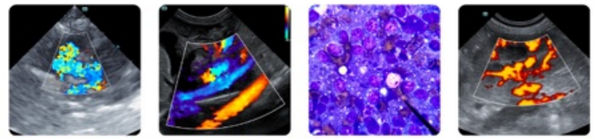


PATIENT

Misha Hahn

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

7 years

WEIGHT

7.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. DiNello-Schleicher

INVOICE

69497

DATE

12/10/25

PRESENTING CLINICAL SIGNS

History: Diabetic cat diagnosed November 10th in DKA with a UTI (WBC count at that time 51K with 38K neutrophils and 11K lymphocytes, patient given Convenia) as well and hospitalized. Currently on vetsulin 2.5 units BID but glycemic control not yet reached (last increased insulin dose on 12/5). Presented 12/8 for not eating with a fever of 105.4F, lethargic and not eating. Discomfort on kidney palpation esp. L kidney and brief U/S showed debris in renal pelvis. See bloodwork below. Urine culture sent off but results not yet received. Fever decreases for ~10-12 hours after receiving Onsior but then increases. When fever elevated patient not interested in eating so pt hospitalized for BG checks and insulin administration based on BG levels Convenia given 12/8, enrofloxacin 17mg given q24hr (day 3), Onsior given once daily last three days, (day 1 injection, day 2-3 1 tablet), on SQF 100-150mL q12-24h, Abnormal PE/Chem/CBC/UA Results: 12/8: WBC 41.60K (H), NEUT 21.2K (H) with bands noted, automated CBC showed LYMPH 19.1K (H) but blood smear review showed normal numbers of small lymphocytes, suspect large bands (severely elevated number of bands) falsely elevated lymphocyte count, MONO 1.1K(H), GLU 449 (H), CREA 0.6 (L), K 3.1 (L), PL 2.6 (normal), blood ketones 0.9, urine ketones negative and urine glucose 4+, urine culture pending at lab radiographs 11/10 showed mild hepatomegaly and possible mild renomegaly, no radiographs taken since

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. Bladder calculus was noted and non-obstructive measuring 0.85 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

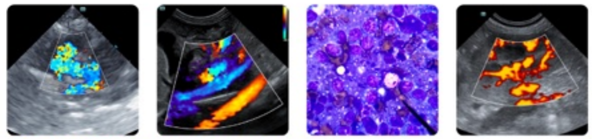
The left **kidney** was enlarged and measured 5.06 cm. Pyelectasia was noted. The **right kidney** revealed calculi and loss of corticomedullary definition with generalized enlargement. The right kidney measured 6.5 cm with pericapsular inflammatory pattern. Echogenic pelvic debris and hydroureter were noted in the right kidney as well as calculi. The patient may have passed a calculus recently in the right kidney with secondary hydronephrosis and pyelonephritis is possible.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.46 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to



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differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** revealed mild uniform enlargement. The gallbladder and common bile duct were unremarkable. Slight free fluid was noted between the liver lobes.

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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Bladder calculus.

Bilateral renal enlargement Right hydroureter and echogenic pelvic debris.

Splenic enlargement.

Hepatic enlargement.

Free fluid between the liver lobes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the slight free fluid, splenohepatomegaly and bilateral renomegaly I cannot rule out an emerging round cell neoplastic event such as lymphoma. This is more likely diabetic induced organomegaly with recent passage of calculus from the right kidney and strictured right ureter with pyelonephritis. Full coagulation panel, urine culture and 72-hour IV fluid protocol +/- 25-guage FNA of the right renal cortex could be considered and/or right kidney pyelocentesis. Some traumatic event may have some effect on the right kidney from sampling. However, if the patient is not responding to medical management then underlying lymphoma should be ruled out. Screening FNA of the spleen and liver would also be considered.

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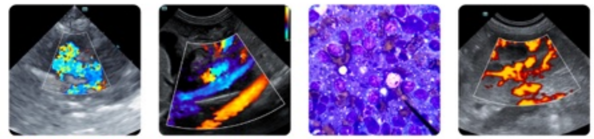

Clinical Sonography & Telecytology

Educational Teleconsultation Services™

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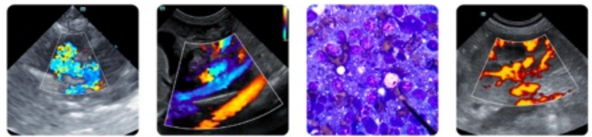

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com