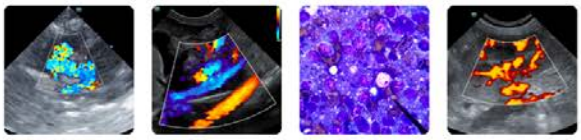




**DATE**

1/30/26

**PATIENT**

Matthew Brookhart

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6/1/14

**WEIGHT**

10 lbs

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS

**HOSPITAL NAME**

Cat Sense Feling Hospital and Boarding

**REFERRING VET**

Dr. Sinclair

**INVOICE**

72604

## PRESENTING CLINICAL SIGNS

**Patient History:** Matthew has been treated for presumptive IBD since his last ultrasound and his diabetes went into remission at the end of November 2025 until recently. He was holding his weight around 11# also until the last couple of weeks. His appetite has recently been a bit decreased and he appears to be a little weaker on his hind legs. His weight on 1/22/26 was 10# 5oz. He had some muscle wasting but no other major changes on his PE. His heart murmur was stable at a 1/6. Bloodwork was performed and showed a relapse of the diabetes and an elevated specFPL as well as several elevated liver values. It also showed a mild hypokalemia. We have been treating him for a pancreatitis flare that might be the cause of the recurrence of diabetes and the elevated liver values but he isn't responding as well as I had hoped.

**Current Medications:** 5mg pred in the am and 2.5mg in pm, 62.5mg metronidazole sid-bid, 6mg cerenia sid 250ug B12 sq siw, ondansetron 4mg bid as needed, Mirataz sid as needed, 2mEq potassium gluconate bid
**Labwork Results:** Labwork attached, reported as: Glucose-285mg/dL, K+=3.5mmol/L, Chloride=102mmol/L, ALT=288 U/L, AST=202 U/L, ALKP=78U/L, hct=26.4%, Fructosamine=458umol/L, specFPL=12.8ug/L, 2+ protein (no UPC run yet), 1+ glucosuria, 2+ ketonuria
**Date of Previous IntraPet Ultrasound:** 9/20/24, 3/4/25 & 4/15/25. See attached.
**Sedation:** Not required to complete full diagnostic ultrasound.
**Stat Report:** Requested.
**Imaging Performed by:** Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** were swollen with thickened cortices. The left kidney measured 4.67 cm with slight pyelectasia at 0.29 cm. The right kidney measured 5.11 cm.

### *Adrenal Glands*

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right measures 0.25 cm. Left measures 0.25 cm.

### *Spleen*

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

### *Liver*

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

### *Gastrointestinal*

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

### *Pancreas*

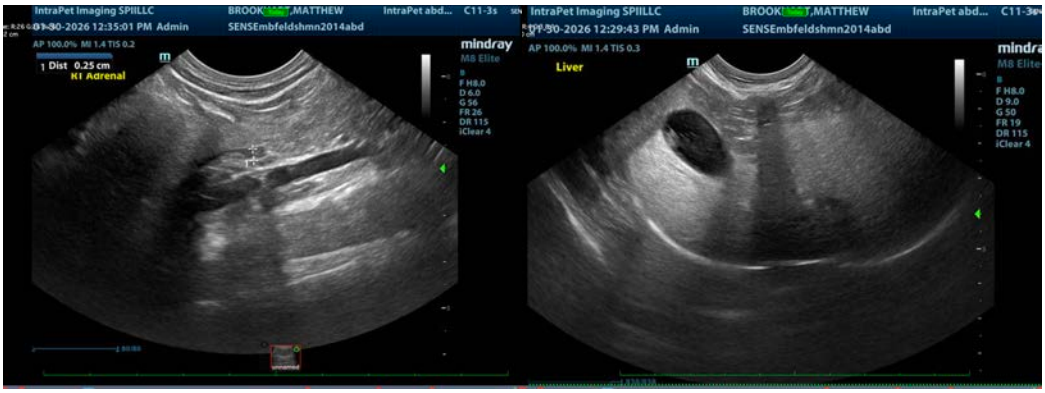
The **pancreas** is hypoechoic and irregular with undulating contour. Upper limits of normal in size at 0.84 cm. Enhanced mesentery noted around the pancreas, consistent with pancreatitis. No overt evidence of neoplasia.

