**PATIENT**

Gus Feroli

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

5.13 kg

**INTERPRETED BY**

**Greg Kuhlman**, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, LVT

**HOSPITAL NAME**

Incline Veterinary Hospital

**REFERRING VET**

Dr. Kateryna Sovik

**INVOICE**

11587

**DATE**

3/30/2026

## PRESENTING CLINICAL SIGNS

- History of diabetes mellitus, currently poorly regulated.
- Client reports progressive weight loss over the last couple of weeks, patient feels like "skin and bones".
- Progressive plantigrade stance noted by client, described as "walking more flat-footed".
- Increased lethargy and grumpiness.
- Balance seems off, described as "more wobbly".
- Polyphagia and polydipsia are ongoing.
- Polyuria is ongoing, client notes urination for up to 60 seconds at a time.
- Intermittent soft stools, described as yellowish-brown, occurring every few days for the past three weeks. No frank diarrhea.
- Vomited some food this morning while eating too fast, but then consumed the rest of his meal and kept it down. No extra food was given.
- Current insulin: 4 units twice a day. Client reports increasing to 4 units on or around March 13th after seeing a dip in blood glucose on the Libre monitor.

Abnormal PE/Chem/CBC/UA Results: WBC 18.54 2.87 - 17.02 K/µL HIGH NEU 11.00 2.30 - 10.29 K/µL HIGH PLT * 146 151 - 600 K/µL LOW GLU 256 74 - 159 mg/dL HIGH Urine was not able to be gotten at the time of this blood work.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional mild echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

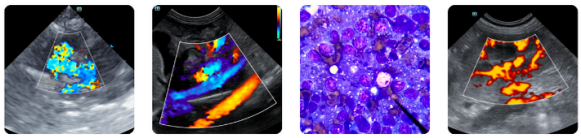
The left kidney presents normal size with normal shape and architecture. The renal cortex appears mildly hyperechoic. Moderately dilated renal pelvis noted measuring 9.2 mm x 4.2 mm in size. Normal corticomedullary distinction. No pyelectasia or nephrolithiasis. The left kidney measured 4.4 cm in length.

The right kidney presents normal size with normal shape and architecture. The renal cortex appears mildly hyperechoic. Normal corticomedullary distinction. There is a cyst visualized in the caudal pole that appears benign and measures 1.7 mm in width. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured X cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 3.9 mm in width.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 3.3 mm in width.





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### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

### *Liver*

The liver presents diffusely enlarged in size and shape with mild hyperechoic echotexture, and rounded margins. The appearance of the liver is consistent with unregulated diabetes mellitus causing glycogen type vacuolar hepatopathy. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. Common bile duct is seen and measures 1.9 mm in width.

### *Gastrointestinal*

The stomach has normal wall layering and thickness. Segments of jejunum that measures up to 3.4 mm in width, due to a thickened muscularis layer. A normal feline jejunum should measures less than 2.8 mm in width. Ileum is mildly thickened measuring 3.4 mm in width, due to moderately thickened muscularis layer.

Colon contains normal contents with normal wall thickness (1.0 mm in width.)

### *Pancreas*

The left limb of the pancreas is hypoechoic without significant surrounding steatitis, and measures 1.57 cm in width.

### *Free Abdomen*

Mild right mesenteric lymphadenopathy noted. Representative node measures 3.2 mm x 20.2 mm. Left medial iliac lymph nodes. The enlarged medial iliac left node measures 2.9 mm x 14.4 mm in size. Mild to moderate jejunal lymphadenopathy present. Representative node measures 3.2 mm x 24 mm in size.

Scant pocket of free fluid near the urinary trigone, and around the jejunum.

## ULTRASONOGRAPHIC FINDINGS

- Mild right mesenteric, left medial iliac, and jejunal lymphadenopathy – Appears reactive and less likely neoplastic.
- Dilated left renal pelvis – Most likely dilated due to the patient's reported PU/PD but pyelonephritis is a possible differential.
- Hypoechoic left limb of the pancreas – Appears to have reactive pancreatitis.
- Mild urinary bladder debris.
- Thickened jejunum and ileum – Patient appear to have possible chronic enteritis.
- Scant pocket of free fluid around the urinary trigone, and the jejunum.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lymph nodes appear to be reactive, and less likely due to neoplastic disease, however neoplasia cannot be ruled out without tissue sampling. If possible, recommend an ultrasound guided fine needle

