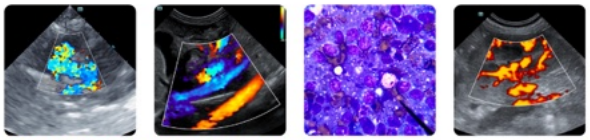


PATIENT

Barry Kahres

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

7.81 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Ascione

INVOICE

77995

DATE

5/27/26

PRESENTING CLINICAL SIGNS

7/17/25: abdominal due to jaundice
8/21/25: FNAs of liver and spleen
Pathology had reported:
LIVER: Moderate vacuolar changes that are consistent with glycogen accumulation or hydropic degeneration
SPLEEN: Reactive lymphoid population
Was recommended that owner start on medication (prohepatic, ursodiol, and liver rx diet) however he was doing much better and no longer jaundice so owner declined starting him on medications.
He presented in March for a bout of pancreatitis; Presented again yesterday for a recheck and although owner reports that he is doing well overall he is jaundice. Bloodwork was run and recheck U/S was recommended, offered potential repeat FNAs of liver/spleen but owner declined at this time.
Abnormal PE/Chem/CBC/UA Results: fPL2 17.7ng/mL Consistent with pancreatitis f.NT-proBNP 124.3pmol/L Abnormal fTnI 2.0 ng/mL Abnormal GLOB* 5.3 2.3 - 5.2 g/dL HIGH TB 6.7 0.0 - 0.9 mg/dL HIGH CHE 597 736 - 3016 U/L LOW ALP 140 14 - 111 U/L HIGH ALT 204 5 - 130 U/L HIGH TBA > 120.00 0.00 - 9.00umol/L HIGH AST 163 0 - 48 U/L HIGH HCT 25.0 30.3 - 52.3 % LOW HGB 8.8 9.8 - 16.2 g/dL LOW MCV 34.0 35.9 - 53.1 fL LOW RETIC-HGB 11.4 13.2 - 20.8 pg LOW PLT 61 151 - 600 K/µL LOW PCT 0.10 0.17 - 0.86 % LOW
ursodiol and prohepatic since March 2026

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

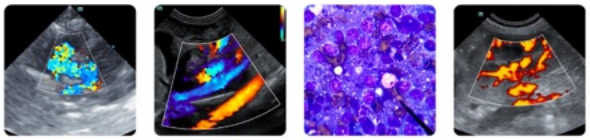
Normal renal size (left measured 4.0 cm, right measured 4.5 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

The adrenal glands are not visualized.

Spleen

The spleen is diffusely enlarged measuring 1.5 cm in width, but maintained a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule.



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Liver

The liver is enlarged with rounded edges with a diffuse, increased echogenic appearance, decreased portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size (left pancreas measured 0.5 cm in width) with a hypoechogenic appearance and a mildly irregular capsule. Increased echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

A small amount of ascites is present in the cranial abdomen especially around the lobes of the liver.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Splenomegaly.
- Pancreatitis.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be reactive hyperplasia, lipidosis, infiltrative neoplasia a possible differential diagnosis, cholangiohepatitis/hepatitis would be unlikely differential diagnosis.

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and possibly infiltrative neoplasia.

The appearance of the pancreas would be consistent with chronic pancreatitis.

