



## PATIENT

Sashimi Lefever

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

10yr

## WEIGHT

17.42lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jonathan Moss

## HOSPITAL NAME

Harvest Hills VH

## REFERRING VET

Kara Garvin

## INVOICE 23278

DATE  
12/18/2025

## PRESENTING CLINICAL SIGNS

Recently diagnosed diabetic. lethargic the last few days and not eating today

Abnormal PE/Chem/CBC/UA Results: attached

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was distended in size with normal appearing bladder wall. The 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 mild to moderate particulate urine sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Mildly enlarged renal size with asymmetrical margination was present in both kidneys. 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. Minor left kidney pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### *Adrenal Glands*

The bilateral adrenal glands were indistinctly visualized with no overt pathology. The left adrenal gland subjectively measured 0.48 cm width. The right adrenal gland subjectively measured 0.48 cm in width.

### *Spleen*

The spleen exhibited mild enlargement (1.2 cm width at the mid spleen) and 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 presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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 mild 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 contained moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental to generalized similar appearing variably echogenic non-shadowing ingesta/chyme with no signs of obstruction or foreign material.

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

### *Pancreas*

The pancreas was mildly prominent in size with asymmetrical capsule contour and isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

### *Free Abdomen*

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Hepatopathy exhibiting parenchyma hyperechogenicity -metabolic / diabetic hepatopathy, lipidosis, inflammation, cholestasis or combination possible, hepatic neoplasia thought less likely
- Gallbladder debris
- Mild splenomegaly - sedation if clinically indicated, incidental hyperplasia, hematopoiesis or splenitis suspected
- Chronic renal changes exhibiting minor left kidney pyelectasia
- Mild urine sediment
- Suspect chronic pancreatitis
- Sonographically normal gastrointestinal tract with gastrointestinal ingesta - consistent with food echogenicity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S and monitoring for ketonuria with concurrent supportive care and regulation of serum BG is recommended. Given reported inappetence, metabolic or non-obstructive gastrointestinal ileus may be suspected. No evidence of gastrointestinal mechanical obstruction.

A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreas and assess for non-structural intestinal disease may be considered.

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/>.

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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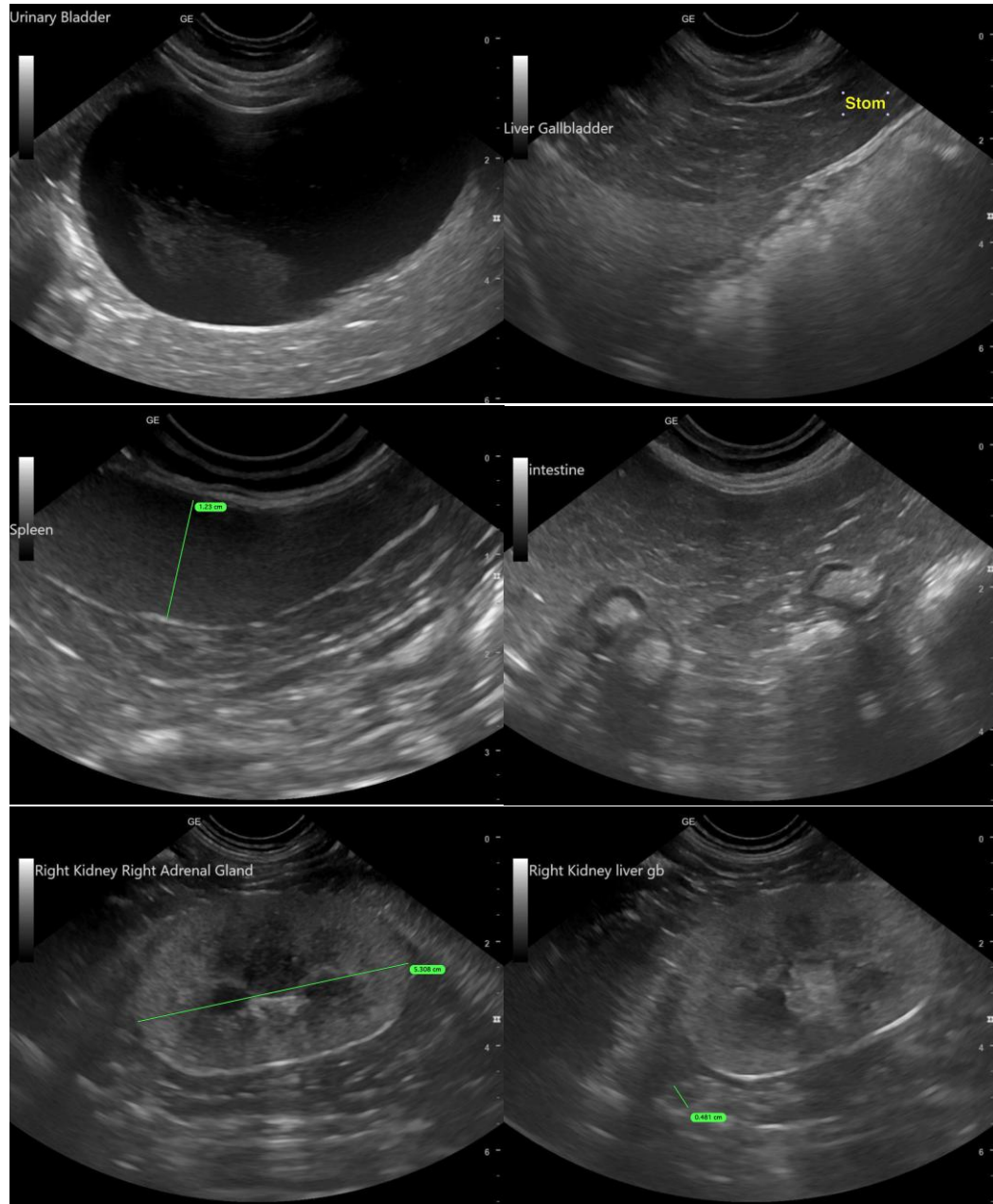
Kara Garvin