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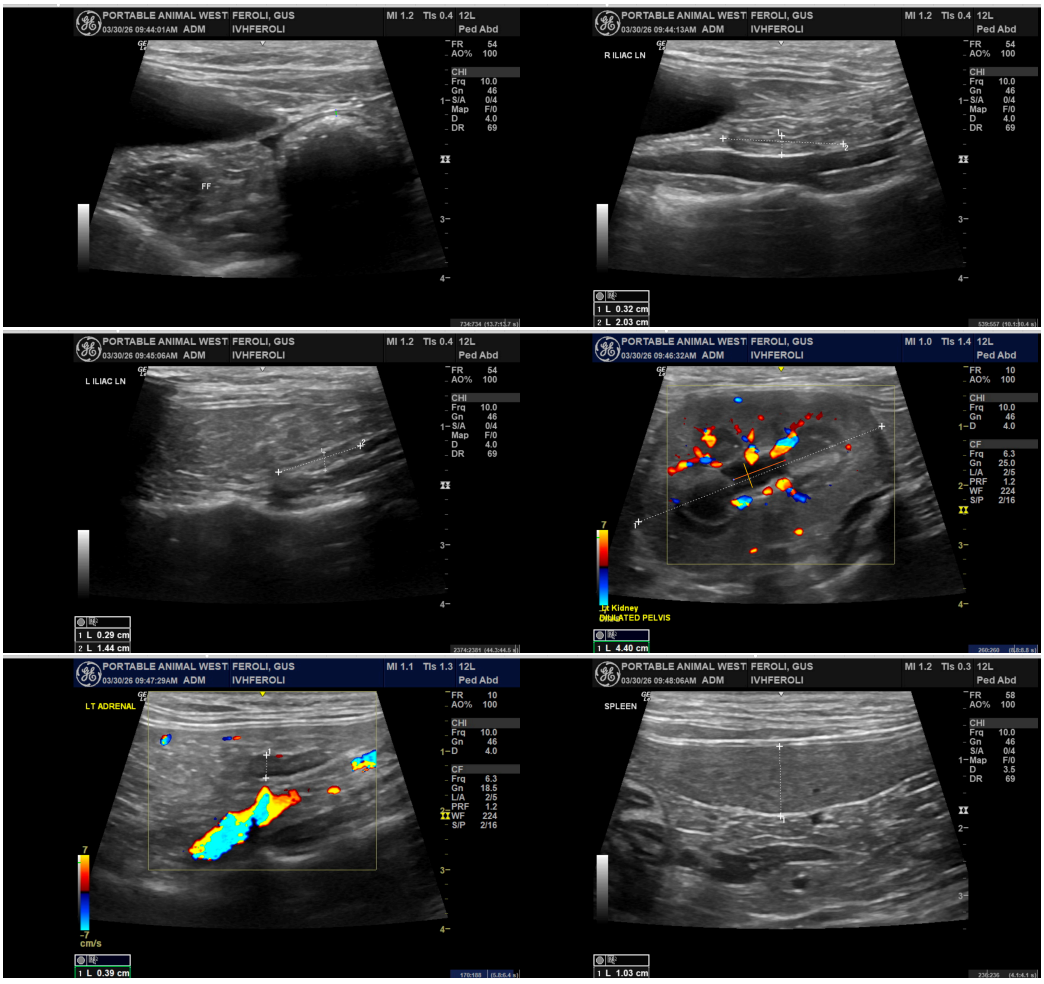
aspirates of an enlarged mesenteric lymph node, and submission for cytology. If clinically warranted based off of the cytology, recommend for PCR for antigen receptor rearrangement assay (PARR.)

Recommend submitting a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory for further evaluation of GI and pancreatic function. If chronic enteropathy is supported by GI Panel, consider GI biopsies (either surgically or endoscopically – Endoscopically preferred as it's less invasive.)

The suspected pancreatitis is most likely reactive due to GI disease, or possibly renal disease.

The patient's dilated left renal pelvis is most likely due to the reported PU/PD. However, it is possible that this could be pyelonephritis. If a urine culture has not submitted, consider submission of a urine culture to rule out pyelonephritis.

The scant pocket of free fluid around the jejunum is most likely due to an inflammatory process from underlying GI disease.



