



**PATIENT**

Charlie White

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

15.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Hannah Fearing

**INVOICE**

12987

**DATE**

1/6/22

**PRESENTING CLINICAL SIGNS**

Diagnosed with diabetes in July and on insulin. Presented 1/4 for 1 to 2 day history of vomiting and not eating.

Abnormal PE/Chem/CBC/UA Results: 1/4/22 BW: CBC: low platelets (suspect false due to clumping) Chem: mild hyperglycemia (188), mildly elevated SDMA (15), mildly elevated lipase (1506) T4: WNL UA: mild glucosuria (50 mg/dL), no ketones; USG = 1.025

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

No overt pathology was noted In the area of the left or right 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. The spleen measured 0.85 cm diameter at the level of the hilus.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder 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 gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	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 ileus, obstruction, or foreign material. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.38 cm.
Charlie White	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
MN	Focal to intermittent midabdominal jejunal 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 of a lymph node measured 1.4 cm x 0.56 cm. No effusion was noted.
<b>AGE</b>	
13 years	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
15.7 lbs.	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Sonographically unremarkable gastrointestinal tract</li> <li>• Intermittent subjectively benign jejunal lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis possible, not consistent with neoplastic criteria</li> <li>• Mild chronic renal changes - no evidence of pyelonephritis</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
<b>IMAGING PERFORMED BY</b>	Overall, largely sonographically unremarkable abdomen without evidence of significant visceral pathology. Potential for structurally insignificant or possible acute inflammatory bowel episode with associated benign jejunal lymphadenopathy possible. Likewise, the potential for low-grade to chronic pancreatitis, which may present as sonographically unremarkable, cannot be excluded.
Dr. Hannah Fearing	Further correlation may include Spec fPL or a GI panel to include Cobalamin/Folate levels. Urine culture and sensitivity is suggested on sterile urine sample given the mild glucosuria. As-needed gastrointestinal supportive care would be appropriate.
<b>HOSPITAL NAME</b>	
Lanier AH	
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Dr. Hannah Fearing	
<b>INVOICE</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
12987	
<b>DATE</b>	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <a href="https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services">https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services</a>
1/6/22	



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com