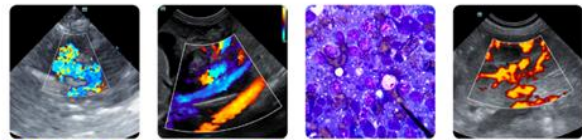
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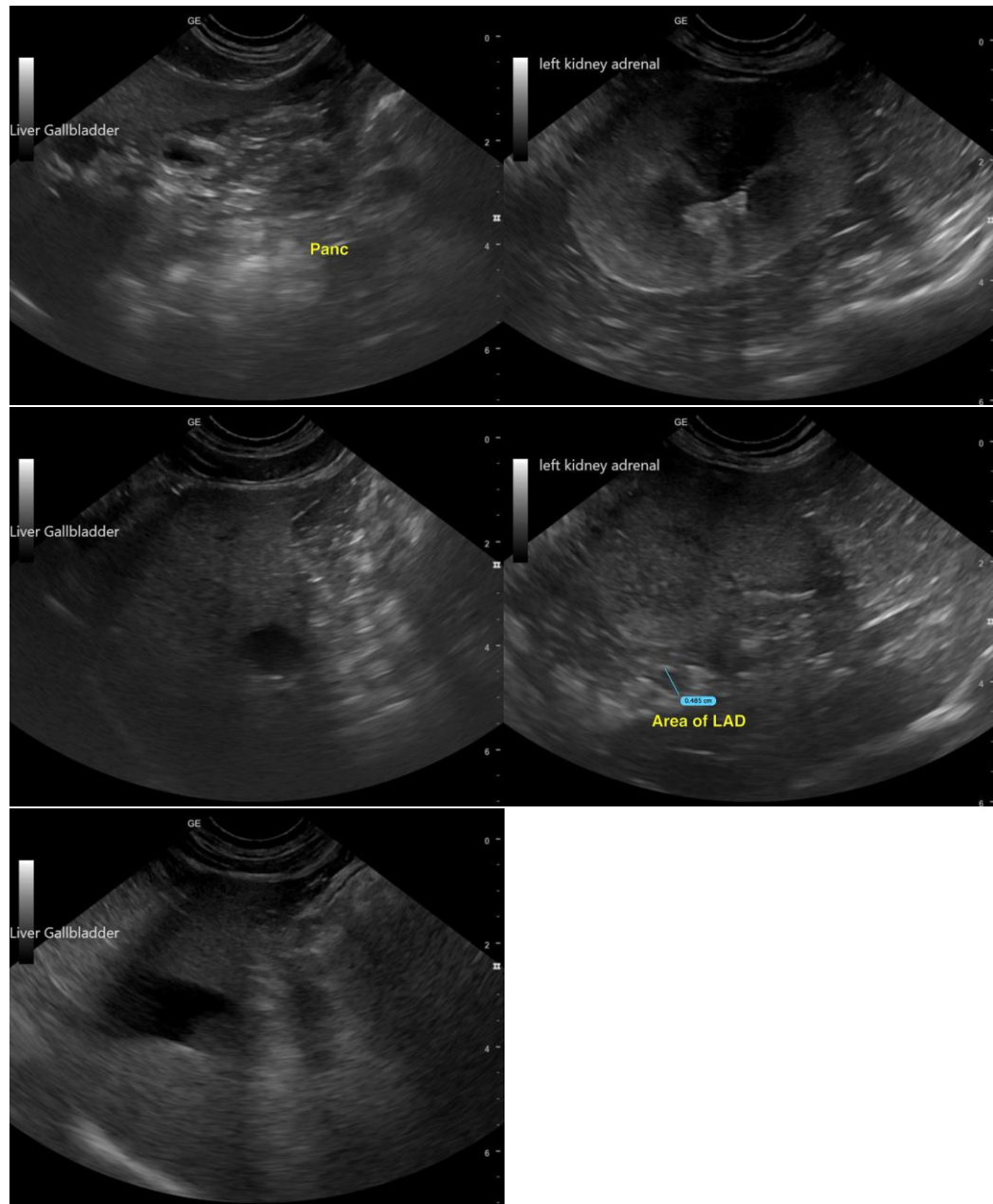
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[info@sonopath.com](mailto:info@sonopath.com)



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