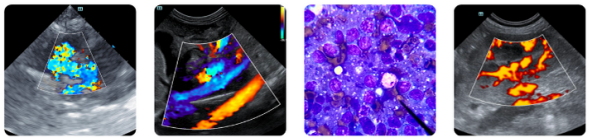


PATIENT

Junior Kohler

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

8.5 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Dr. Jack Reese

HOSPITAL NAME

Willow Run Veterinary Clinic

REFERRING VET

Dr. Jack Reese

INVOICE

10987

DATE

12/19/2025

PRESENTING CLINICAL SIGNS

Diabetic patient with decreased appetite. Historical hyperthyroidism - underwent I-131 therapy 11/11/25. Patient presented for decreased appetite 12/16/25 - bloodwork indicated euthyroid levels, elevated ALT, elevated blood glucose. Owner tracks caloric intake and has noted slowly decreasing trend over last 2 weeks - will approach food but turn away after several bites. Recommend ultrasound to evaluate for potential underlying cause.

Abnormal PE/Chem/CBC/UA Results: RBC 6.43 (6.54 - 12.20 M/µL) Hematocrit 27.4 (30.3 - 52.3 %) Glucose 315 (71 - 159 mg/dL) ALT 326 (12 - 130 U/L).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

Both kidneys are mildly enlarged in size and shape and exhibit appropriate cortico-medullary differentiation. There is moderate pylectasia present in both kidneys, with anechoic contents, measuring 4.0 mm in the transverse plane of the left kidney, and 4.5 mm in the transverse plane of the right kidney. The renal pelvic fat is of normal echogenicity. There is no evidence of nephrolithiasis, mineralization, or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 5.2 cm in length. The right kidney is 5.3 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.5 mm at the caudal pole. The right adrenal gland height is 4.6 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.0 mm.

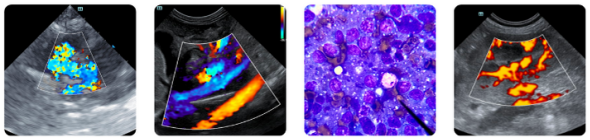
Liver

The liver is diffusely hyperechoic and subjectively enlarged, with rounded margins and a homogenous echotexture. The hepatic vasculature is prominent, which may indicate passive congestion.

The gallbladder is moderately distended with anechoic contents and a small amount of freely-moveable echogenic sludge. The wall was thin and continuous with no focal lesions. The cystic duct is normal / not visible, however, the common bile duct is dilated up to 7.2 mm, with no evidence of obstruction.

Gastrointestinal

The stomach is moderately distended with ingesta. The gastric wall is 2.4 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, 1.0 mm, with intact wall layering. The ileocecal junction is not clearly visualized.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen

There is focal free fluid present with the abdomen in the region of the mesentery. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

PRIMARY FINDINGS

- Diffusely hyperechoic rounded liver.
- Gallbladder with sludge, and dilated common bile duct, suggesting biliary inflammation.
- Bilaterally enlarged kidneys with moderate pyelectasia.
- Scant free fluid within the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the liver is non-specific, and may be associated with a diabetic hepatopathy, hepatic lipidosis, cholangiohepatitis, or less likely infiltrative neoplasia such as lymphoma. If coagulation parameters are normal, then fine needle aspirate with a 25-gauge needle could be considered for definitive diagnosis. Although gallbladder sludge can be incidental, the dilated common bile duct suggests that there may be active cholangiohepatitis. The possibility of an obstruction at the duodenal papillae cannot be excluded, but the absence of elevated total bilirubin makes this unlikely.

The bilaterally enlarged kidneys with pyelectasia may indicate the presence of pyelonephritis. Urinalysis with culture is recommended if not already performed. While pyelectasia can be an incidental finding in diabetic cats, the degree of dilation present in this patient would be considered beyond the normal incidental dilation seen with diabetes mellitus.

The hepatic vasculature is prominent, and this may be an incidental finding, particularly if the patient was sedated at the time of the ultrasound. Because diabetic cats are at increased risk for developing congestive heart failure, thoracic radiographs or cardiac ultrasound to rule out this possibility would be recommended, particularly if another cause for the patient's inappetence is not identified, or if there is not response to treatment for the hepatic disease.

