



PATIENT	PRESENTING CLINICAL SIGNS
Charlie McCarthy	Diabetic, hypoglycemic-Not responsive. Current meds: Metronidazole, Cerenia
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
DSH	
SEX	
MN	The area of the aortic trifurcation was free of pathology.
AGE	Both kidneys were mildly enlarged in size, slightly more prominent in the left kidney, with symmetrical margination. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.
8 years	
WEIGHT	Adrenal Glands
8.8 lbs.	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width. No overt evidence of enlargement or neoplastic criteria was noted.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.98 cm in width.
IMAGING PERFORMED BY	Liver/ Gallbladder
Shari Reffi, CVT	The liver was overall mild to potentially moderately enlarged in size. The parenchyma of the liver was uniform mild increased in echogenicity compared to the spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
Newton Vet	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.20 cm.
REFERRING VET	
Dr. Barron	
INVOICE	
12676	
DATE	
11/29/21	



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.26 cm. The duodenum wall width measured 0.28 cm. The ileocolic wall width measured 0.42 cm.
Charlie McCarthy	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
BREED	<i>Pancreas</i>
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.
SEX	<i>Free Abdomen</i>
MN	A small pocket of minor peritoneal free fluid was noted in the left lateral abdomen and around the caudal liver margins. No overt lymphadenopathy was noted.
AGE	ULTRASONOGRAPHIC FINDINGS
8 years	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Hepatomegaly - suspect probable diabetic hepatopathy, subjectively benign • Bilateral interstitial nephrosis renal pattern • gastrointestinal ingesta • Scant peritoneal free fluid
8.8 lbs.	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The presence of gastrointestinal ingesta is nonspecific and may correlate with post prandial presentation. Assessment of most recent meal ingestion is recommended. If documented NPO, some degree of generalized gastrointestinal stasis or inefficient peristalsis may be possible. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Further assessment may include a Spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate if evidence of weight loss.
IMAGING PERFORMED BY	If the patient happens to be an unregulated diabetic with hyperglycemia, some or all of the following may warrant investigation.
Shari Reffi, CVT	
HOSPITAL NAME	Potential Causes of Diabetic Dysregulation
Newton Vet	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
REFERRING VET	<ul style="list-style-type: none"> UTI Dietary indiscretion/intolerance Pancreatitis Hyperthyroidism/hypothyroidism Exogenous steroids (including topical eye meds) Cushing's Acromegaly
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PATIENT

Charlie McCarthy

Owner compliance
Insulin quality issues
Antibodies to insulin

SPECIES

Feline

Underlying Neoplasia
Diffuse liver disease

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

8.8 lbs.

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet

REFERRING VET

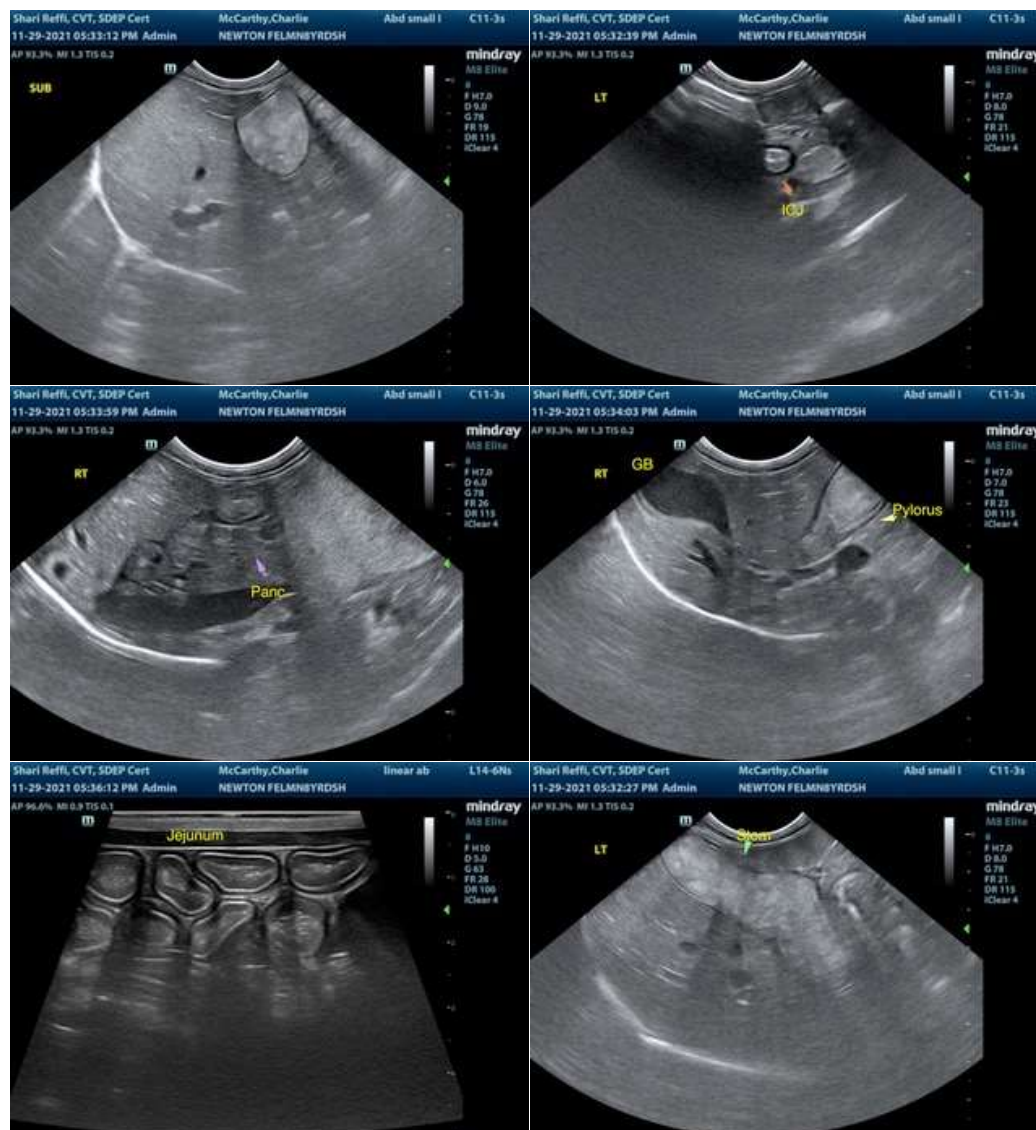
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PATIENT

Charlie McCarthy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

8.8 lbs.

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HOSPITAL NAME

Newton Vet

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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)
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