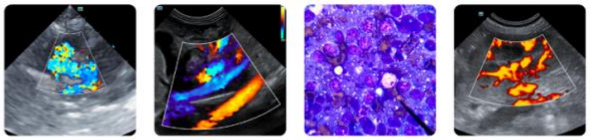


PATIENT

Lazlo Bice

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

11.8 Pounds

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Karen Hemmerich

HOSPITAL NAME

Tigard AH

REFERRING VET

Dr. Karen Hemmerich

INVOICE

35729

DATE

12/1/25

PRESENTING CLINICAL SIGNS

History: P presented for dental with inc. ALT, AST. Recheck one week later showed continued mild increase. Hx of vomiting and diabetes about 24-18 months ago with liver enzyme elevation then, diabetes went into remission and vomiting significantly improved with diet change. Weight has been stable. T4 2.2 uG/dL AUS 6/024 showed • Bilateral mild renomegaly exhibiting mild left kidney pyelectasia • Chronic pancreatitis • Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity - • Mild gallbladder sediment • Overtly normal bilateral adrenal glands • Intact borderline prominent small bowel wall • Intermittent mild subjective benign / reactive mesenteric lymph nodes.

Abnormal PE/Chem/CBC/UA Results: Severe periodontal disease (large pockets with purulent material upper canines, mobile 208 due to FORL severity) heavy tartar and gingival recession/gingivitis. 12/1 ALT 247 12 - 130 U/L 11/25 ALT 212 27 - 158 U/L AST 79 16 - 67 U/L.

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 large in size (left 4.7/right 4.6 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 mineral or infarcts observed. Trace pyelectasia is noted in the left kidney.

Adrenal Glands

The adrenal glands are unable to be visualized in these images.

Spleen

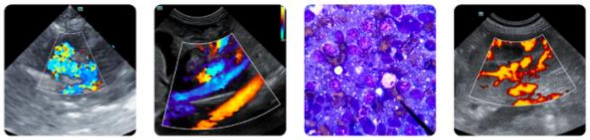
Spleen is subjectively large in size (1.1 cm thick at the hilus) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

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 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

The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

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

The 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

Primary Findings

- 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.
- 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, and amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Secondary Findings

- The very mildly large kidneys are likely normal patient variant given that that is also a reported historical finding. Infiltrative disease can't be ruled out but is considered less likely.
- Age related pancreatic remodeling
- Very mild reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, recheck of the liver enzymes following treatment of the reported severe dental disease is recommended. If liver enzymes remain increased and/or are progressive, sampling is recommended beginning with fine needle aspirates of both the liver and spleen if patient's coagulation status is appropriate.

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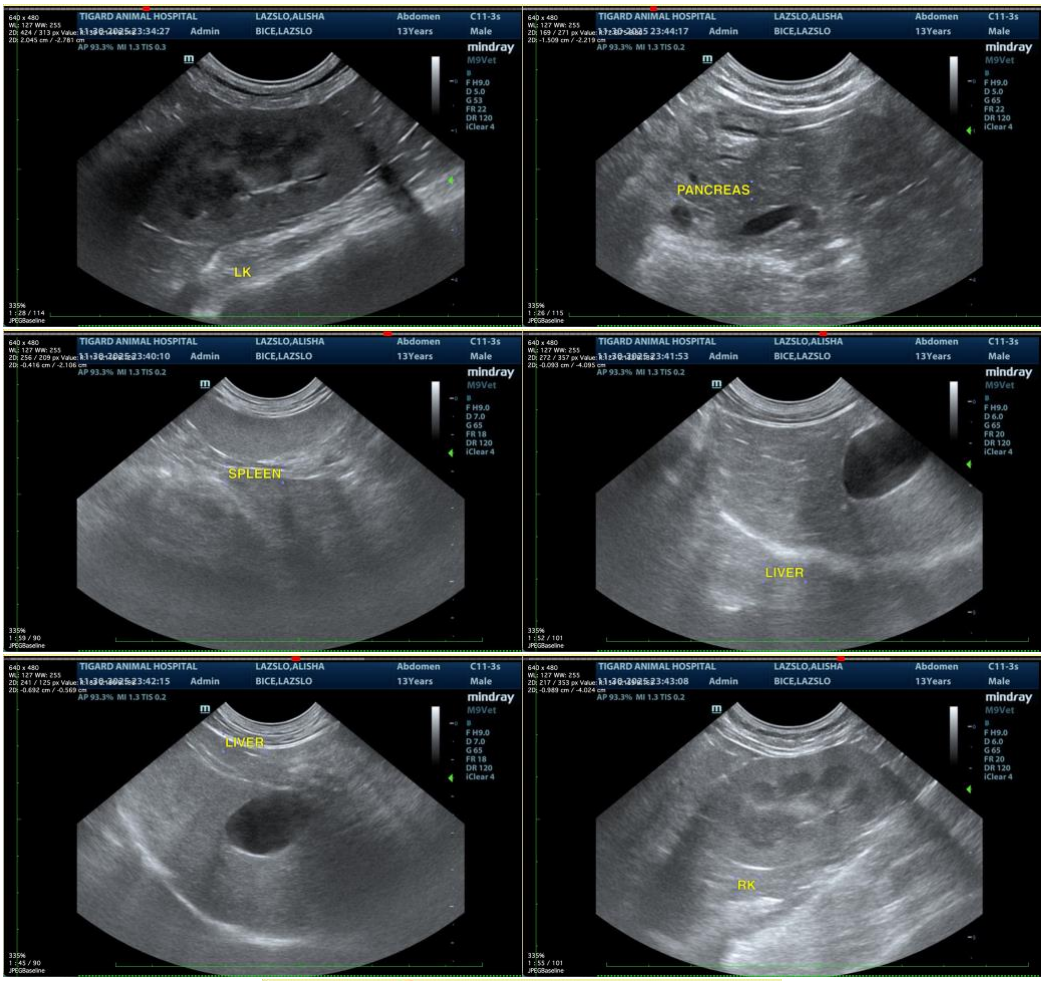
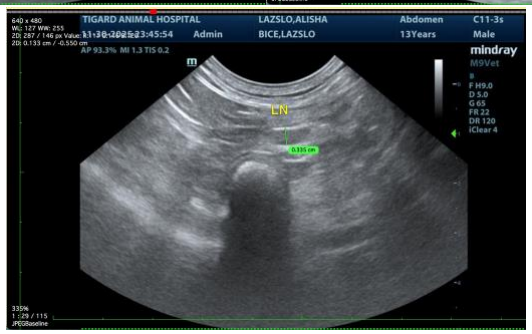
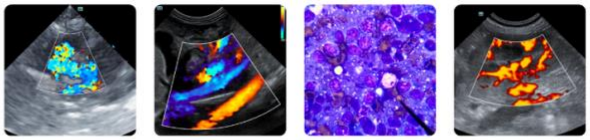
In the meantime, given patient's vomiting, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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





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



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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