



**PATIENT PRESENTING CLINICAL SIGNS**

Manny Sinkovits Obese, odd body composition - large bilateral outpouching of abdomen, early onset DM, elevated hormones, PU/PD, poor hair coat, anxiety, possible idiopathic cystitis.

**SPECIES** Medication: Insulin, Glargine, Fluoxetine

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH 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. Mild, dependent to nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory criteria or neoplastic mural changes were noted. No urinary bladder tumors were noted.

**SEX** The area of the aortic trifurcation was free of pathology.

MN

**AGE** Mild prominent size and symmetrical margination were present in the kidneys. Nonspecific mildly nonuniform cortical hypertrophy was present with mild loss of corticomedullary border demarcation and subjective mild reduced medullary volume. Bilateral scant pyelectasia was present. No overt neoplastic criteria was noted. The left kidney measured 5.1 cm in length. The right kidney measured 4.9 cm in length.

**WEIGHT**

23.3

**INTERPRETED BY** *Adrenal Glands*

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was not definitively visualized. An irregular, nonhomogeneous, hypoechoic mass was present in the area of the right adrenal gland measuring 3.6 cm x 2.6 cm. Pinpoint to indistinct hyperechoic foci within the mass were visualized potentially indicative of pinpoint areas of mineralization. Mild regional inflammation was noted around the mass.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

*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 0.67 cm width at the level of the hilus.

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET** *Liver/ Gallbladder*

Dr. Smith The liver was enlarged in size with maintained symmetrical capsule contour and generalized uniform hyperechoic hepatic parenchyma compared to the falciform at and spleen exhibiting mild to moderate coarse echotexture. No masses or nodules were noted. Normal hepatic vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized, echogenic gallbladder debris. The cystic and common bile ducts were normal.

**INVOICE**

16272

**DATE**

2/22/23



**PATIENT**

***Gastrointestinal***

Manny Sinkovits

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.

**SPECIES**

Feline

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.

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

**BREED**

DSH

***Pancreas***

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**

MN

***Free Abdomen***

No evidence of peritoneal effusion was present.

**AGE**

2019

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Bilateral prominent kidneys exhibiting mild nonuniform cortical hypertrophy and minor bilateral pyelectasia
- Hepatomegaly exhibiting parenchyma hyperechogenicity - metabolic / vacuolar / reactive (diabetic) hepatopathy, lipidosis, inflammatory hepatopathy, less likely infiltrative round cell neoplasia, all potentials
- Mild gallbladder debris
- Mass present in area of the right adrenal gland - consistent with primarily right adrenal neoplastic criteria in conjunction with hormonal panel

**WEIGHT**

23.3

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Alburtis AH

Serial monitoring of potassium levels is recommended, given the degree of aldosterone elevation. Referral for further assessment, possible abdominal CT for further clarification of the mass in the area of the right adrenal gland for evidence of nonobvious vascular invasion / surgical planning, as well as further therapy, is recommended.

**REFERRING VET**

Dr. Smith

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Manny Sinkovits

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**SEX**

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**AGE**

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**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

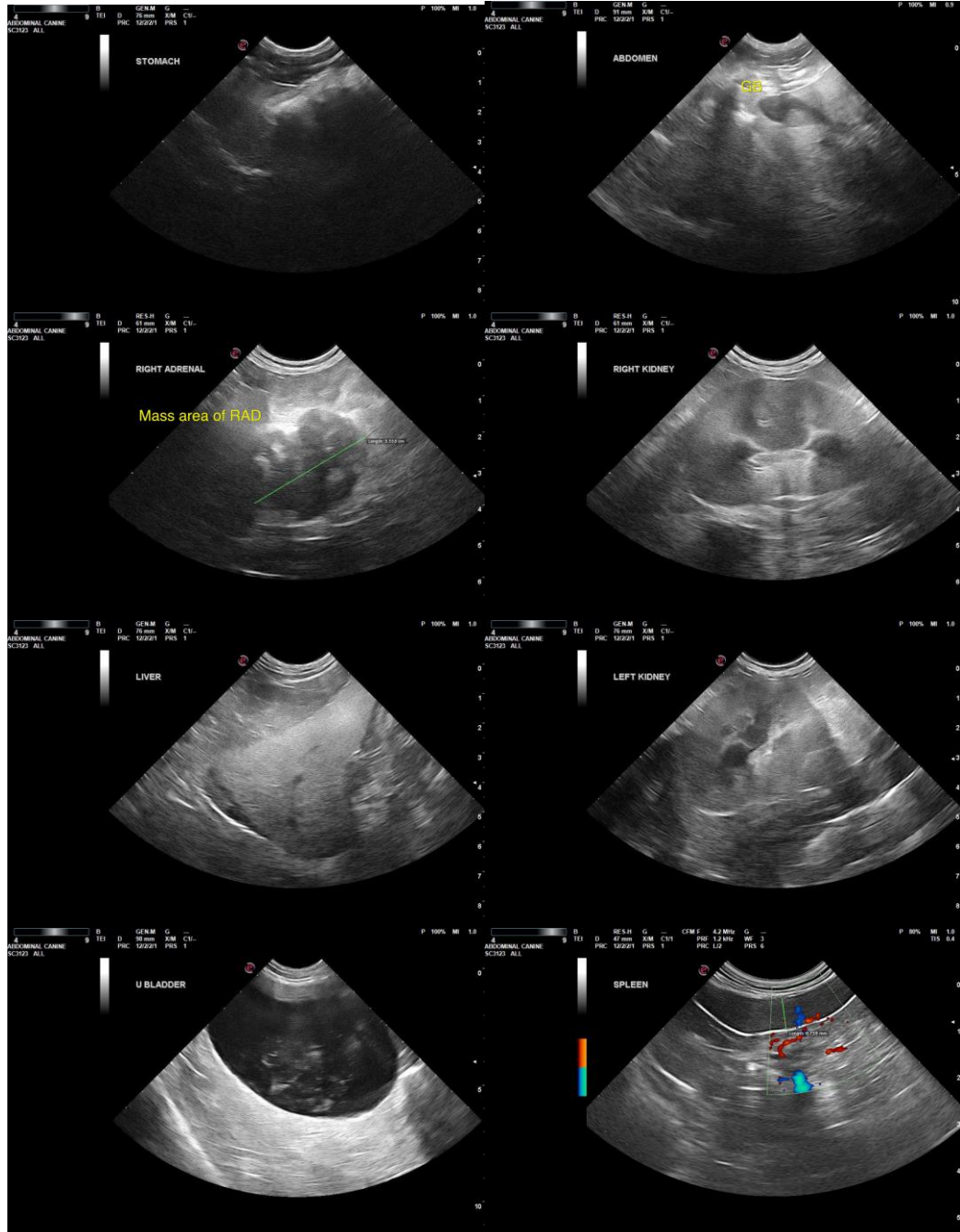
Dr. Smith

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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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