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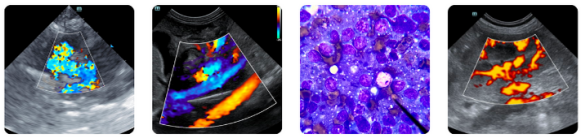

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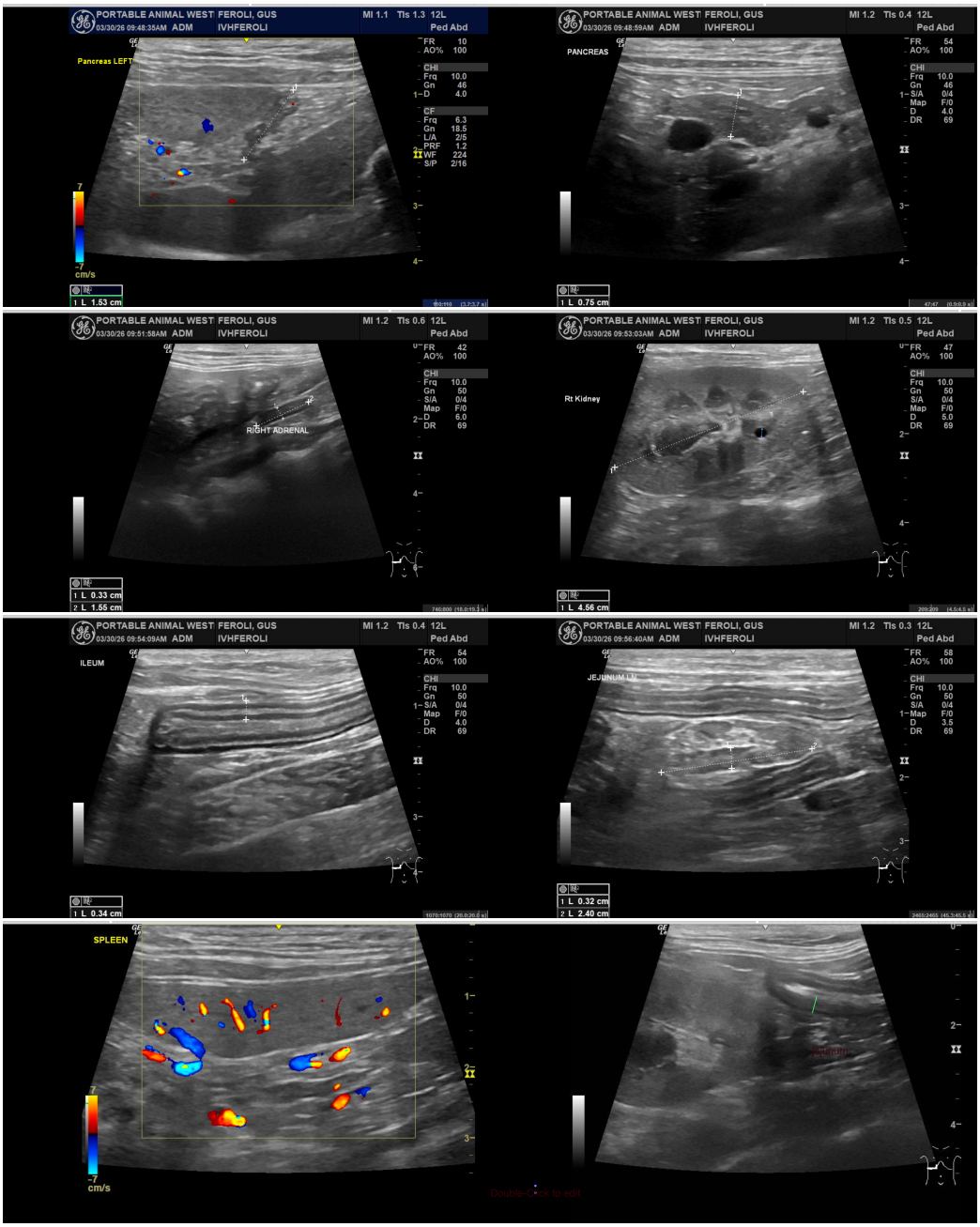


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Greg Kuhlman**, DVM, DACVIM (SAIM) Veterinary Internal Medicine Specialist info@SonoPath.com