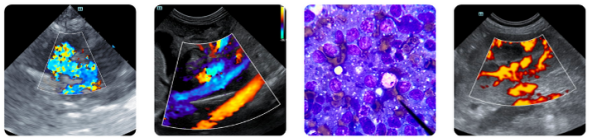


PATIENT

Gizmo Puglisi

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

13y

WEIGHT

8 lbs 8 oz

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Animal Clinic of Queens

REFERRING VET

Dr. Thomas

INVOICE

13117

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History:

- Pre-dental bloodwork revealed high glucose (377), high PrecisionPSL (54), high triglycerides (430), high cholesterol (265), low hematocrit (28%), with normal hemoglobin and RBC; normal WBC (12.8), with mild neutrophilia (9,984) and mild monocytosis (640). T4 1.6
- USG 1.026, 2+protein, 3+ glucose, negative ketones.

Abnormal PE/Chem/CBC/UA Results: BCS 4/9, muscle condition score 2/3

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

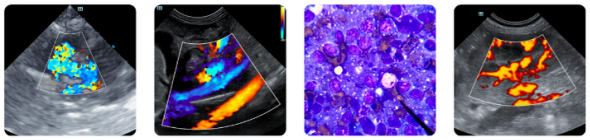
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly enlarged in size with normal vascular volume. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained 1:3 muscularis/mucosa ratio. Segmental, borderline to mild thickened jejunum wall with empty lumen to the level of the colon. Jejunum wall measured 0.24 - 0.28 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was enlarged in size with capsule asymmetry and heterogeneous remodeled parenchyma. No evidence of peripancreatic omental reactivity or inflammation.

Free Abdomen

No visualized significant omental lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis with parenchymal remodeling
- Mild hepatomegaly with mild gallbladder debris
- Gastric ingesta consistent with food echogenicity
- Intact segmental mildly thickened small intestinal wall
- Mild chronic renal changes with mild left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

C/S on sterile urine sample, and +/-UPC level if non-inflammatory proteinuria is recommended. Fructosamine level is warranted. The segmental borderline to mildly thickened intact small intestinal wall is nonspecific with potential for patient variant. Emerging enteropathy, i.e. IBD without overt evidence of intestinal neoplastic criteria in conjunction with chronic-to-chronic active pancreatitis and hepatomegaly. Potential for triaditis is possible given the short half-life of hepatic enzymes in cats. Continued clinical analysis and sonographic monitoring is recommended if gastrointetsinal signs, weight loss or hepatopathy going forward is recommended.

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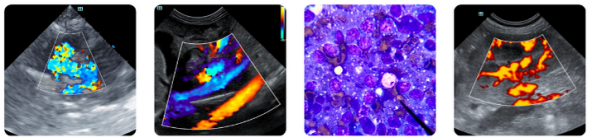

