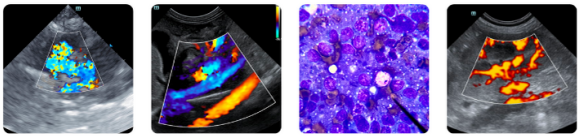

PATIENT

Bruno Ficarella

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

12 years

WEIGHT

N/a

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Family Veterinary Services

REFERRING VET

Dr. Piehler

INVOICE

10923

DATE

12/11/2025

PRESENTING CLINICAL SIGNS

Liver elevation with new diagnosis of diabetes mellitus, muscle wasting (losing weight), PU/PD.

Abnormal PE/Chem/CBC/UA Results: Fructosamine 440, Glucose 417, fPL 50, ALT 349, ALP 187
U/A: glucose present, USG 1.028.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with dependent echogenic debris present. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or calculi. Echogenic debris of this type can be associated with small crystals, cellular debris and proteinaceous debris.

The left kidney has a normal shape and size (4.45 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.58 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.39 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.42 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.82 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively large in size with rounded margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic duct and the proximal bile duct appear mildly dilated. They appear to taper, and are not visualized distally.

Gastrointestinal

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The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum (0.33 cm), jejunum (0.27 cm) and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Visualized peristalsis appears appropriate. No focal lesions are visualized. The submucosal layer appears somewhat prominent.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mottled in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is no evidence of a significant diffuse lymphadenopathy. There's a hyperechoic structure visualized in the mid abdomen most consistent with a prominent mesenteric lymph node, measuring 0.54 cm x 1.9 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Dependent echogenic debris in the urinary bladder. The echogenic debris in the bladder lumen could be consistent with cells, crystals, and/or mucus. Recommend urinalysis and culture
- Pancreatic changes most consistent with chronic pancreatic remodeling in the right limb, or chronic pancreatitis.
- Large, hyperechoic liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Mild diffuse thickening of the small intestine with a prominent submucosal layer. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent mesenteric lymph node. Findings are most consistent with a highly reactive or early neoplastic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is severely hyperechoic, large, and rounded. This can be somewhat expected in a diabetic patient (diabetic hepatopathy) but this is more significant and concerning for either lipidosis, round cell neoplasia, or similar. Recommend a fine needle aspirate of the liver (provided coagulation parameters are normal), and if lipidosis is strongly suspected, consider supplemental tube feeding, etc.

The pancreas has mild changes most consistent with either pancreatic remodeling or possibly concurrent mild chronic pancreatitis. Correlate with PLI level. If this is significantly elevated, recommend concurrent treatment for pancreatitis.

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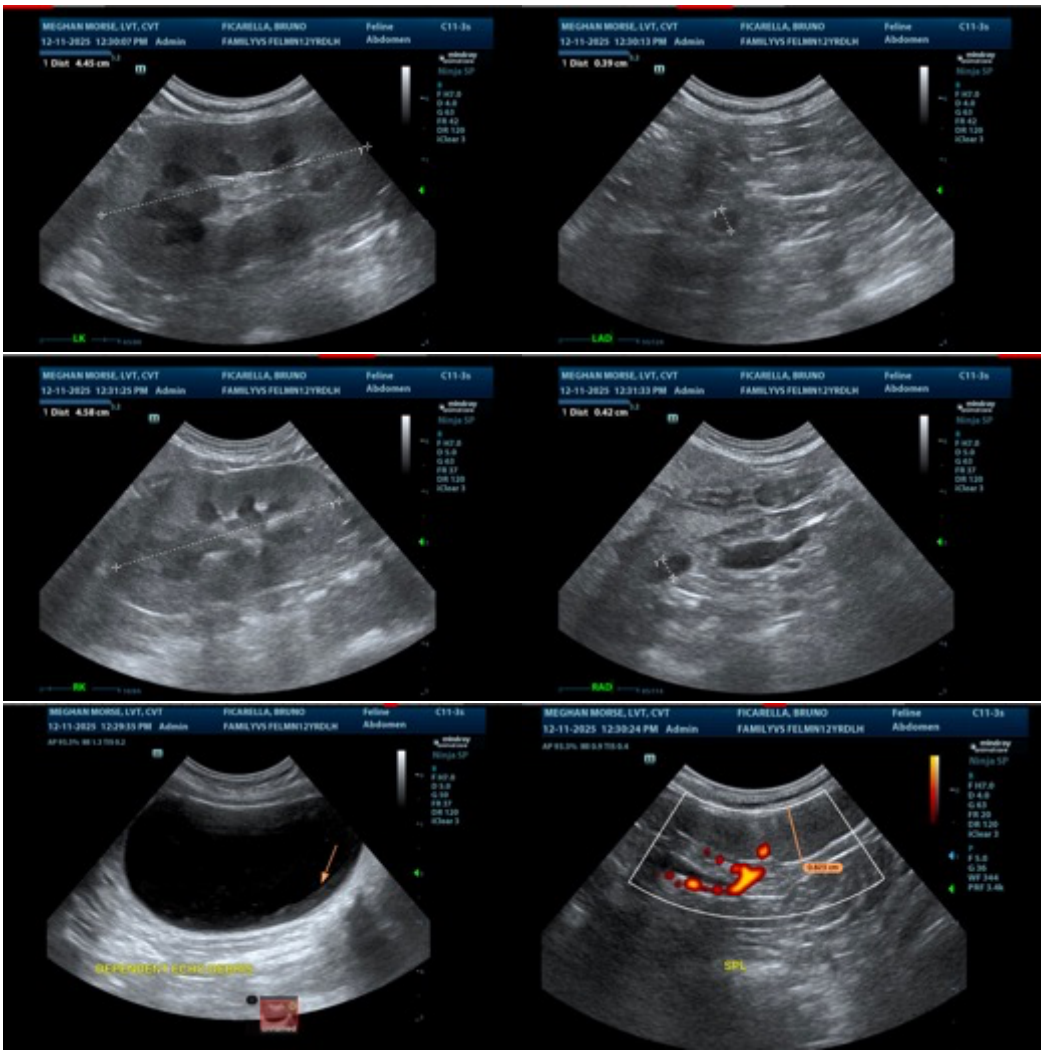
The small intestine appears mildly diffusely thickened with intact wall layering and a slightly prominent submucosal layer. These are most consistent with inflammatory type changes. If an underlying enteropathy is suspected you could consider a GI Panel to Texas A&M for a qualitative fPLI/TLI, cobalamin and folate for further evaluation, and to determine if further workup is warranted.

