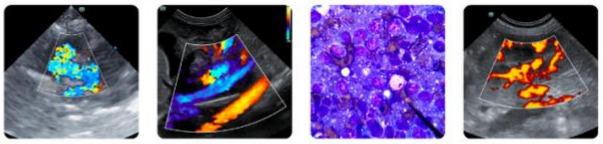

PATIENT

Jojo Buhr

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

14.5

WEIGHT

3.98

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Laura Field

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

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PRESENTING CLINICAL SIGNS

Recently diagnosed diabetic, new client. O says has never been obese. Had elevated pancreatic lipase despite not being symptomatic, checking pancreas on ultrasound

CBC WNL, except: retic 68.8 (N 3 - 50) high neu 12.86 (N 2.3 - 10.29) high Chemistry WNL, except: glu 25.38 (N 3.95 - 8.84) high crea 59 (N 71 - 212) low alt 230 (N 12 - 130) high chol 6.59 (N 1.68 - 5.81) high cl 111 (N 112 - 129) low SDMA 9 (N 0 - 14) TT4 21 (N 10 - 60) Blood & urine from April 17, 2026 PL 8.5 (N 0.0-4.4) HIGH UA Analyzer - cysto, straw, clear sample USG 1.028 pH 6.5 PRO 30mg/dL GLU 1000mg/dL KET & BIL negative UBG normal BLD 10Ery/uL Sedivue DX- WBC/RBC <1?HPF No bacteria, epi squam, casts or crystals detected Epi non-squam <1/HPF

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. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The adrenal glands were prominent to mildly enlarge din size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.5 cm width. The right adrenal gland measured 0.6 cm width.

Spleen

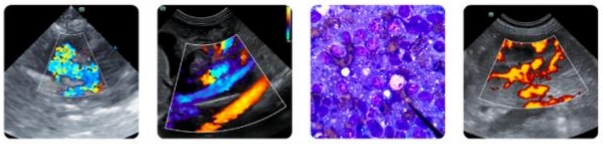
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver & Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. Mild biliary tree mineralization was present.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.21 cm wall width.

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

Pancreas

The left pancreas presented prominent in size exhibiting heterogeneous remodeled parenchyma without evidence of peripancreatic inflammation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment.
- Nonspecific chronic renal changes.
- Bilateral borderline to mild adrenomegaly.
- Mild lobar hepatic biliary tree mineralization.
- Probable chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended given glucosuria and if inflammatory sediment, concurrent UPC level is suggested if non-inflammatory proteinuria. Adrenal workup is likely warranted if evidence of diabetic dysregulation.

A spec fPL or full GI panel to include PLI, TLI, cobalamin and folate to correlate with the pancreas or to assess for non-structural intestinal disease if gastrointestinal signs are present or arise is recommended.

The mild biliary tree mineralization may be incidental given no reported hepatic enzyme elevations yet may be associated with chronic hepatic biliary inflammation given short half-life of hepatic enzymes in cats.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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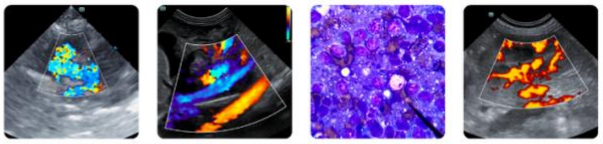

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SonoPath.com info@sonopath.com 1.800.838.4268

