

PATIENT

Chloe Sharp

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

6.88

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Solitaire Goldfield,
DMV

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Solitaire Goldfield,
DMV

INVOICE

23581

DATE

01/16/2026

PRESENTING CLINICAL SIGNS

Recently diagnosed with diabetes. Bloodwork revealed hyperglycemia, glucosuria, ketonuria, hypokalemia, dehydration, and elevated liver enzymes. Assessment includes diabetes mellitus with diabetic ketoacidosis (DKA), hyperthyroidism, and suspected pancreatitis. Chloe is currently a "sick diabetic" in crisis, requiring aggressive management. Clinical signs include anorexia, possible vomiting, and possible weight loss. Prognosis discussed, including long-term insulin therapy, possible remission, and quality of life considerations

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively borderline enlarged. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with semi formed feces in lumen.

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Pancreas

The left pancreas exhibited indistinct pancreatic capsule compared to adjacent omentum. Heterogeneous mildly hypoechoic parenchyma was present.

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Free Abdomen

No omental masses or peritoneal effusion was present.

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Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 2.3 cm x 0.89 cm.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy-metabolic, vacuolar or inflammatory hepatopathy possible. No evidence of hepatic lipidosis or hepatic neoplastic criteria.
- Minor gallbladder debris.
- Sonographically normal gastrointestinal tract.
- Heterogeneous left pancreas.
- Mild age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending urine C/S is recommended. A GI panel to assess for non-structural intestinal disease in correlation with possible mild to chronic pancreatitis is recommended. Monitoring of hepatic enzymes, empirical therapy for diabetic ketoacidosis with as needed sonographic monitoring or consideration for hepatic FNA cytology if progressive hepatopathy and assuming normal clotting status is recommended.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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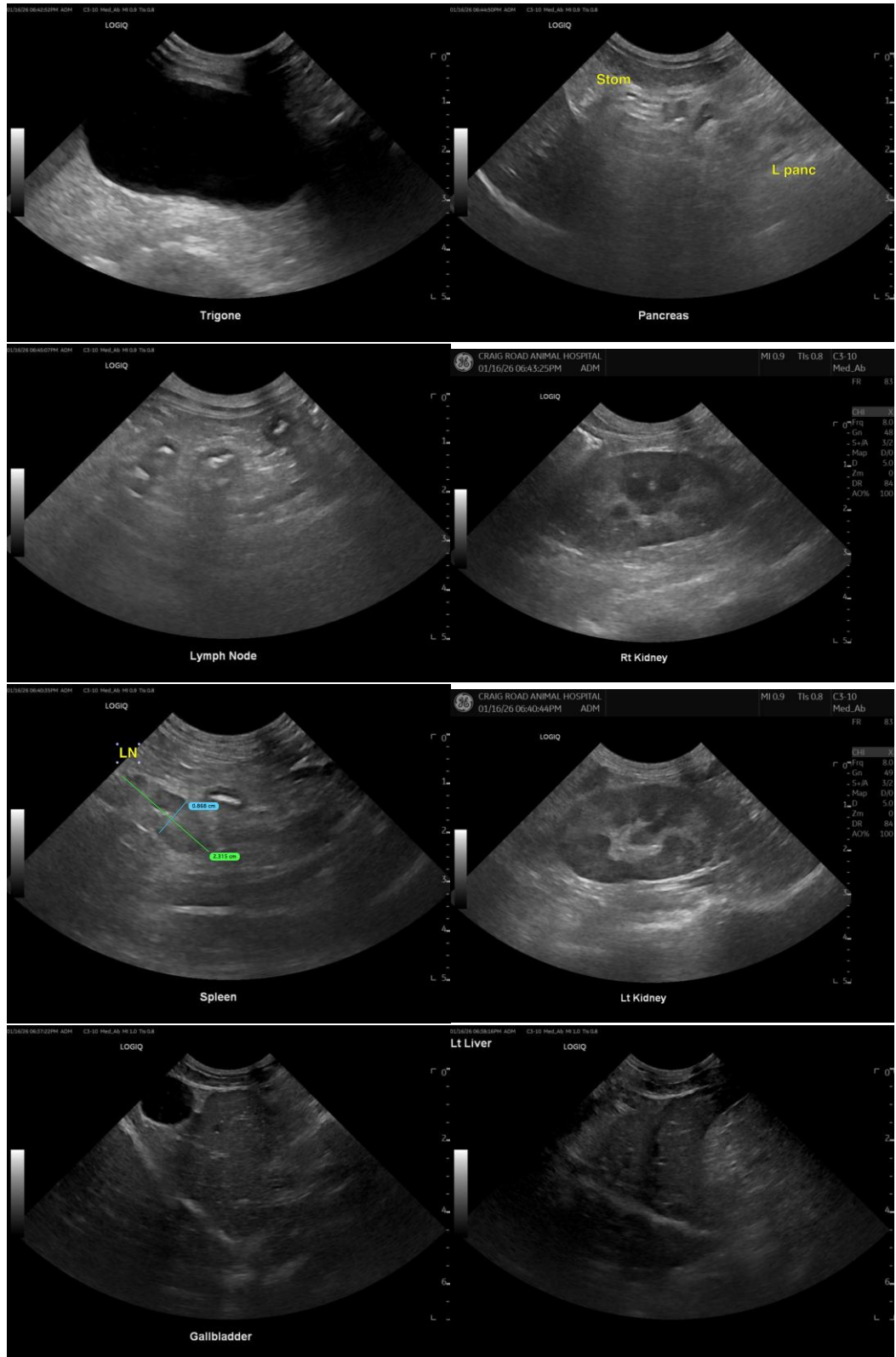
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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