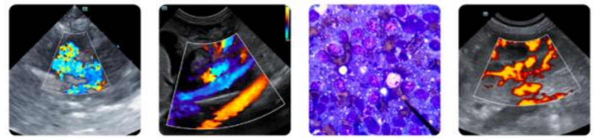


PATIENT
Leo Kolb

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
9 Years

WEIGHT
4.8 kg

INTERPRETED BY
Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY
Dr. Meghan Myers

HOSPITAL NAME
Hershey AEC

REFERRING VET
Dr. Sarah Moser

INVOICE
35193

DATE
1/4/26

PRESENTING CLINICAL SIGNS

History: Leo presented to HAEC on 1/3/26 for acute inappetence, lethargy and a single episode of vomiting since this morning. Past medical history includes urethral obstruction approximately 7 years ago, no recurrence since per owner. *Newly diagnosed diabetic* Pink mm, tacky, CRT <2 seconds, underbite, generalized gingivostomatitis, moderate plaque, gingival recession maxillary canines unkempt, general scale 5-6% dehydrated.

Abnormal PE/Chem/CBC/UA Results: CBC: Eosinophils 0.03 (L), Platelets 117 (L); PCT WNL; platelet clumps noted Chem: Glucose 453 (H), Creatinine 0.5 (L), Tbili 1.0 (H), Cholesterol 254 (H), Globulins 5.7 (H) EPOC: pCO2 28.8, Bicarb 14.7, TCO2 14.1, pH 7.314, BE -11.5, Chloride 130, Glucose 442 (H) T4: 0.9 (WNL) UA: USG >1.050.

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 was noted. Ureteral papillae were normal.

The **kidneys** were swollen with loss of corticomedullary definition and cortical remodeling. Slight pyelectasia was noted. The left kidney was enlarged, measuring 5.5 cm. The right kidney was enlarged, measuring 5.2 cm. The enlargement is likely diabetic related with potential concurrent nephritis. Urinalysis is warranted with culture and sensitivity.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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. The spleen measured 9.0 mm.

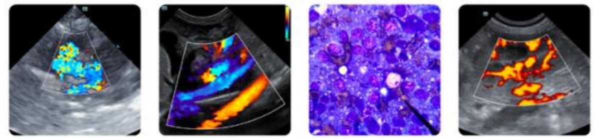
Liver

The **liver** was diffusely hyperechoic to falciform fat with generalized enlargement. The gallbladder and common bile duct were unremarkable. This change is consistent with hepatic lipidosis and/or diabetic hepatopathy. FNA is indicated.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a minor change.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diabetic related changes in the abdomen with renal pyelectasia. Potential underlying UTI. Work up is indicated.
- Some level of pancreatitis is possible in this patient, yet the changes were minor.
- Generalized hepatic enlargement

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated given the patient history and bilirubin elevation.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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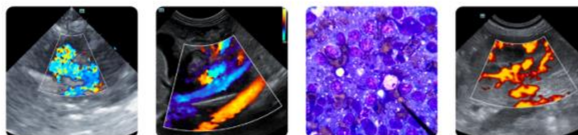
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com