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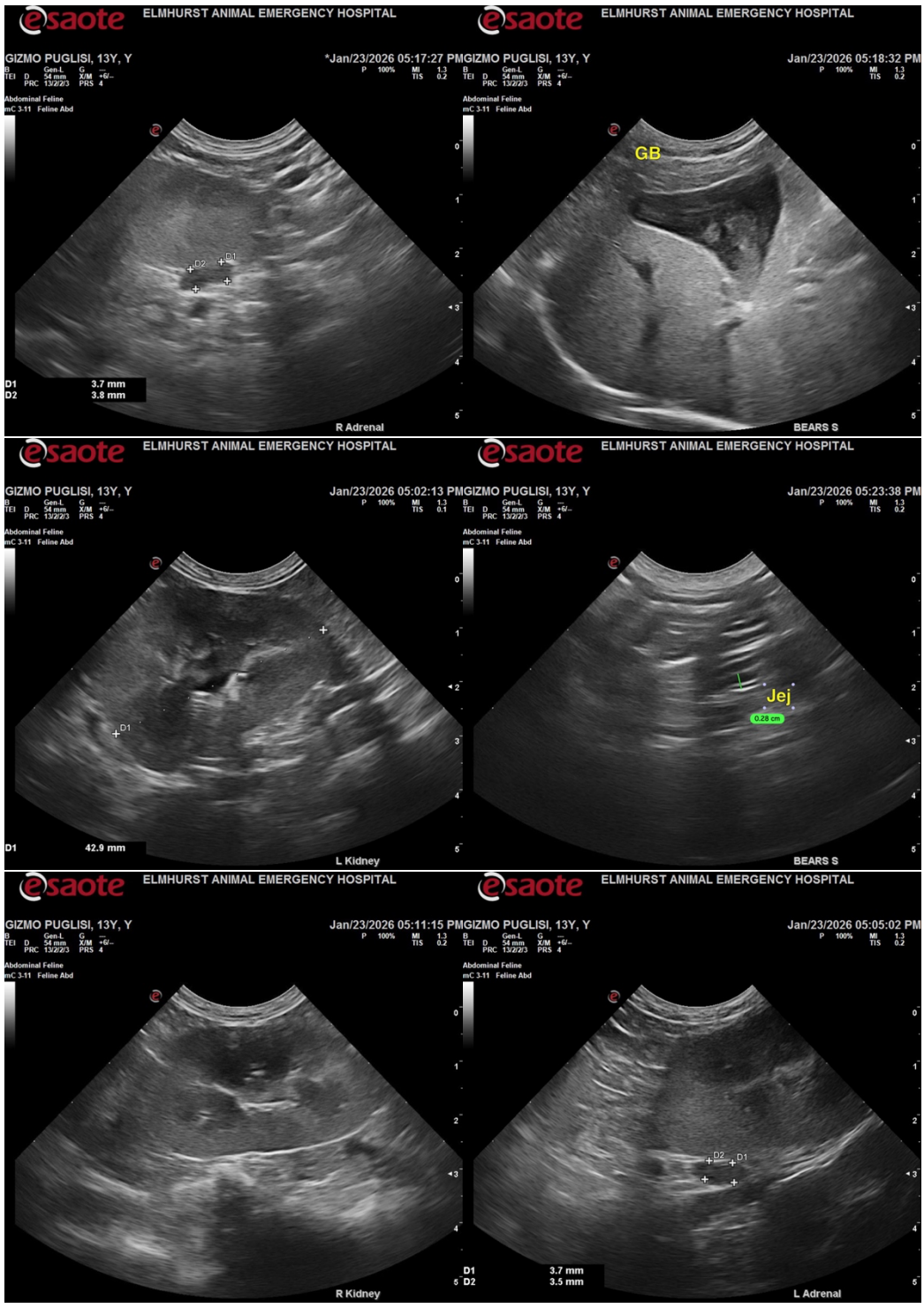

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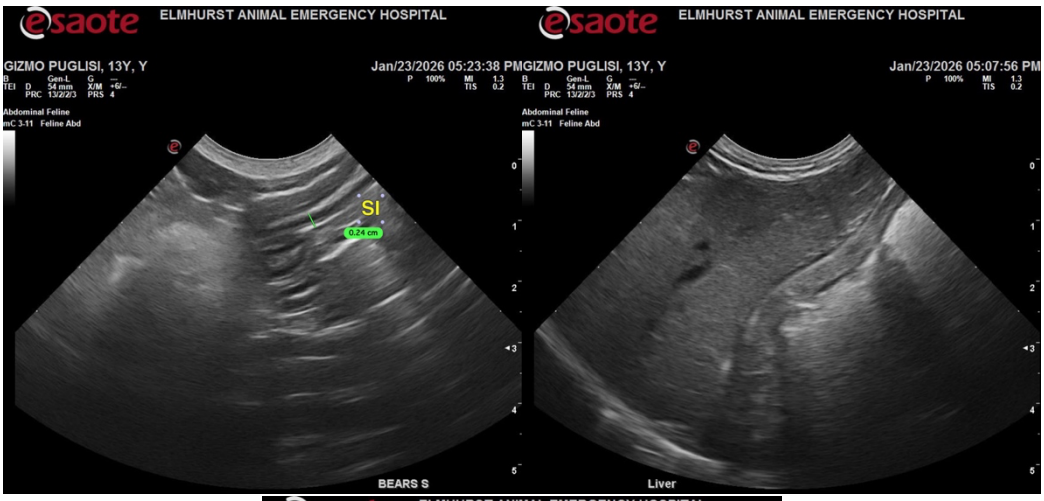

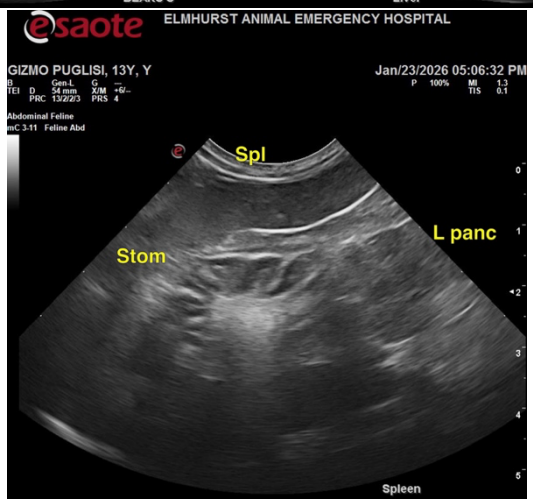

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com