



PATIENT	PRESENTING CLINICAL SIGNS
Peanut Crowley	BCS 6/9; elevated LE's, new diabetic, probable herpes conjunctivitis.
SPECIES	Current Medications: Famcycloni SID: Zithromax SID: Glargine 1U BID; Buprenorphine PRN
Feline	Abnormal PE/Chem/CBC/UA Results: ALT-413; AST-120; ALKP-71; BG-438. UA: 3+ glucose (neg ketones)
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The 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.
Neutered Male	
AGE	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 mineral or infarcts observed. Mild pyelectasia is present bilaterally. Left kidney measures 4.2 cm. Right kidney measures 4.3 cm.
11 Years 11 Months	
WEIGHT	Adrenal Glands
16.8 lbs	The right adrenal gland is normal in size (0.61 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.59 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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.
HOSPITAL NAME	Liver
Nazareth Veterinary Center	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.
REFERRING VET	INVOICE
Dr. Bankowski	The 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.
	74425
	DATE
	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.
	4/14/26



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Peanut Crowley

SPECIES

Feline

BREED

DSH

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Neutered Male

AGE

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16.8 lbs

INTERPRETED BY

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HOSPITAL NAME

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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. No pancreatic duct dilation is noted.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

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.
- 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 or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling. *This finding may be in part normal patient variant in a senior cat and should be interpreted in combination with clinical signs.
- Similarly, concurrent chronic low-grade smoldering pancreatitis can't be ruled out and should be suspected in the face of appropriate clinical signs.

SECONDARY FINDINGS

- Moderate age related kidney changes with mild bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable senior feline study, especially in a newly diabetic patient. Having said that, further evaluation for more significant infiltrative disease affecting the liver could be considered, beginning with a fine needle aspirate of the liver if patient's coagulation status is appropriate.

Additionally, given the bowel changes, 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.

In the meantime, supportive/symptomatic medical management of clinical signs is recommended while beginning to regulate the diabetes mellitus and monitoring the concurrent changes prior to making further diagnostic and/or therapeutic interventions.



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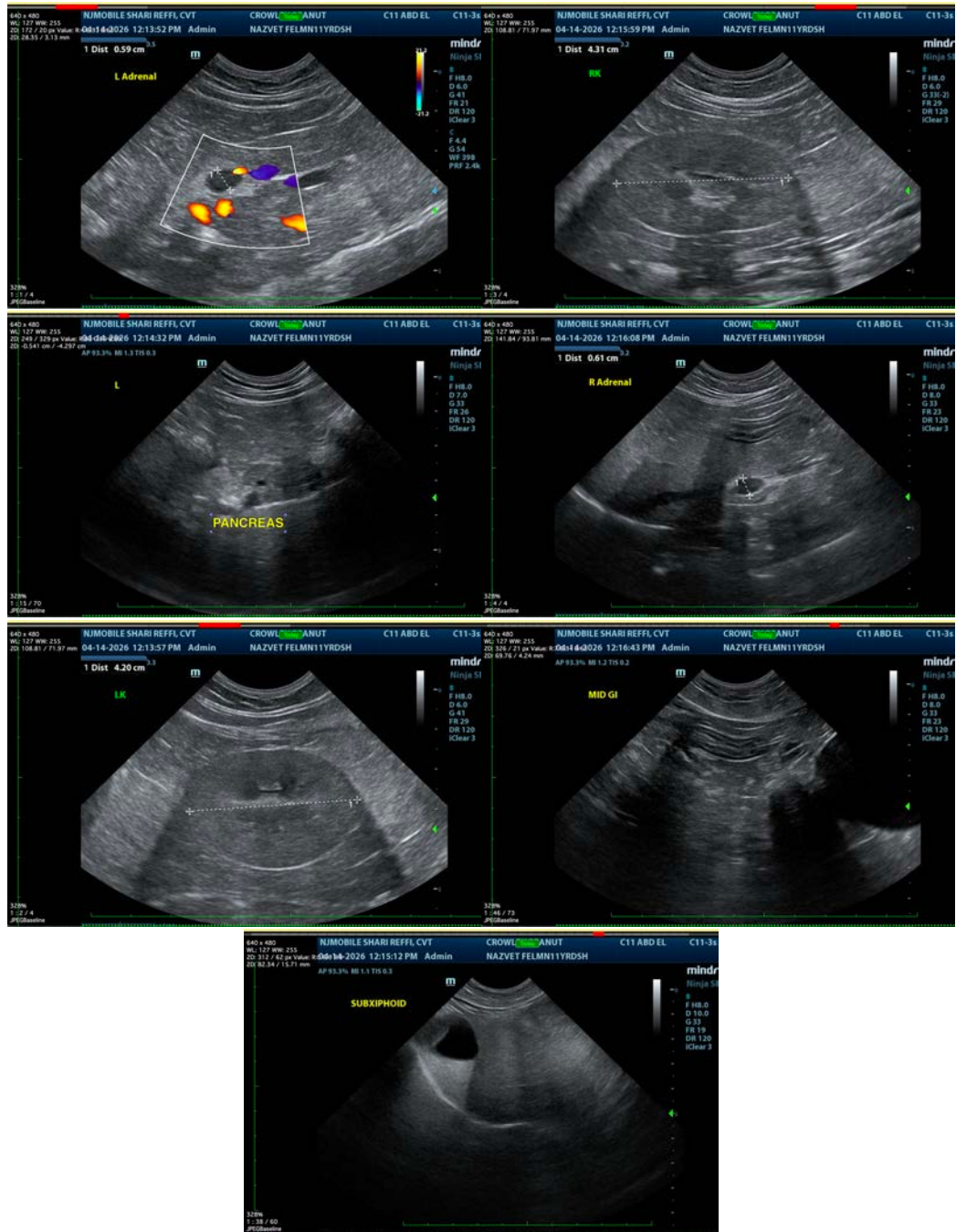
Dr. Bankowski

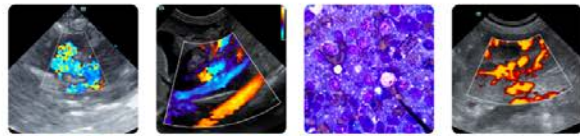
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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