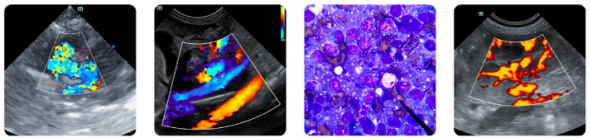


PATIENT

Cooper Coleman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

15 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary Imaging

REFERRING VET

Dr. Abbe DeGroat

INVOICE

11940

DATE

5/13/2026

PRESENTING CLINICAL SIGNS

13-year-old MN DSH. History of Diabetes mellitus. Currently receives Glargine insulin, variable dose depending upon blood glucose, ranging from 0.5 U q 12 to 2 U. Currently wearing a Free Style Libre monitor. He was recently hospitalized for pancreatitis. He was managed with IV fluids, supportive care, and feeding tube. He was icteric with elevated bilirubin, but liver values were not elevated. During hospitalization, a newly auscultated heart murmur was noted with a gallop rhythm. He was referred to a cardiologist, and an echo was last week. He was diagnosed with mild left ventricular concentric hypertrophy. He was not started on any medications at that time. At his recheck appointment with us on 5/8, he was noted to be icteric. Recheck bloodwork showed very elevated ALT, AST, ALP and bilirubin, elevated PSL, and neutrophilia. Pet is still eating well.

Abnormal PE/Chem/CBC/UA Results: See attached records, please. (Echo report and recent labs attached.)

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 has a normal shape and size (4.65 cm). Overall echogenicity is slightly hyperechoic with poor 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 (4.75 cm). Overall echogenicity is slightly hyperechoic with poor 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

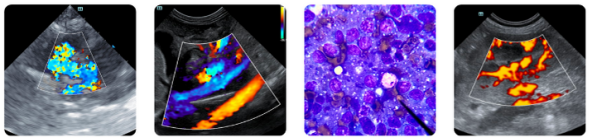
The left adrenal gland is normal in size measuring 0.45 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.43 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 (0.81 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



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The liver is large in size, and hyperechoic. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is significantly distended. The gallbladder wall is thickened (0.29 cm) and hyperechoic with adherent debris. There is a large amount of primarily non-organized echogenic debris. There is no evidence of bile duct dilation.

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. The jejunum measured 0.26 cm in diameter. 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, hypoechoic and mottled in both limbs (left greater than right). 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. An occasional prominent mesenteric lymph node is visualized. An example measures 0.36 cm. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Age related changes visualized associated with both kidneys.
- Pancreatic changes consistent with chronic pancreatic remodeling +/- chronic pancreatitis.
- Large, hyperechoic, heterogenous liver. Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.
- Large gallbladder debris with a thickened gallbladder wall. Findings are concerning for possible cholecystitis. Other differentials include infiltrative neoplasia, edema, etc.
- Subjectively mildly “ropey” small intestine with 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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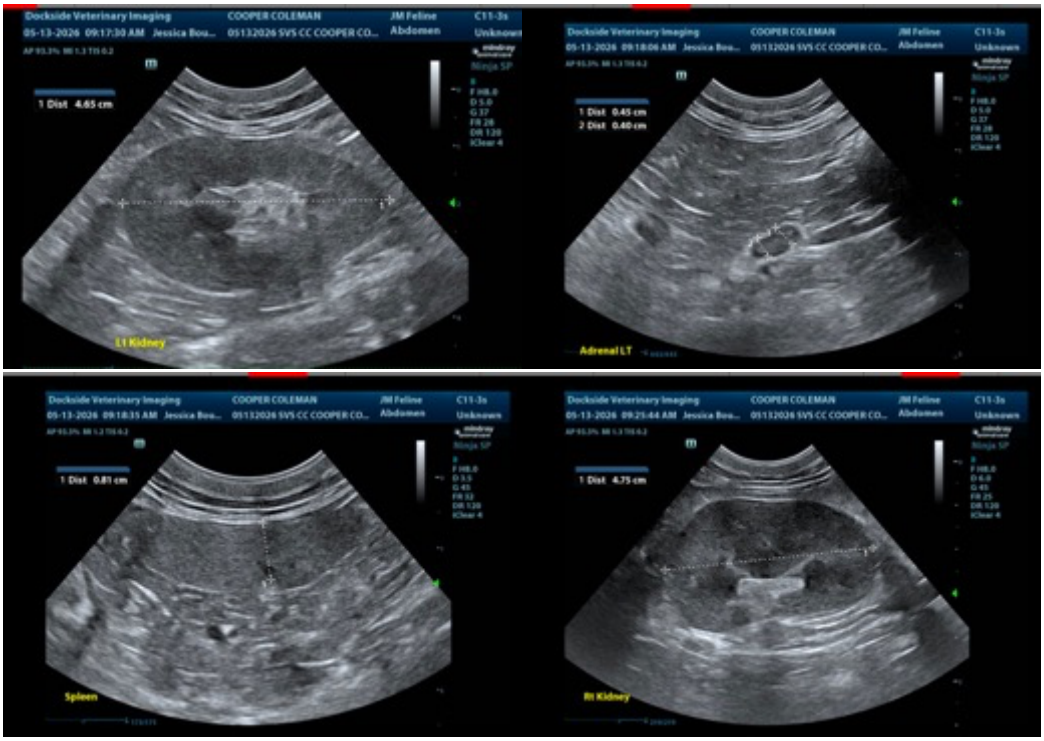
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver is large and heterogenous. This is somewhat expected in a diabetic patient. potentially consistent with a diabetic hepatopathy/vacuolar hepatopathy. Although, the appearance of the gallbladder is significantly abnormal with a large amount of debris and a thickened wall. This increases concern for concurrent cholecystitis. Recommend fine needle aspirate of the liver looking for possible round cell neoplasia or other useful information and recommend treatment for possible cholangiohepatitis with ursodiol, denamarin, and antibiotics. Lifelong ursodiol would likely be recommended. Cholecystocentesis may be helpful in this individual if there's a safe window for sampling (provided coagulation parameters are normal) prior to starting antibiotic therapy (cytology and cultures.)

