



PATIENT	PRESENTING CLINICAL SIGNS
Pixel Cuzzone	Recently diagnosed with diabetes a few weeks ago, being treated with Bexacat. Presented to rDVM for inappetence, transferred for concern for DKA. P had elevated ketones but not at high enough level for DKA classification, and P was alkalotic on presentation.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: RDVM Complete Blood Count: Neutrophils: 11.44 (high) Lymphocytes: 0.18 (low) Hematocrit: 27.3% (low) Hemoglobin: 9.6 (low) Red blood cell count: 6.23 (low) RDVM Chemistry: Calcium: 12.2 (high) Creatinine: 2.6 Glucose: 221 Potassium: 3.2 (low) Blood Ketones (RDVM): 1.2 rDVM Urinalysis (cystocentesis): Urine specific gravity: 1.029 Color: Pale yellow Leukocytes: 250 Renal cells: 1 Granular casts: 1 White blood cells: 0-3/HPF Red blood cells: 0-10/HPF EPOC: pH: 7.49 Potassium: 2.5 (low) Sodium: 147 Calcium: 1.55 BUN: 34 Creatinine: 2.80 Glucose: 277 Hematocrit: 27% Lytes: : 2.7 SDMA 15 Recheck labs 11/6: Ketones: 1.6 mmol/L FU EPOC: K+ 3.1 (L), Glu 195 (H), Hct 22% (L)
BREED	
Domestic Shorthair	
SEX	
FS	
AGE	
19 years	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
WEIGHT	Urinary System
2.87 kg	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
INTERPRETED BY	No evidence of pathology in the area of the aortic trifurcation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left kidney exhibited adequate size with asymmetrical margination. Lateral indistinct cortical infarcts were noted. Mild indistinct corticomedullary border demarcation was present. Minor left kidney pyelectasia was present. The left kidney measured 3.3 cm in length.
IMAGING PERFORMED BY	Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No right kidney pyelectasia. The right kidney measured 3.5 cm in length.
Wayland	Adrenal Glands
HOSPITAL NAME	The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.39 cm width and the right adrenal gland measured 0.38 cm width.
Wilvet South	Spleen
REFERRING VET	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.
Wayland	
INVOICE	
10312	
DATE	
11/6/25	



PATIENT	<i>Liver/ Gallbladder</i>
Pixel Cuzzone	The liver was subjectively mildly enlarged in size with a rounded contour. Homogeneous mild increased hepatic parenchyma echogenicity was noted, comparable to the spleen. There were no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with moderate, nonorganized gallbladder debris. Mildly dilated cystic and proximal to mid-common bile duct was noted with mild cystic duct debris. There is no definitive evidence of post hepatic obstruction.
SPECIES	
Feline	
BREED	
Domestic Shorthair	<i>Gastrointestinal</i>
SEX	The stomach presented normal, intact wall layering. The stomach contained a mild amount of nonshadowing echogenic fluid and chyme along with mild lumen gas. There was no obvious obstruction to pyloric outflow. The gastric body wall width measured 0.21 cm in width.
FS	
AGE	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 small Intestinal wall width measured 0.24 cm.
19 years	
WEIGHT	Normal visible colon wall layers were present with apparent formed feces in lumen.
2.87 kg	<i>Pancreas</i>
INTERPRETED BY	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Free Abdomen</i>
IMAGING PERFORMED BY	No significant omental lymphadenopathy was visualized. No evidence of peritoneal effusion was present.
Wayland	ULTRASONOGRAPHIC FINDINGS
HOSPITAL NAME	<ul style="list-style-type: none"> • Sonographically normal gastrointestinal tract with mild nonobstructive hypomotile stomach • Heterogeneous pancreas • Chronic renal changes exhibiting left kidney indistinct cortical infarcts and minor pyelectasia • Mildly enlarged hyperechoic liver - suspect diabetic hepatopathy, potential for inflammatory or cholestatic hepatopathy, occult hepatic neoplasia considered less likely • Nonorganized gallbladder and cystic duct debris with nonobstructive common bile duct dilation - potential cholangitis • Minor urine sediment
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PATIENT

