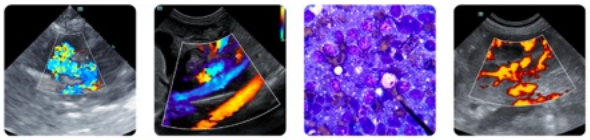


PATIENT

Morris Say

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

11 years

WEIGHT

17.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Minko

INVOICE

75121

DATE

5/1/26

PRESENTING CLINICAL SIGNS

History: Marked weight loss and chronic GI disease. Assessment at RDVM: BCS 4/5 overweight, marked weight loss, diabetes mellitus, cataracts OU,
dental calculous grade 2/3, chronic/intermittent vomiting and diarrhea.
Diabetes has never regulated
CLINICAL SIGNS: Morris maintains a good appetite but is exhibiting excessive urination; significant weight loss
MEDICATIONS: Vetsulin 3U A.M. and 2 U P.M.
Abnormal PE/Chem/CBC/UA Results: April 22, 2026 Blood chem Glucose 540 mg/dL HIGH Chloride 108 mmol/L LOW Globulin 5.6 g/dL HIGH ALT 483 U/L HIGH Urinalysis Urine Protein 100 mg/dL Glucose 1,000 mg/dL negative for ketones Endocrinology Fructosamine 498 umol/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

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 5.5 cm, right measured 5.4 cm), with increased echogenic appearance, some loss of cortico-medullary differentiation, mild pyelectasia and a regular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

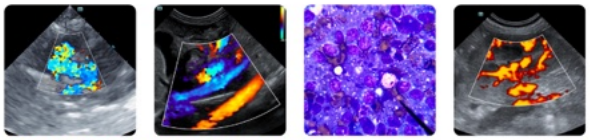
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.61 cm in width. The right adrenal gland measured 0.51 cm in width.

Spleen

The spleen is enlarged (1.2 cm in width), but maintained a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule.

Liver

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



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Gallbladder

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Dilated and tortuous appearance of the cystic and common bile ducts. The cystic bile duct measured 0.4 cm in diameter.

Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Normal thickness of the small intestine (up to 0.3 cm) with no loss of layering, but with an increase in the muscularis to mucosa ratio, normal peristaltic activity and no distension of the lumen.

Pancreas

The pancreas is enlarged, left pancreas measured 1.0 cm in width with a hypoechogenic appearance and an irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas. The visible pancreatic duct measured 0.2 cm in diameter.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 0.6 x 1.0 cm in size maintaining a normal shape, but with a hypoechogenic appearance.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Pancreatitis.
- Enteropathy.
- Mesenteric lymphadenomegaly.
- Hepatopathy.
- Splenomegaly.
- Age related renal changes versus early chronic kidney disease.
- Dilated and tortuous bile duct.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas is consistent with pancreatitis.

Etiologies for the enteropathy would be parasitic enteritis, dietary hypersensitivity and inflammatory bowel disease with emerging lymphoma an important differential diagnosis.

Etiologies for the mesenteric lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

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The most likely etiology for the hepatopathy would be metabolic secondary to the diabetes with lipidosis and infiltrative neoplasia a possible differential diagnosis.

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

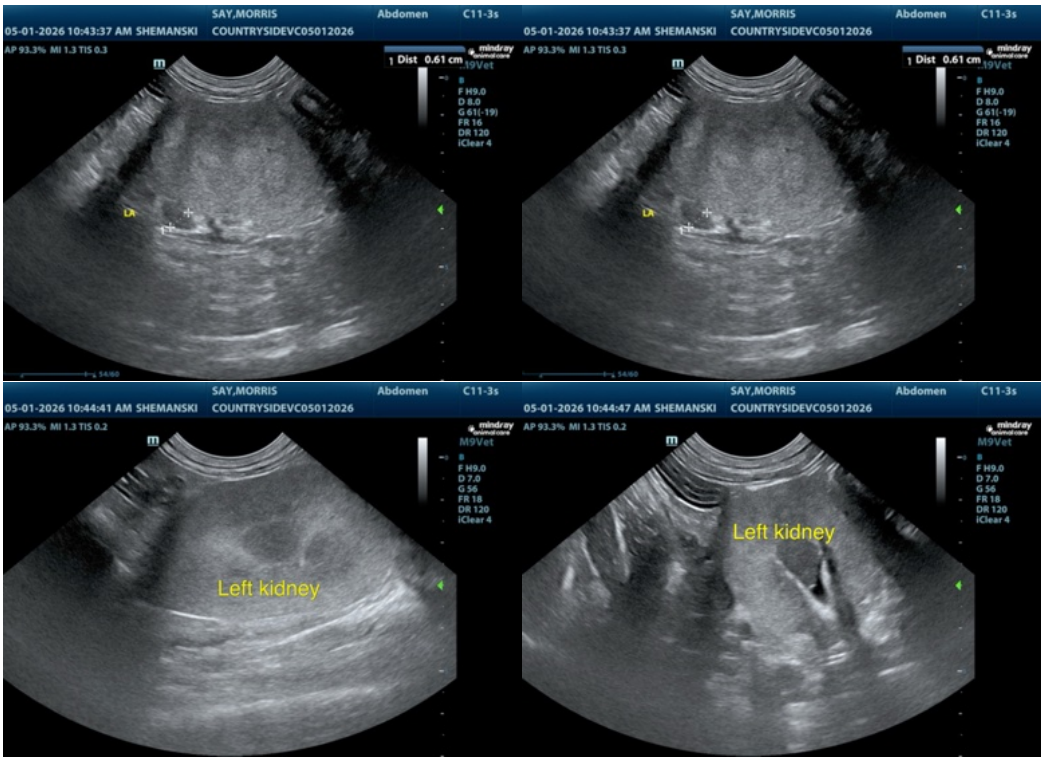
The appearance of the bile duct can be considered an incidental age related finding.

