular undulating contour and diffusely mixed echogenic remodeling in addition to the nodules. No pancreatic duct dilation is noted and there is no evidence of active peripancreatic inflammation in these images.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

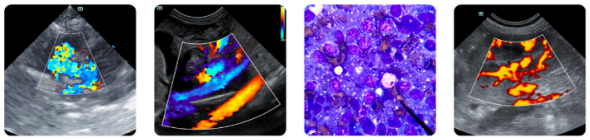
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Chronic low grade smoldering pancreatitis is suspected with likely concurrent pancreatic nodular hyperplasia. Having said that, however, infiltrative neoplasia can't be ruled out without tissue sampling but is considered slightly less likely.
- Moderately reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- 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, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- 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.

Secondary Findings

- Age-related kidney changes



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

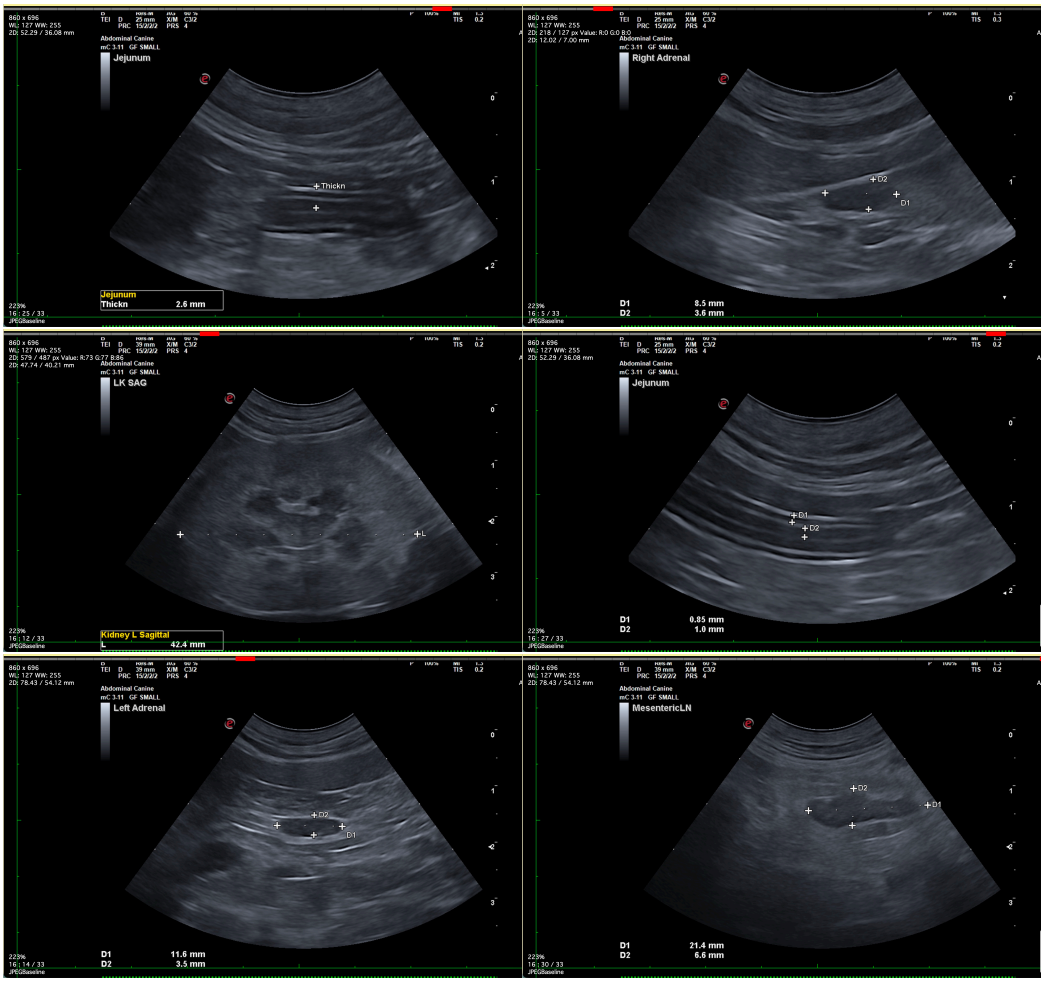
Given the patient's reported difficult to control diabetes and the insulin history, etc., a change in type of insulin and/or dose could still be the primary problem and placement of a Freestyle Libre Sensor could be considered.

Having said that, concurrent pancreatic and/or even gastrointestinal disease can't be ruled out. Therefore, 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 pancreas could be considered if patients coagulation status is appropriate.

Pending results of above, ultimately, biopsies of the GI tract may also be warranted, being sure to include ileum, if possible.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.



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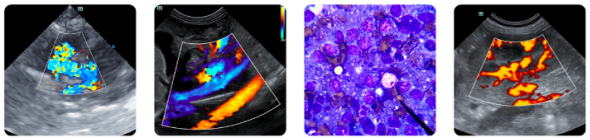

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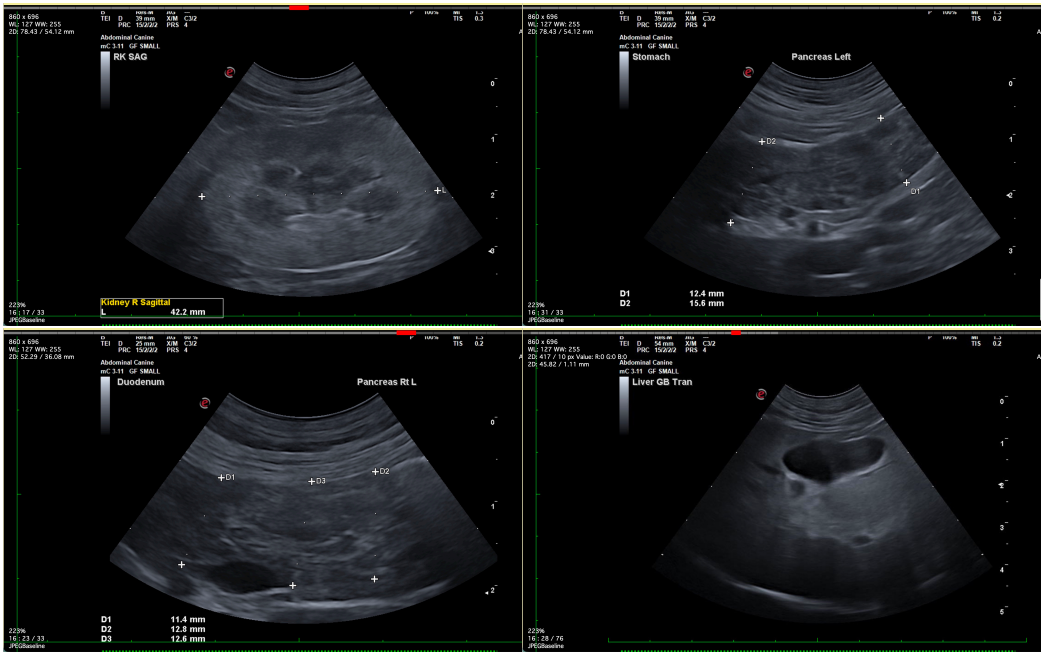

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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