Pixel Cuzzone

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

19 years

WEIGHT

2.87 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wayland

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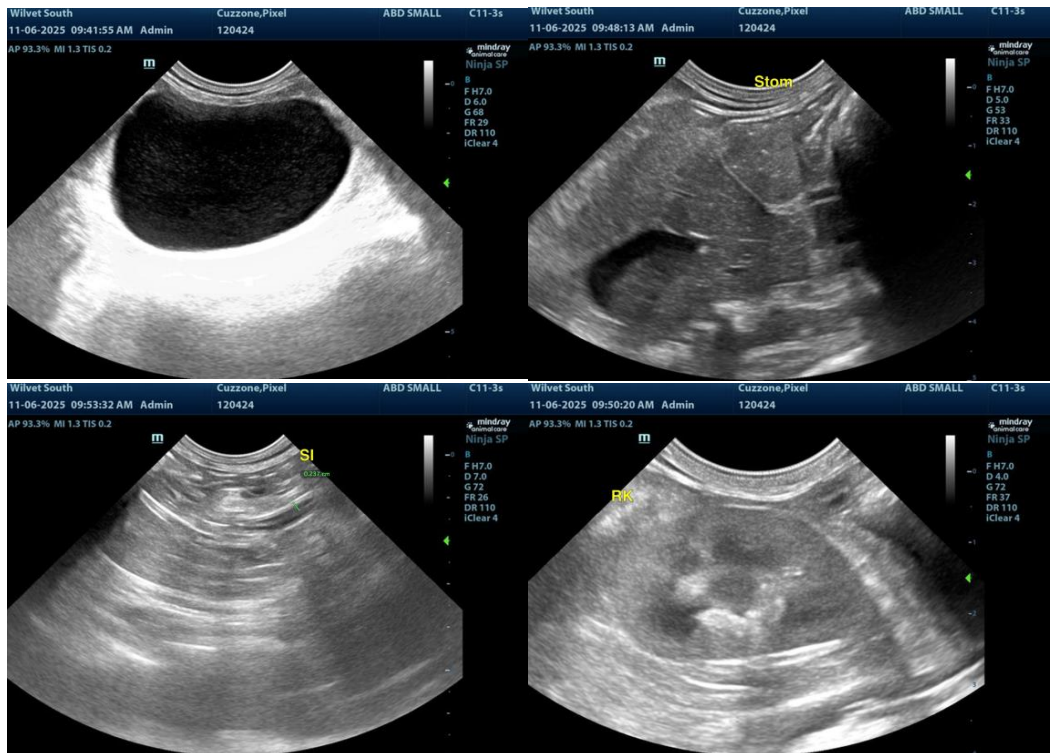
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

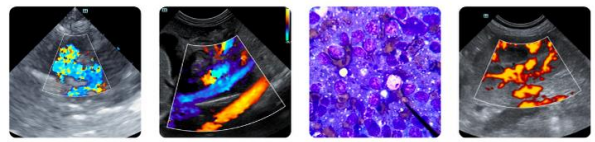
Urine C/S on a sterile urine sample is recommended, assuming glucose urea.

Chronic pancreatitis may be suspected if cranial abdomen / subxiphoid discomfort on palpation, although there is no sonographic evidence of active pancreatitis.

Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate with concurrent assessment for potential nonstructural intestinal disease.

Monitoring of hepatic enzymes for evidence of hepatobiliary inflammation or increasing cholestasis is indicated. Hospitalization with empirical therapy for emerging diabetic ketoacidosis and clinical monitoring would be reasonable. Sonographic reassessment is suggested if clinically indicated.





