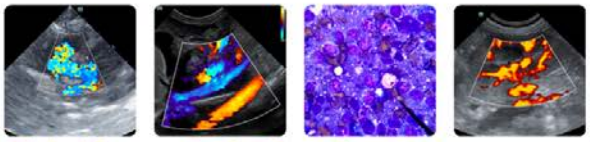


PATIENT

Smokey Kubera

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

17.5 Years

WEIGHT

14.2 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

71553

DATE

11/4/25

PRESENTING CLINICAL SIGNS

Hx of well controlled Diabetes Mellitus. Presented for sudden vomiting, diarrhea, inappetance on 11/3/25 and admitted to the hospital as patient was dehydrated and lethargic. Bloodwork: CBC: HCT 30%, neutrophilia with suspected bands, mild monocytosis. Chem: Glucose 180, Creat 8.9 (H), BUN 100 (H), Na 166 (H), K 4.5 (N), ALT 212 (H), tbili 1.3 (H), Amylase 1,844 (H), Pancreatic lipase >50 (H). UA: USG 1.020, rods, 1+ glu, 1+ bili. Full body rads sent to radiologist, Conclusions: Cholecystolithiasis, right degenerative renal disease, splenic mass suspected, platelike atelactasis with no other abn with lungs. Patient on IVF, B complex, IV Unasyn BID, IV Metro BID, IV buprenorphine BID, cerenia, pepcid, mirataz, and ondansetron. BG checks and insulin (1 unit glargine given this AM). PCV/TS today: 22%, 8.

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.

The right kidney is small (3.36 cm), irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted. Punctate non-obstructive nephroliths are noted.

The left kidney is normal is size (4.6 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

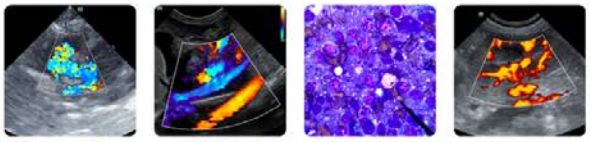
Adrenal glands are bilaterally uniformly plump egg-shaped adrenals (left measures 0.60 cm, right measures 0.60 cm), hypoechoic in echogenicity. This is most likely a benign age-related change. This change can be caused by chronic stress/disease, so investigation for/management of other disease (chronic kidney disease, hyperthyroidism, etc.) is recommended.

Spleen

Spleen is subjectively large in size (1.3 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture, except for in the mid spleen, in the area of the hilus, where there is an approximately 1.4 cm x 1.8 cm homogeneous, iso- to slightly hypoechoic mass/bulge. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion. Multifocal intrahepatic biliary mineral densities are noted.



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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, while not visibly pathologically distended, are diffusely tortuous in appearance.

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 intestine demonstrates areas of moderately 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

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. Pancreatic duct dilation is suspected.

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

- Moderate inflammatory bowel disease (IBD) 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.
- Chronic low-grade smoldering pancreatitis is suspected.
- The hepatobiliary changes are non-specific and could be incidental changes, potentially the result of previous episodes of cholangiohepatitis, although ongoing chronic low-grade smoldering cholangiohepatitis can't be ruled out and should be suspected in the face of appropriate clinical signs, laboratory changes, etc.
- Splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered, especially given the mass-like bulge in the mid spleen.
- Chronic kidney disease changes, primarily in the right kidney.
- Mild amount of echogenic urinary bladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