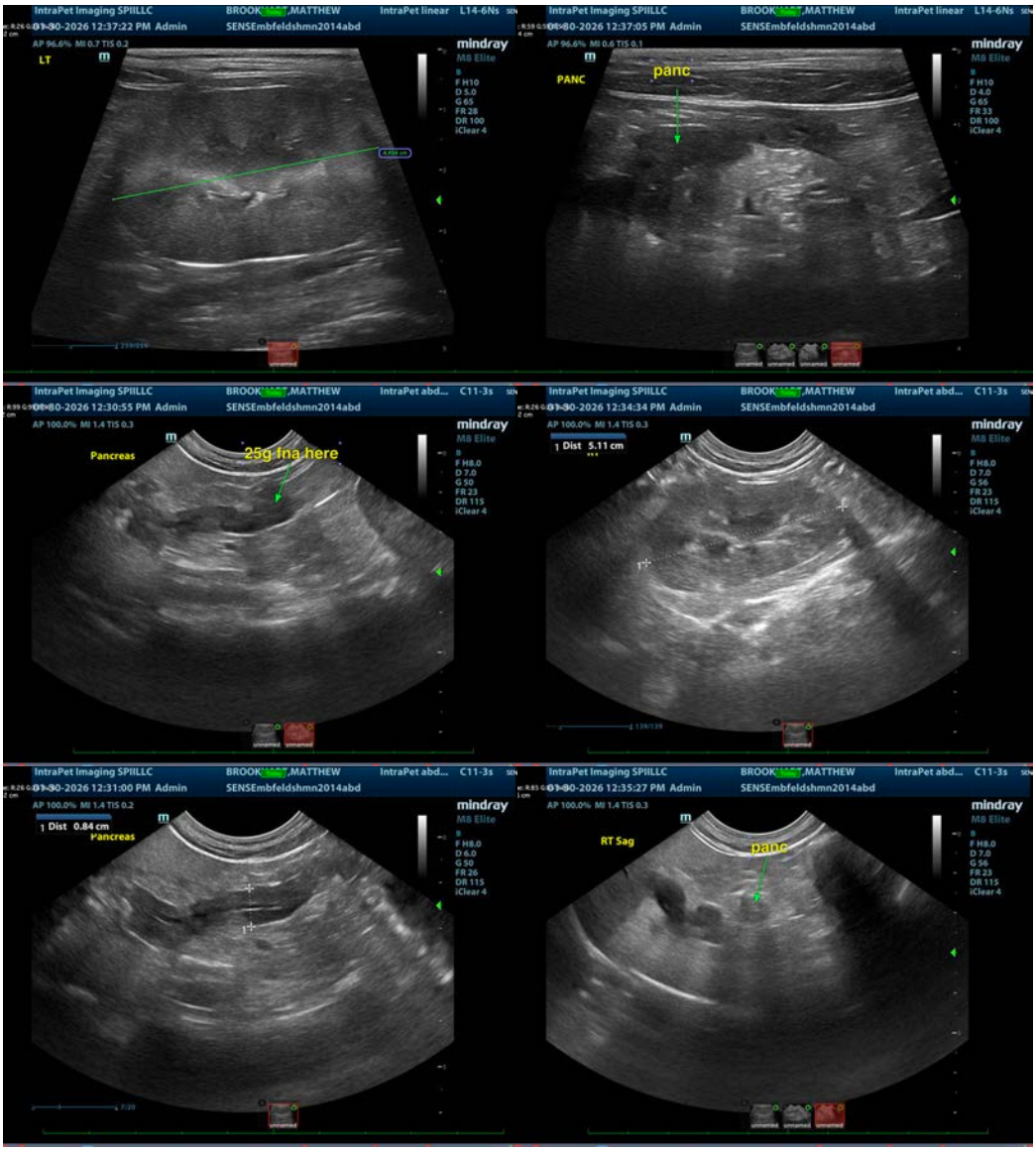
## ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Hepatic lipidosis pattern.
- Pancreatitis pattern.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of neoplasia. History of thickened GI tract does not appear to be persistent in this patient, as the GI tract appeared normal. Given the anemia, I cannot rule out underlying neoplasia beneath the lipidosis type liver pattern. Coagulation panel and 25-gauge FNA of the liver and pancreas with cytology and culture would be ideal to assess for underlying neoplasia as well as to medically manage based on inflammatory cell type predominance. Medical management for pancreatitis and lipidosis warranted until cytology can be evaluated.






**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.

**Eric Lindquist**, DMV, DABVP(CFM), Cert. IVUSS,
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