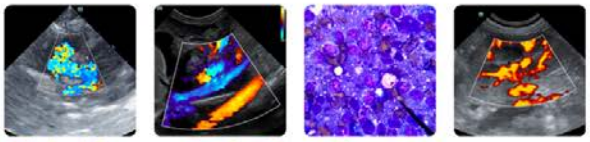


PATIENT

Milo Golabiewski

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years 9 Months

WEIGHT

13.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Michelle Kluchurosky, DVM

INVOICE

72872

DATE

2/11/26

PRESENTING CLINICAL SIGNS

Non-regulated DM--currently being administered 6 units of Vetsulin BID, chronic ALT, ALP, AST elevation; no change in ALT with a 3 week trial of Ursodiol (60 mg/day)--ALT increased

Abnormal PE/Chem/CBC/UA Results: PE: Grade 3 periodontal disease BCS = 5/9 1/21/26 - CBC: WNL Chem: hyperglycemia = 512 (72-175) hypochloremia = 107 (114-126) TCO2 = 24 (12-22) ALT = 289 (27-158) was 260 10/2024 AST = 118 (16-67) was 97 10/2024 ALP = 83 (12-59) was 75 10/2024 elevated proBNP: 165 T4s: WNL UA: USG = 1.038 pH = 6.5 negative protein 1,000 mg/dl Glucose normal sediment 2/5/26 - Liver Panel: hyperglycemia = 341 (72-175) ALT = 400 (27-158) was 289 1/21/26 AST = 96 (16-67) was 118 ALP = 68 (12-59) was 83

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. 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 cystic calculi.

The left kidney is borderline large at 4.93 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 (4.35 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 “plump” measuring 0.31 cm at the cranial pole and 0.54 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.

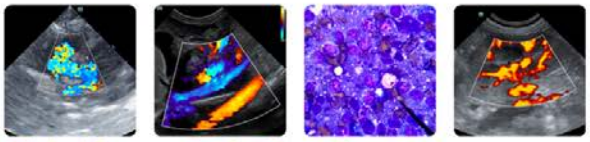
The right adrenal gland is borderline “plump” measuring 0.41 cm in width. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is prominent at 0.54 cm with a mildly scalloped edge. The blood flow through the hilus and splenic parenchyma appears normal. There is an iso- to slightly hypoechoic “bleb”/hypoechoic nodule visualized in the region of the hilus measuring 0.61 cm x 0.41 cm.

Liver

The liver is large in size with smooth peripheral margins. The parenchyma is hyperechoic and homogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. The bile duct is slightly prominent measuring 0.24 cm.



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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 and common bile ducts are normal/not visible.

Gastrointestinal

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, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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 prominent and mottled compared to the surrounding isoechoic mesentery. 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline “plump” adrenal glands- Possible differentials include anatomic variation, chronic stress/illness, hyperadrenocorticism, less likely an underlying neoplastic process.
- Prominent spleen with an iso/hypoechoic nodule/ “bleb” – There is a non-cavitated, hypoechoic splenic nodule visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. This could also be consistent with a daughter spleen or similar.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild 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.
- Subjectively “ropey” small intestine with a prominent muscularis layer – The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant focal lesions are visualized associated with the liver to explain the elevation in ALT reported. It does appear somewhat large and hyperechoic, which is common in many diabetic cats (possibly consistent with a diabetic hepatopathy, etc.). Fine needle aspirate could be considered to rule out underlying round cell neoplasia or similar.