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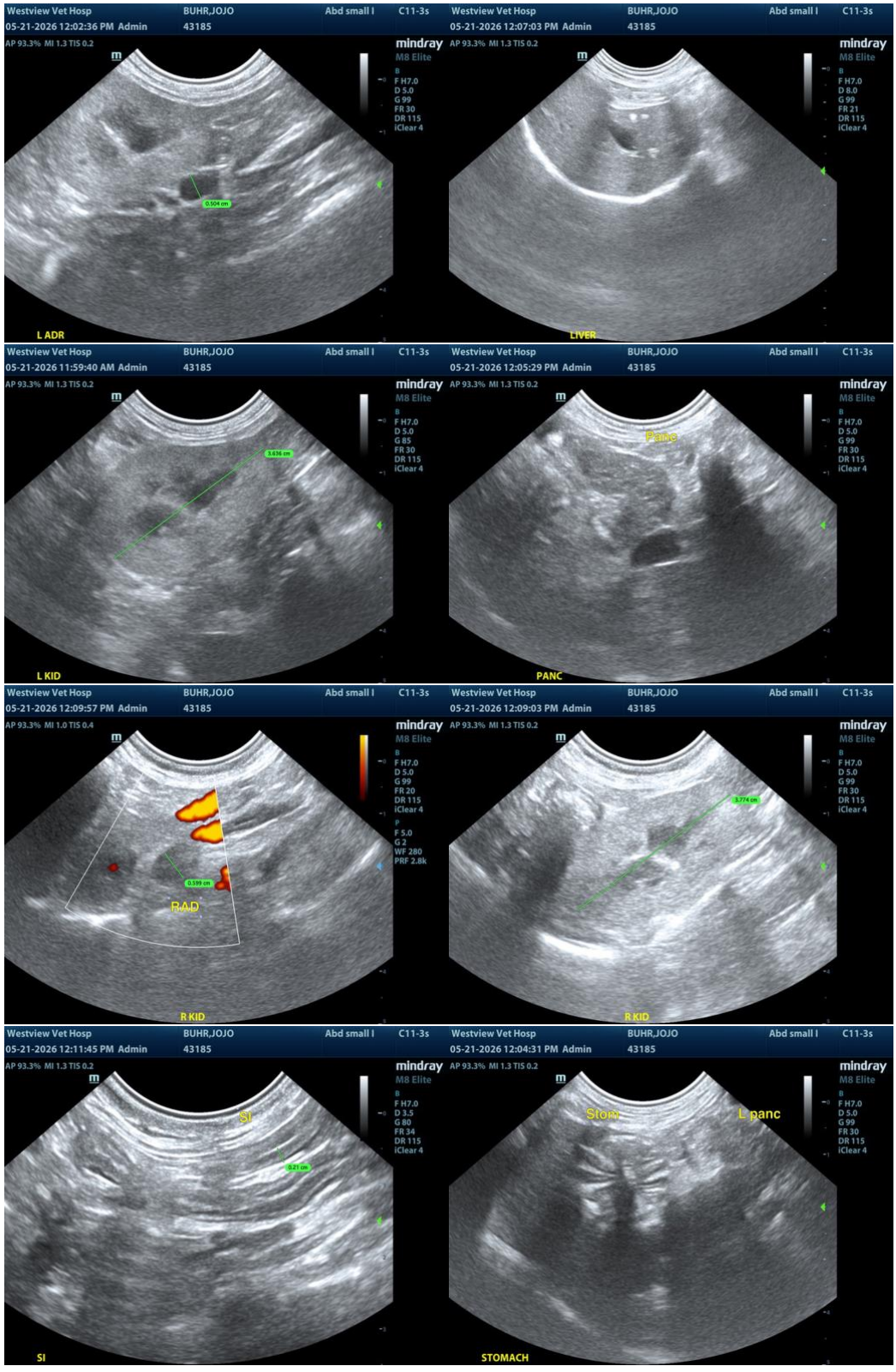

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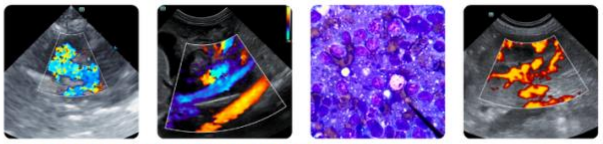

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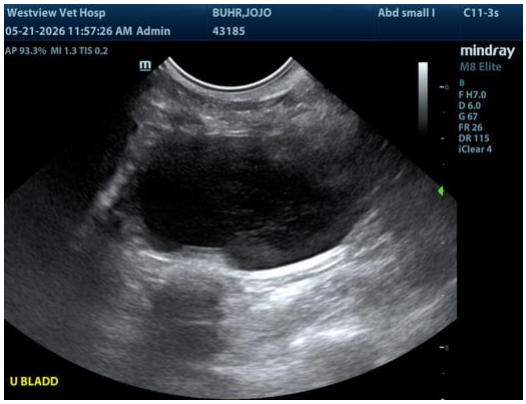

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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