Further assessment would be based on the pending results, but could include FPL/PSL assay and FNA cytology of the spleen and the mesenteric lymph nodes.

Additional diagnostics that can be considered would be fecal analysis, cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Effective management of the diabetes is most likely only possible once the comorbidities have been addressed.



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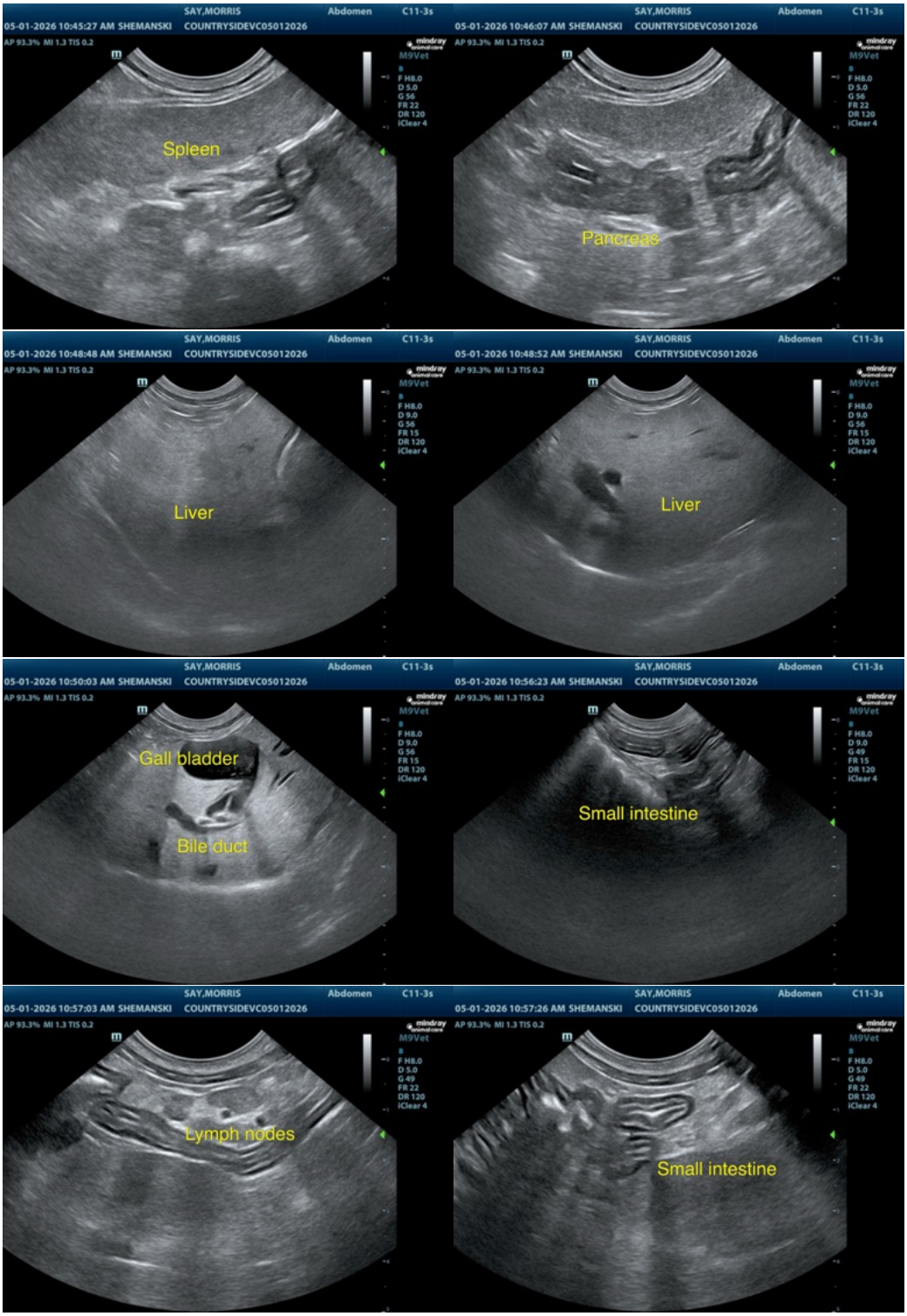
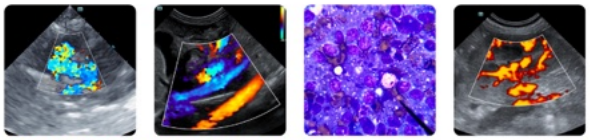


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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