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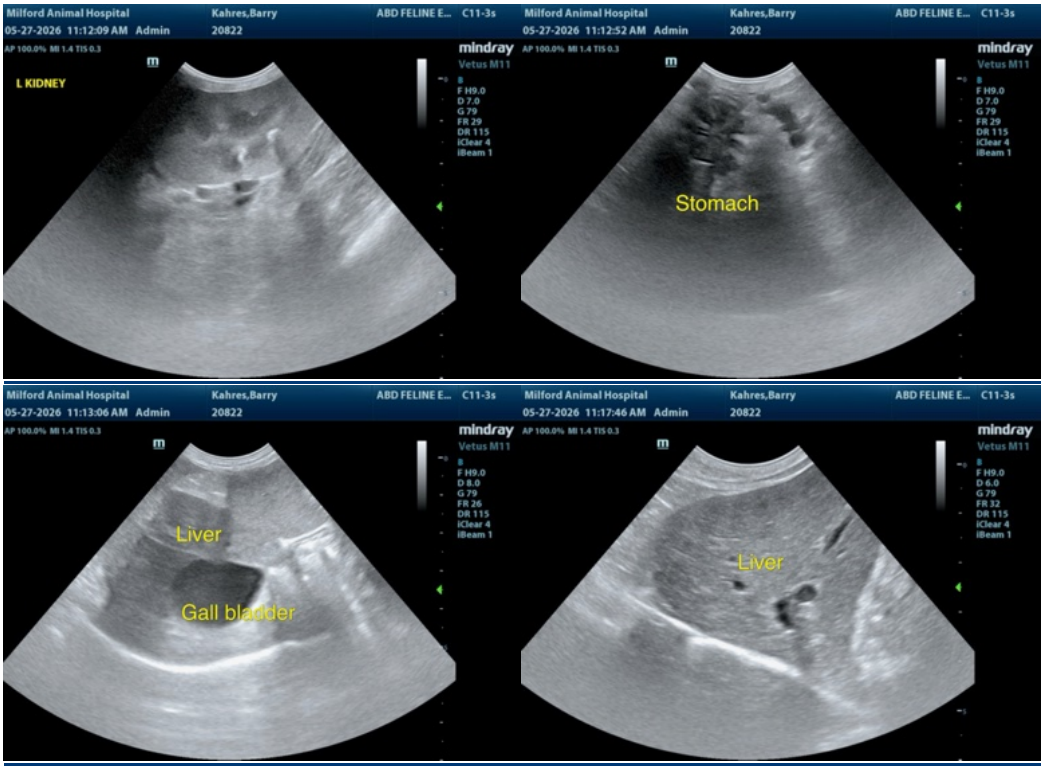
The ascites can be ascribed as secondary to the splenomegaly and the hepatopathy.

The appearance of the liver, pancreas and spleen is similar to the ultrasound performed in August 2025.

Further assessment that could be considered would be to repeat FNA cytology of the liver and spleen.

Management would be to continue with the current therapy and to feed small, frequent meals of an intestinal type diet.



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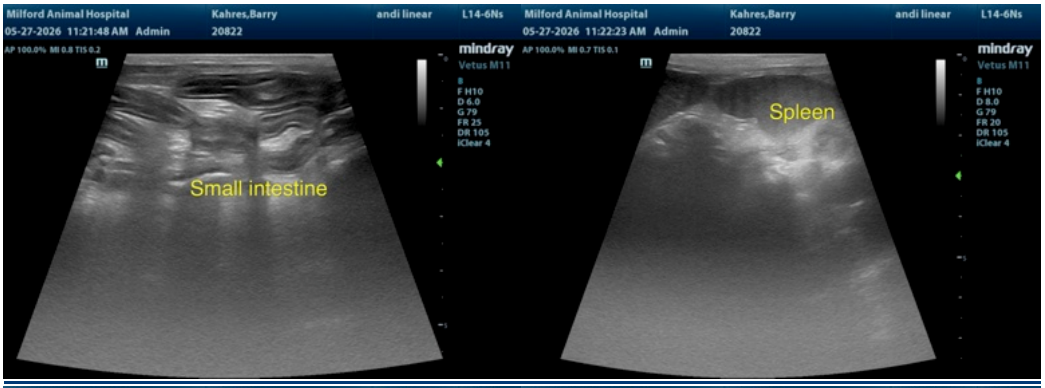

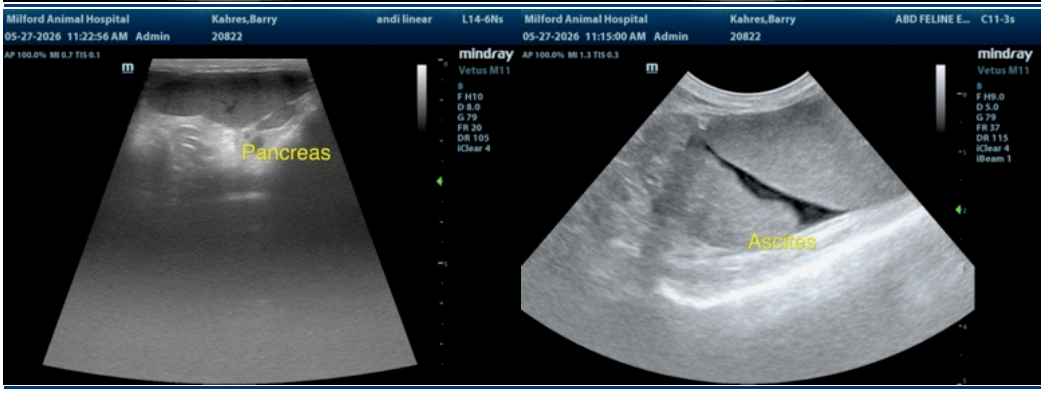

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com