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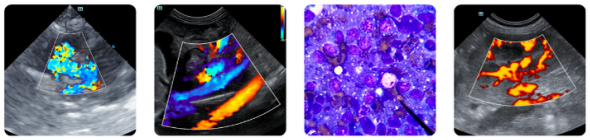

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Educational Teleconsultation Services™

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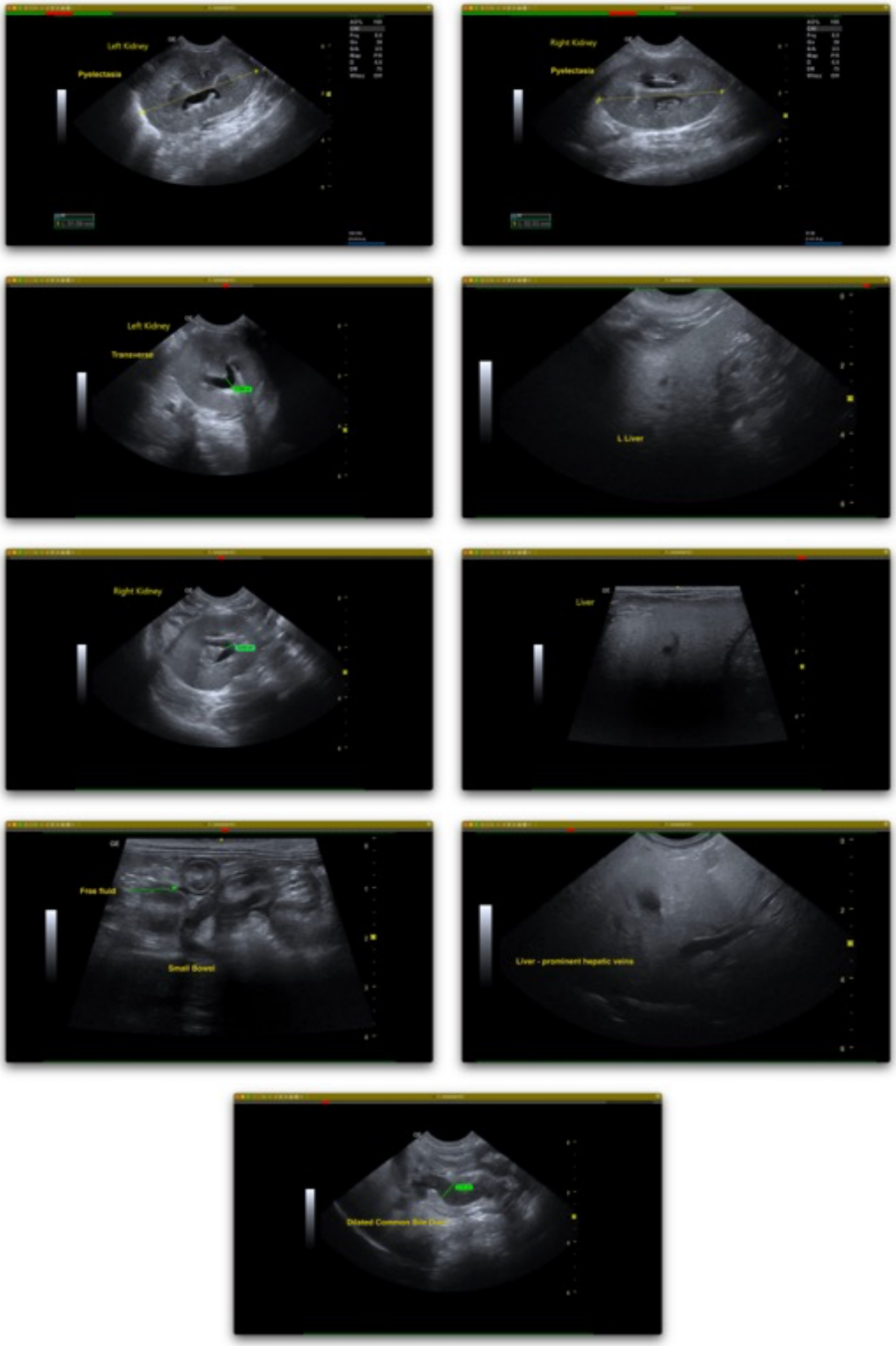

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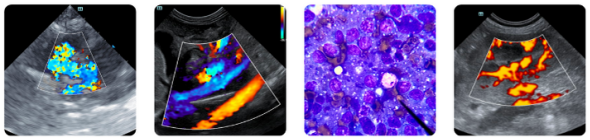

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice)

info@SonoPath.com