If a safe window for sampling of the large mesenteric lymph node is available, you could consider sampling for cytology. Otherwise, continued monitoring is warranted.



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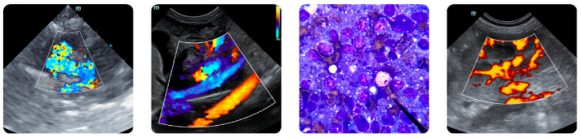

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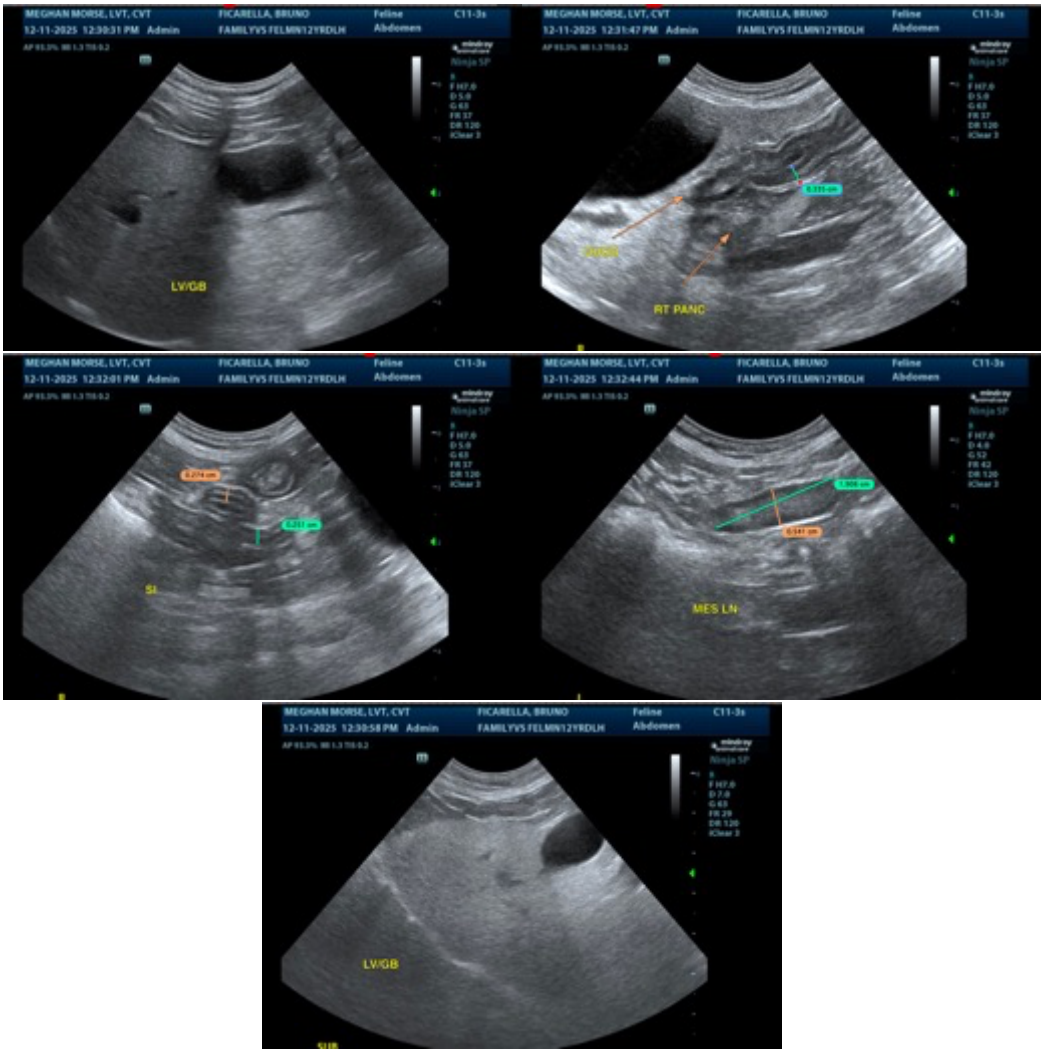

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com