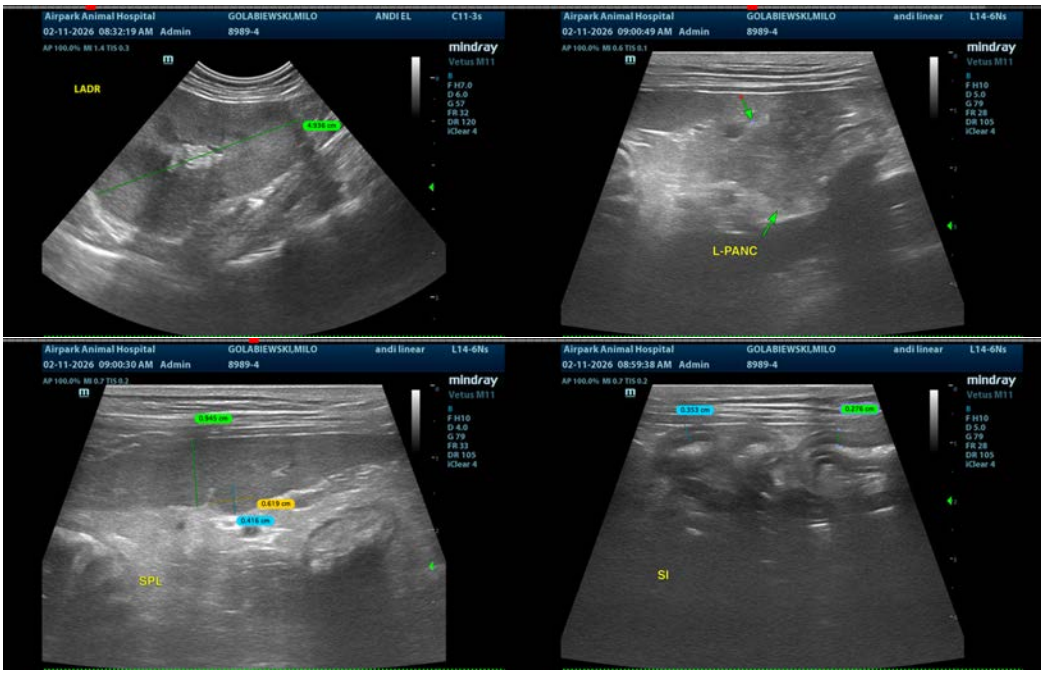
Both adrenals appear somewhat "plump", but this is a large cat. Given the concerns for possible insulin resistance, consider screening for acromegaly with IGF-1 levels. If there are concerns for underlying Cushing's (thin skin, etc.), you could also consider adrenal function testing.

The spleen is somewhat prominent with a slightly scalloped margin and a small, poorly defined, hypoechoic nodule/ "bleb" at the periphery and region of the hilus. This would be a challenging area to aspirate, so continued monitoring is warranted.

The pancreas is somewhat mottled in both limbs. Correlate with PLI level. Findings are likely consistent with chronic pancreatic remodeling, but mild active pancreatitis is possible.

The small intestine appears subjectively "ropey" with a prominent muscularis layer. This could represent mild inflammatory type change/early IBD or similar. If underlying gastrointestinal disease is suspected, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate for further evaluation.

If not recently done, recommend screening for hyperthyroidism, and urine culture.



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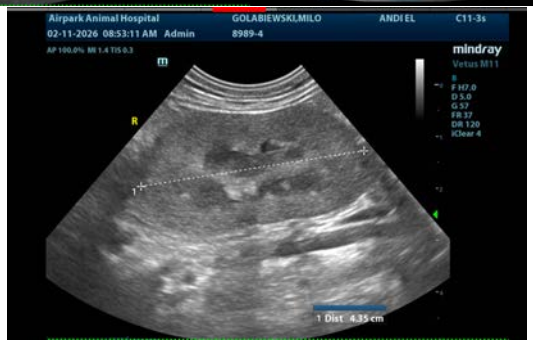

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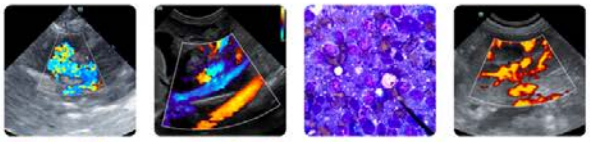

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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