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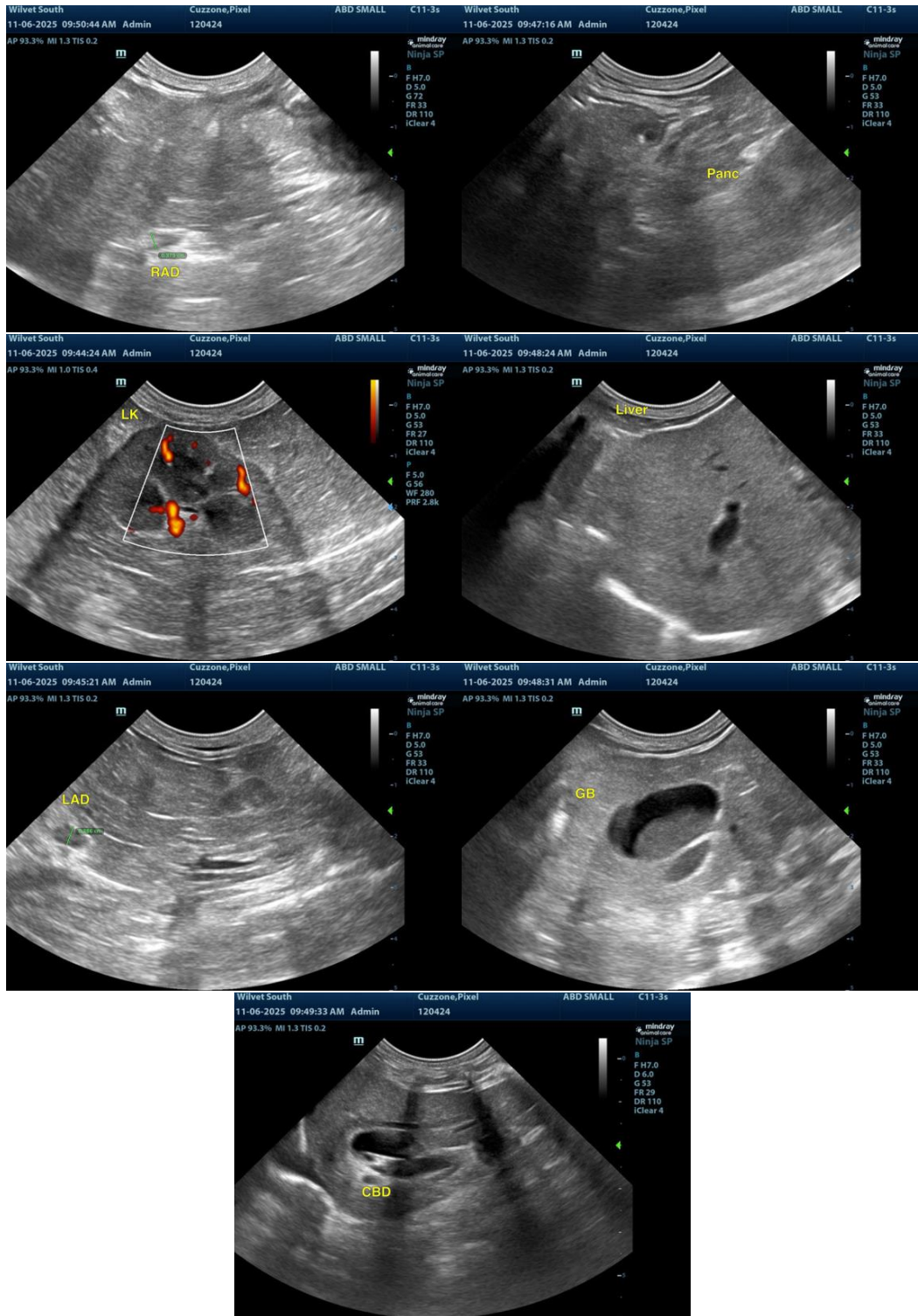
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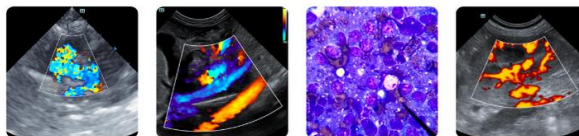
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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