



PATIENT

Cuddles Lespearance

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13 years

WEIGHT

4.2 kg

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons),
DACVECC

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Cara Sinopoli

INVOICE

10848

DATE

12/4/2025

PRESENTING CLINICAL SIGNS

Cuddles presents for acute worsening of clinical signs and dehydration in a long-standing juvenile diabetic cat. Patient History: - Diagnosed diabetes mellitus as a kitten; managed approximately 13 years - Insulin therapy: Lantus 5 U SQ BID - Blood glucose historically in 300s mg/dL (occasionally 200s); never <200 mg/dL - Dietary modifications established - Previously eating and drinking well; more recently, less willing to eat, prefers specific treats - No prior thoracic radiographs since diagnosis Current medications: - Lantus insulin 5 U SQ BID Oral Cavity: Mucous membranes pale pink, tacky, missing most of teeth, CRT <2s, sublingual clear Respiratory: Elevated respiratory rate, increased effort, normal bronchovesicular sounds in all 4 quadrants, no crackles/wheezes Integument: muscle wasting over spine, normal skin/haircoat, no evidence of ectoparasites.

Abnormal PE/Chem/CBC/UA Results: Ketone: 5 BG: 308 EPOC: HCT 26% L, glu 424 H, iCa 1.16 L, K 2.7 L, Na 138 L, pH 7.077 L, TCO2 9.6 L, bicarb 9.7 L CBC: HCT 29.8% L, neut. 12.9K H, lymph 0.33K L, mono 0.68K H, eosin 0.08K L Chem: glu 376 H, ALT 199 H, tbili 2.4 H UA: USG 1.038, protein 500, glu 1000, ketones 50, blood 250, bili 3, RBC >50/HPF, WBC 7/HPF, suspected cocci and rods proBNP: abnormal Radiographs: Within the caudal dorsal lungs are at least 2 round soft tissue opaque nodules (approximately 0.8 and 0.4 cm in diameter). Diffusely throughout the pulmonary parenchyma is a mild soft tissue opacity that follows the airways creating lines and rings. The cardiac silhouette is moderately increased in height with biatrial enlargement (VHS = the pulmonary vasculature is symmetric and tapers appropriately.9).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys are bilaterally enlarged with generally smooth capsules and normal corticomedullary distinction. They are hypoechoic. Renal pelvises are non-dilated. Right kidney measures 4.93 cm in length, and the left kidney measures 4.8 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Right adrenal measures 0.42 cm in thickness, and the left adrenal measures 4.2 cm in length.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively mildly enlarged in size with normal contours and structure. The parenchyma is heterogenous with a coarse appearance. No specific nodules are visualized. Vascular and biliary tracts



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are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. The gastric wall is mild to moderately thickened with some hazing of wall layering. There is a moderate volume of generally anechoic fluid in the gastric lumen. No specific masses are visualized.

The duodenum is subjectively mildly thickened and moderately fluid filled along its visible length. The remainder of the small intestines have minimal luminal contents and are diffusely mildly thickened with maintenance of normal wall layering and ratios.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Free Abdomen

There is a peri gastric lymph node that is mildly enlarged with maintenance of normal length to width ratio.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric and small intestine thickening with some degree of ileus – likely gastroenteritis.
- Bilateral renomegaly.
- Coarse liver – likely aging change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI changes are most consistent with gastroenteritis, which is likely secondary to DKA/metabolic status. A primary gastroenteritis being the inciting cause of DKAA cannot be definitively ruled out. Dietary indiscretion, infectious and inflammatory etiologies are all possible. While not sonographically evident, pancreatitis cannot be definitively ruled out.

The clinical significance of renomegaly is uncertain. A normal patient variation is possible though renomegaly is fairly significant. While the kidneys are hypoechoic, they do not have other significant structural changes as is commonly seen with infiltrative disease. The presence of reported pulmonary nodules does increase my concern, however, for both GI and renal changes potentially representing occult neoplastic changes. Renal FNA could be considered to further investigate for the potential for lymphoma though they do not have the classic appearance of renal lymphoma. Ultimately, GI biopsies may be required to further define the cause of thickened. However, I would not recommend this diagnostic in the patient's current clinical state.

