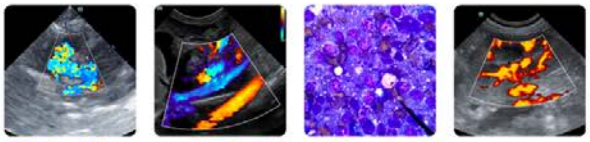

PATIENT

Charlie Myers

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13.11 Years

WEIGHT

8.98 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

72414

DATE

12/9/25

PRESENTING CLINICAL SIGNS

Patient was not sedated. Hx of DM well managed. Patient first presented 11/28 for vomiting and diarrhea. Bloodwork: HCT 42%. Chem: Glu 421, Creat 2.2, chol 307, t4 1.9. Fecal NOS. UA: USG 1.048, 3+ glucose, trace ketones. Patient was treated outpatient with SQF, cerenia, miratraz, metro. Patient re-presented on 12/4 for ongoing inappetence and vomiting. Abd rads showed an atrophied L kidney with mineralization and constipation. Patient was treated with SQF, B12, convenia, cerenia and lactulose. Patient was admitted to hospital 12/8/25 for ongoing inappetence. Patient has lost 1/2 pound since onset of signs. Recheck UA showed increase in ketones (1+), USG > 1.050. Patient is hospitalized on IVF therapy, continued insulin therapy (glargine 1 unit BID), cerenia, pepcid, B complex, unasyn IV. Patient is reportedly eating small amounts in hospital. AUS recommended as next step to look for other concurrent disease and help guide therapy.

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 left kidney is small and rounded with hyperechoic shadowing within the parenchyma, consistent with nephrocalcinosis and left renal trophy. Left kidney measures 1.7 cm.

The right kidney is enlarged with a generally normal structure with a small hyperechoic triangular area of indention, consistent with a previous renal infarct.Right kidney measures 5.08 cm.

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. Left measures 0.36 cm in thickness. Right measures 0.47 cm in thickness.

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 normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

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. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The left and right limbs of the pancreas are visualized. Left limb is prominent and slightly hypoechoic with no fluid accumulations or masses visualized and no significant surrounding hyperechoic mesentery.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

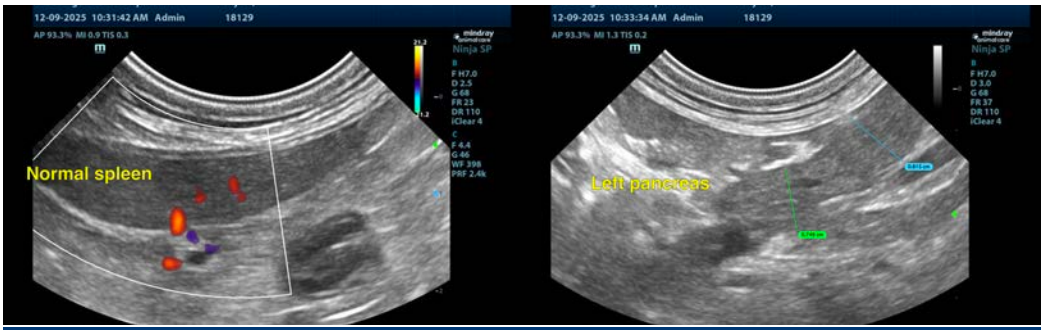
ULTRASONOGRAPHIC FINDINGS

- Prominent pancreas – possible pancreatitis.
- Left renal atrophy with right renal compensatory hypertrophy – incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive cause of dysregulation of previously well regulated diabetes mellitus on this ultrasound. Pancreatitis is possible, given the pancreatic changes, though these are ultrasonographically mild. Pancreatitis is a common concurrent disease seen in diabetic feline patients, and flare ups can cause dysregulation of glucose balance. Given patient's reported improvement in hospital, continued supportive care until patient is eating reliably is reasonable.

Renal changes are likely chronic with previous renal insult causing left renal atrophy and compensatory right renomegaly.



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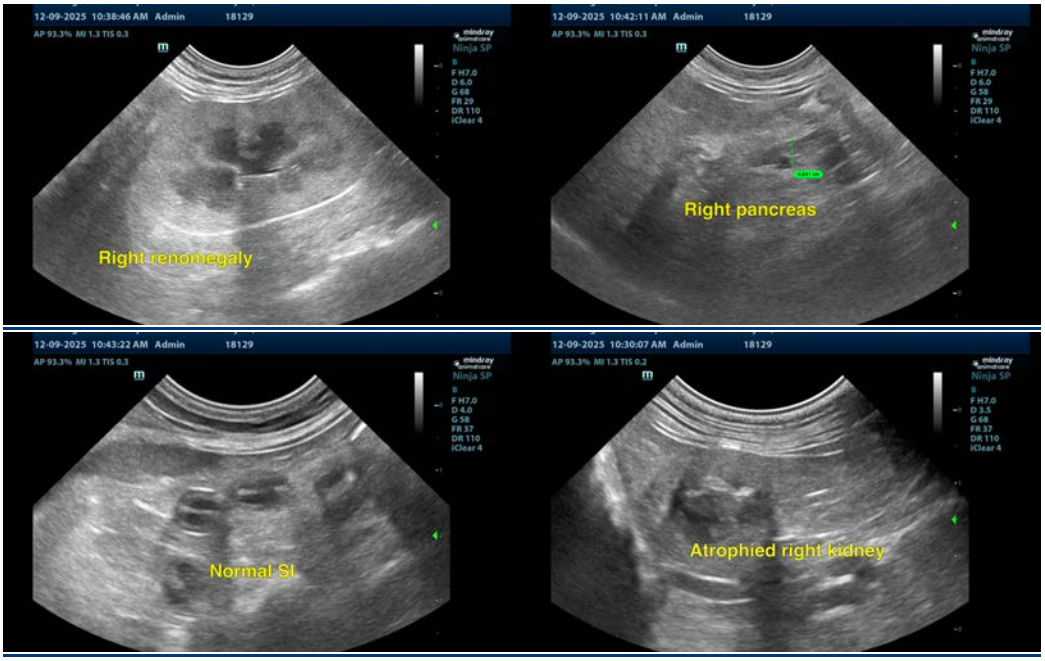

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com