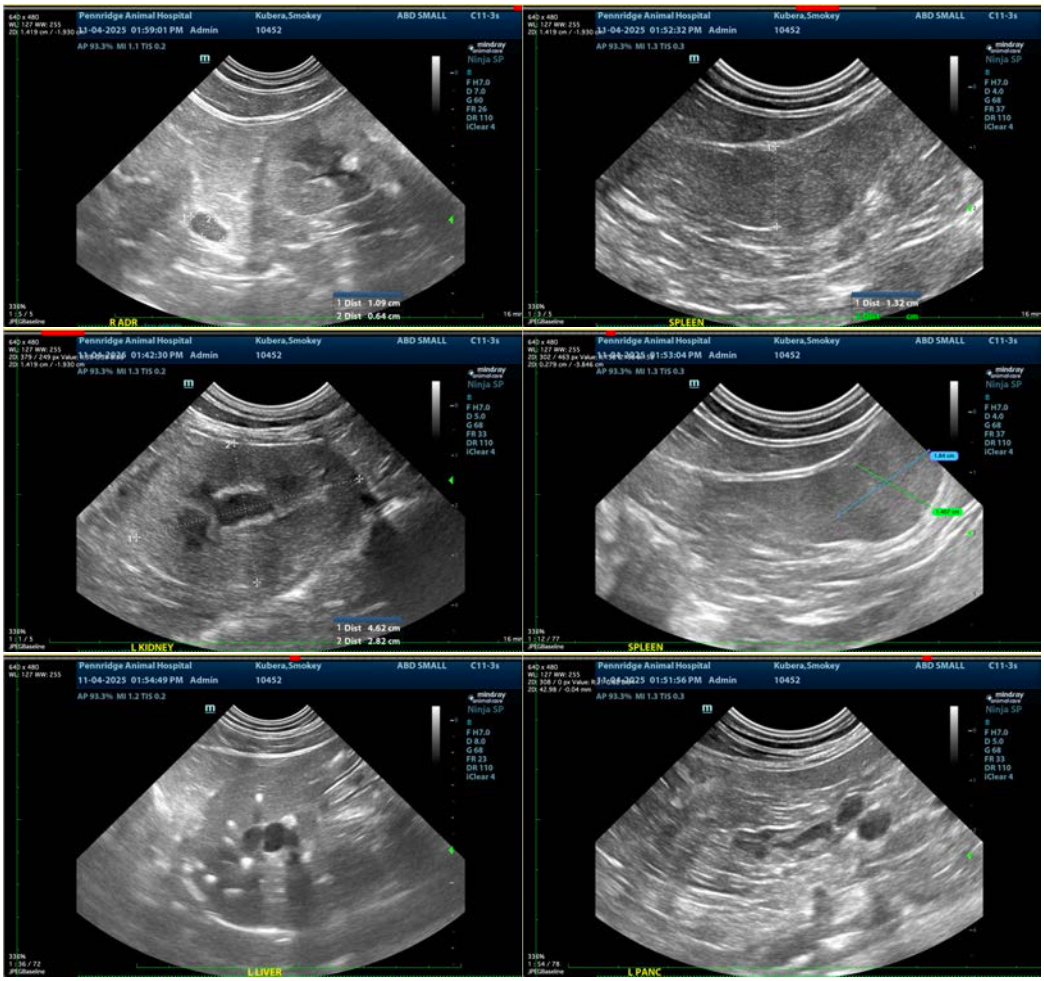
Fine needle aspirates of the spleen +/- liver are recommended if patient's coagulation status is appropriate.

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.

If not recently evaluated, a T4 +/- free T4 is also recommended.

A urine culture is recommended if not recently evaluated.

In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad-spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.



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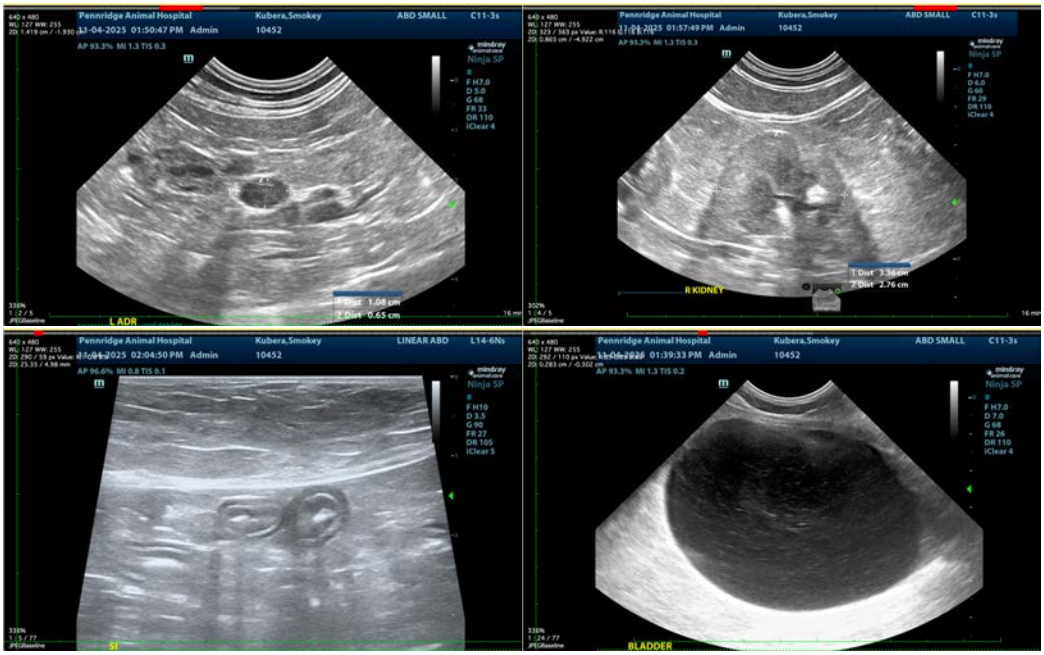

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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