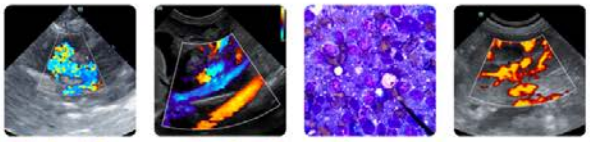


PATIENT

Antonio Provost

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

7

WEIGHT

3 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Justin Freeby

HOSPITAL NAME

Abby Road Veterinary Hospital

REFERRING VET

Dr. Justin Freeby

INVOICE

75653

DATE

6/3/26

PRESENTING CLINICAL SIGNS

P was initially seen back in 05/2026 for PU/PD/PP and at that time bloodwork led to diagnosis of Diabetes Mellitus. P is managed on Lantus 1.5u SQ BID but curves are showing response to insulin. O reported that P continues to be PU/PD/PP but now dehydrated and lethargic. P had labwork that also showed elevated liver values.

Abnormal PE/Chem/CBC/UA Results: PE: Shows marked weight loss from 3.4kg to 3.03kg in the last 2 weeks despite what O says is normal thirst/appetite. PE showed 2/9 bcs with >8% dehydration. P is mildly uncomfortable on palpation of abdomen. Hypothermic on presentation of 98.0 (repeated). Other vitals stable. Repeated labwork attached.

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 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 right kidney presents normal size 4.5 cm) with normal shape and architecture. The cortex is hyperechoic. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.5 cm) with normal shape and architecture. The cortex is hyperechoic. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is mildly enlarged at 4.9 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measures 4.4 mm in width.

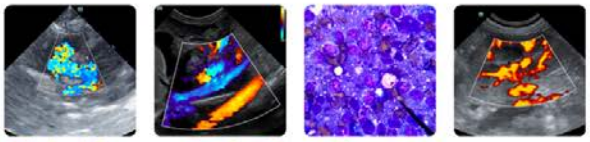
Spleen

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

Liver

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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. The proximal common bile duct is prominent, most likely due to mild obstruction from the enlarged liver and patient's apparent pancreatitis. Suspect a mild extrahepatic biliary duct obstruction, which will most likely resolve with treatment.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. There appears to be a marked amount of formed stool and gas in the colon.

Pancreas

The pancreas is diffusely hypoechoic with significant surrounding hyperechoic fat.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Hyperechoic renal cortices.
- Hyperechoic hepatomegaly.
- Prominent common bile duct.
- Hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend urinalysis. If active urine sediment is present, recommend urine culture.

The patient appears to potentially have some degree of constipation present. Verify either on physical exam or abdominal radiographs.

The patient appears to have mild to moderate pancreatitis, which is unlikely to be primary, most likely reactive to the patient's current illness and moderate to severe dehydration. Recommend treating supportively for pancreatitis.

The appearance of the liver is most likely due to the patient's recent diagnosis of hepatomegaly. However, some degree of hepatic lipidosis may be present. It is unlikely that there is infiltrative neoplasia within the liver. However, recommend fine needle aspirate of the liver to further characterize.

Given patient's history of diabetes, consider screening for hyperadrenocorticism. Recommend performing a low-dose Dexamethasone suppression test, remembering with the feline to use 0.1 mg/kg of Dexamethasone for this test protocol instead of the 0.01 mg/kg used for canines.

The hyperechoic renal cortices are most likely due to lipid deposition from lipiduria.

Recommend submitting thyroid panel to rule out hyperthyroidism as a contributor to patient's clinical signs and the elevated liver values. I suspect the elevated liver values are due to patient's marked hyperechoic hepatomegaly. Recommend treating patient supportively, which may involve hospitalization for IV fluid therapy and supportive medications.

Given that the patient's blood glucose is 525 mg/dl at presentation today, there is some question on whether the patient's diabetes mellitus is well regulated. Recommend training owner to perform at home blood glucose curves so the diabetes can be better regulated.

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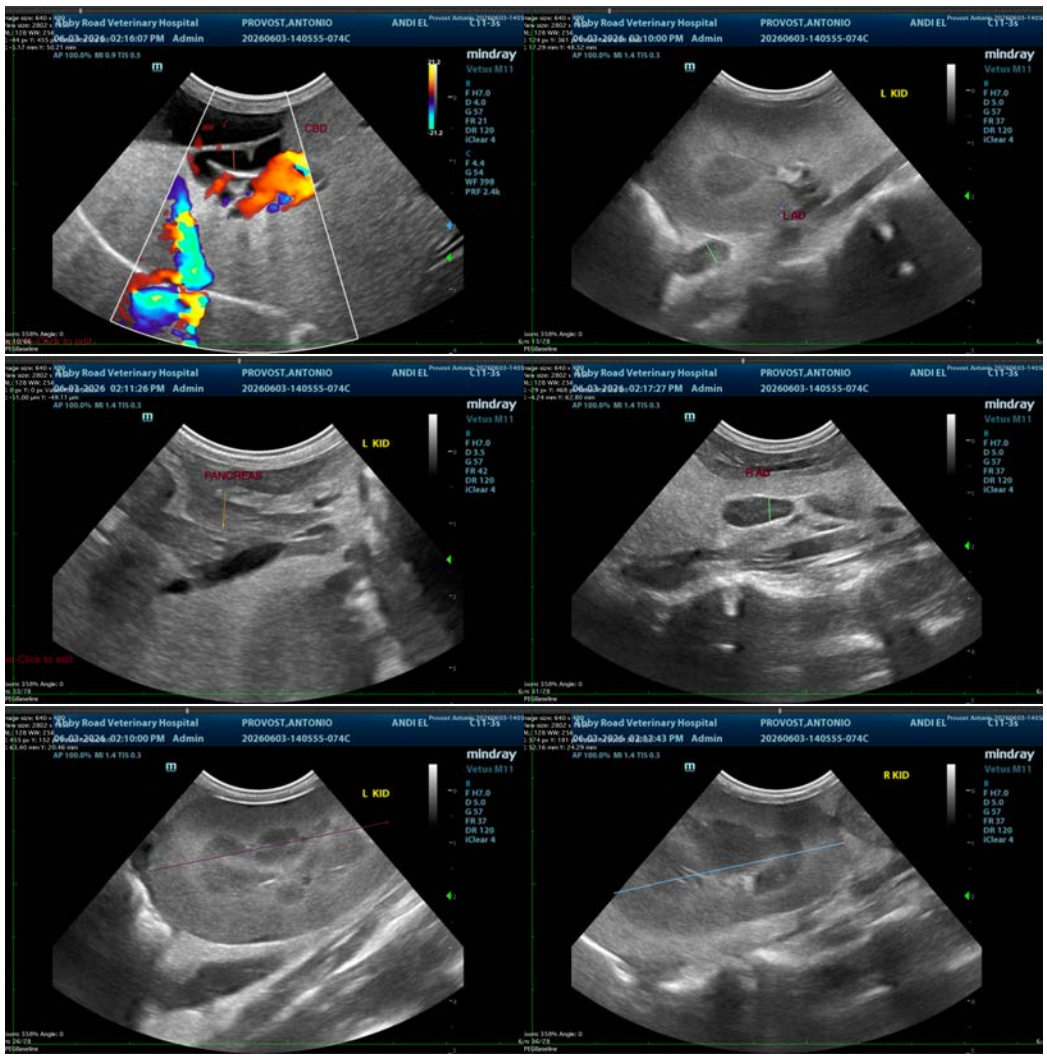

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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