The left limb of the pancreas is prominent and hypoechoic, most consistent with chronic pancreatic remodeling and suspect concurrent chronic pancreatitis. Correlate with PLI level and consider concurrent treatment for chronic pancreatitis.

Additionally, the small intestine appears subjectively subtly ropey. This could be consistent with mild inflammatory type change. Consider a GI panel to Texas A&M for a qualitative fPLI/TLI, cobalamin, and folate looking for additional evidence of underlying small intestinal disease. If this is present, you could consider a hydrolyzed protein prescription diet or initial treatments for inflammatory GI disease. The biliary, pancreatic, and GI changes could also be indicative of early triaditis.



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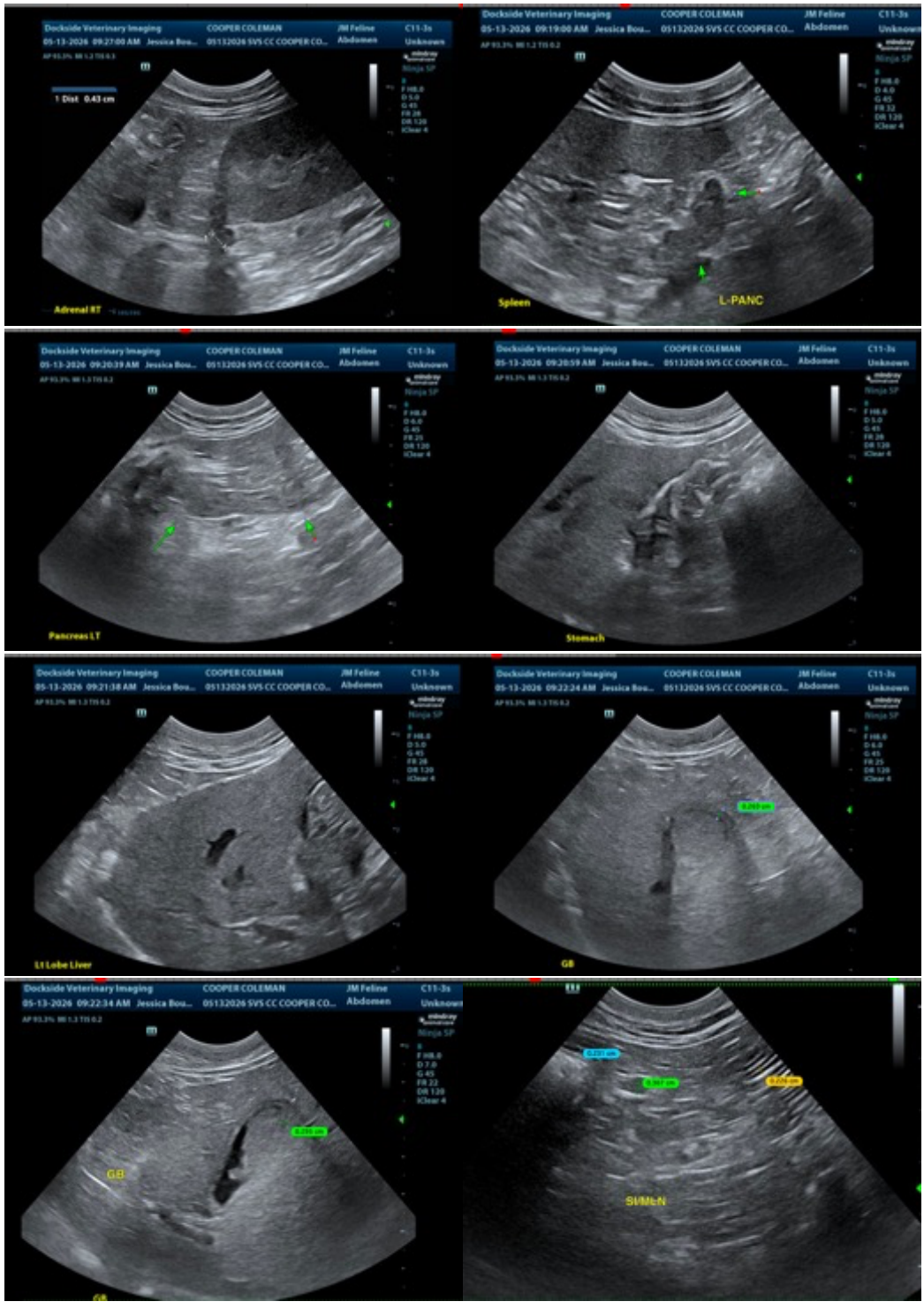
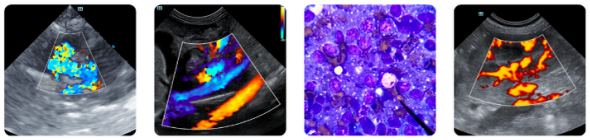


The information and recommendations provided are based on the images presented by the referring



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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