Abdominal vascular abnormalities were not appreciated. If there is concern for right sided cardiac congestion, echocardiogram should be considered.



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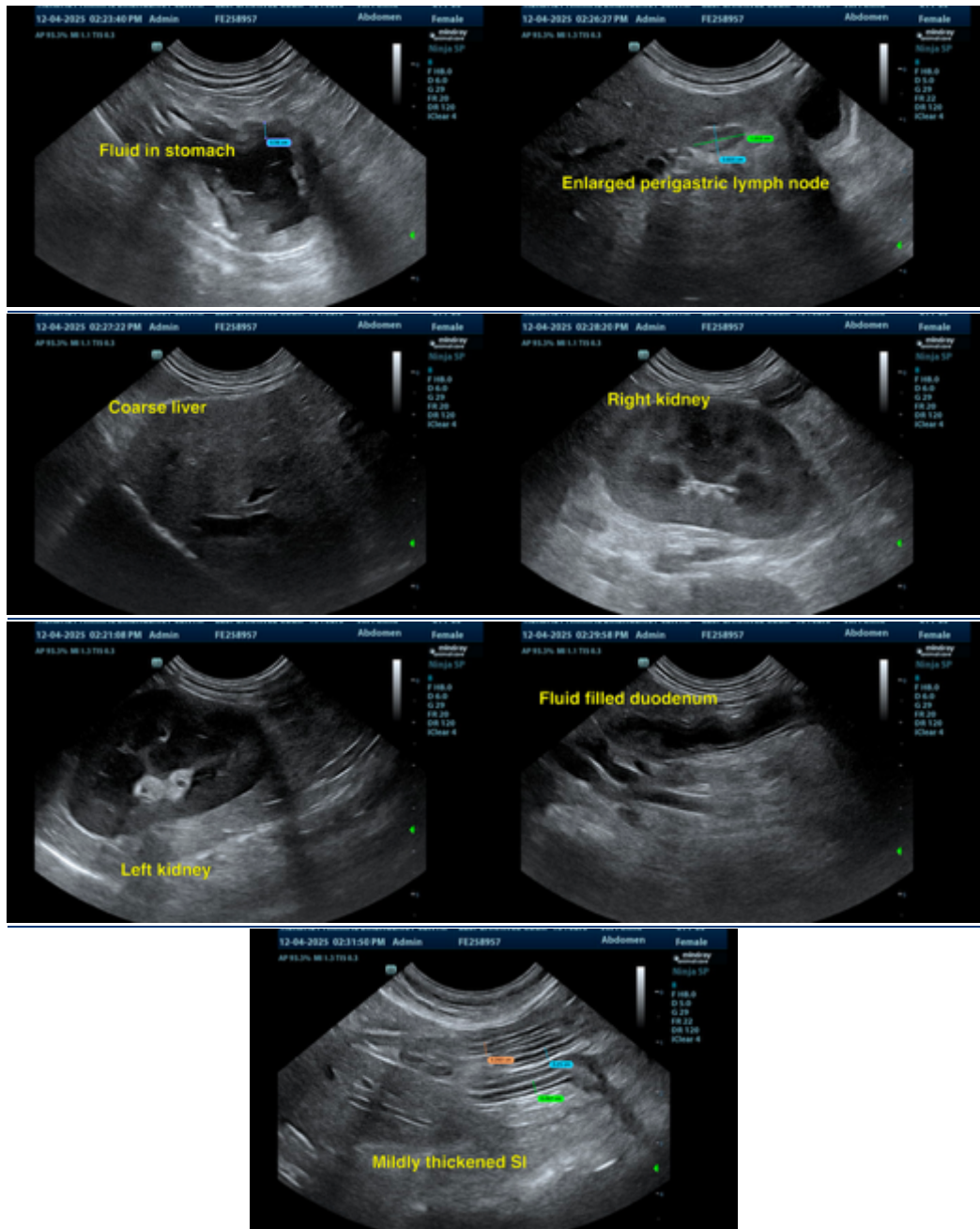
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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