



## PATIENT

Theresa Gherardi

## SPECIES

Feline

## BREED

DSH

## SEX

Spayed Female

## AGE

12 Years

## WEIGHT

9.05 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Vincent Ravancho CVT

## HOSPITAL NAME

The Gentle Vet

## REFERRING VET

Dr. Linda Dulude

## INVOICE

13935

## DATE

02/24/26

## PRESENTING CLINICAL SIGNS

- DM - not eating, suspicious more than DKA
- Dehydrated
- Glu < 300
- Treated in Hospital last wk for Ketoacidosis, Glu was never over 300
- was on Senvelgo, went home w/ normal electrolytes + eating on Friday

Abnormal PE/Chem/CBC/UA Results: Anemic, Neutrophilia, Hypokalemia, decreased NaCl, increased liver enzymes - GGT 7 U/A: Ketones, Glucose USG 1.015

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was mildly subnormal in size owing to mild urine distention. The 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 change were noted.

Normal size and margination was 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. Minor pyelectasia was present bilaterally, which may be secondary to mild chronic renal changes, pelvic scarring or IV fluid therapy. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

The left adrenal gland was not definitively visualized owing to increased periadrenal omental artifact.

The right adrenal gland was mildly enlarged in size with normal contour and a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.63 cm width.

### *Spleen*

The spleen was mildly subnormal in size suggestive of volume contraction and 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.

### *Liver & Gallbladder*

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild biliary sludge. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

**Gastrointestinal**

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The stomach presented intact borderline thickened wall layering with a normal wall layer ratio. The stomach contained mild anechoic fluid without overt foreign material or obstruction to pyloric outflow. Mild gastric mural hyperechogenicity. The stomach wall measured 0.30 cm wall width.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty without mechanical/metabolic ileus to the level of the colon. Subtle hyperechoic intestinal mucosal speckling was noted.

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

**Pancreas**

**AGE**

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The left pancreatic limb presented markedly enlarged to swollen in appearance exhibiting nonhomogenous hypoechoic parenchyma. Regional peripancreatic to mid/cranial abdomen hyperechoic omentum.

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**Free Abdomen**

No visualized significant omental lymphadenopathy was present. Scant effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Significantly enlarged nonhomogenous hypoechoic pancreas with regional peripancreatic to mid/cranial abdomen hyperechoic omentum and scant effusion- significant pancreatitis versus pancreatic neoplasia.
- Mild hypomotile gastritis with suspect concurrent enteritis- no overt intestinal mechanical obstruction.
- Hepatomegaly- diabetic, inflammatory, reactive, vacuolar/cholestatic hepatopathy with occult hepatic neoplasia thought less likely.
- Mild gallbladder debris with nonobstructive common bile duct dilation- possible mild cholangitis.
- Mild chronic renal changes exhibiting minor pyelectasia.
- Mild right adrenomegaly- benign or stress hyperplasia favored.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status and under sedation, pancreatic and screening hepatic FNA cytology using a 25-gauge needle is warranted for further clarification. Correlation with a spec fPL or full GI panel to include PLI, TLI, cobalamin and folate is recommended. Hospitalization with aggressive therapy for pancreatitis +/- empirical therapy for possible cholangitis/cholangiohepatitis and gastrointestinal support with clinical and as needed sonographic monitoring would be reasonable. Guarded prognosis is suspected.

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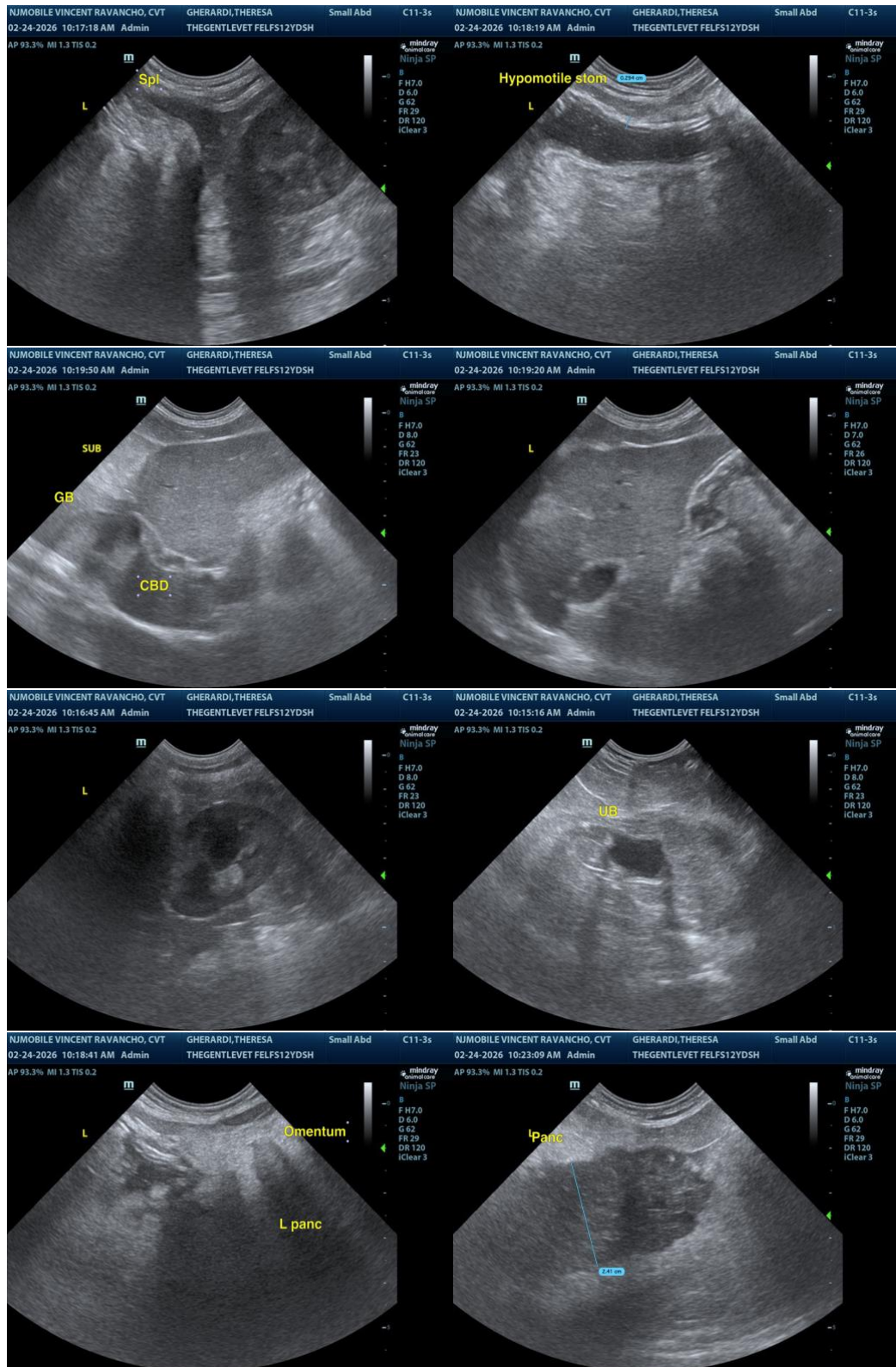
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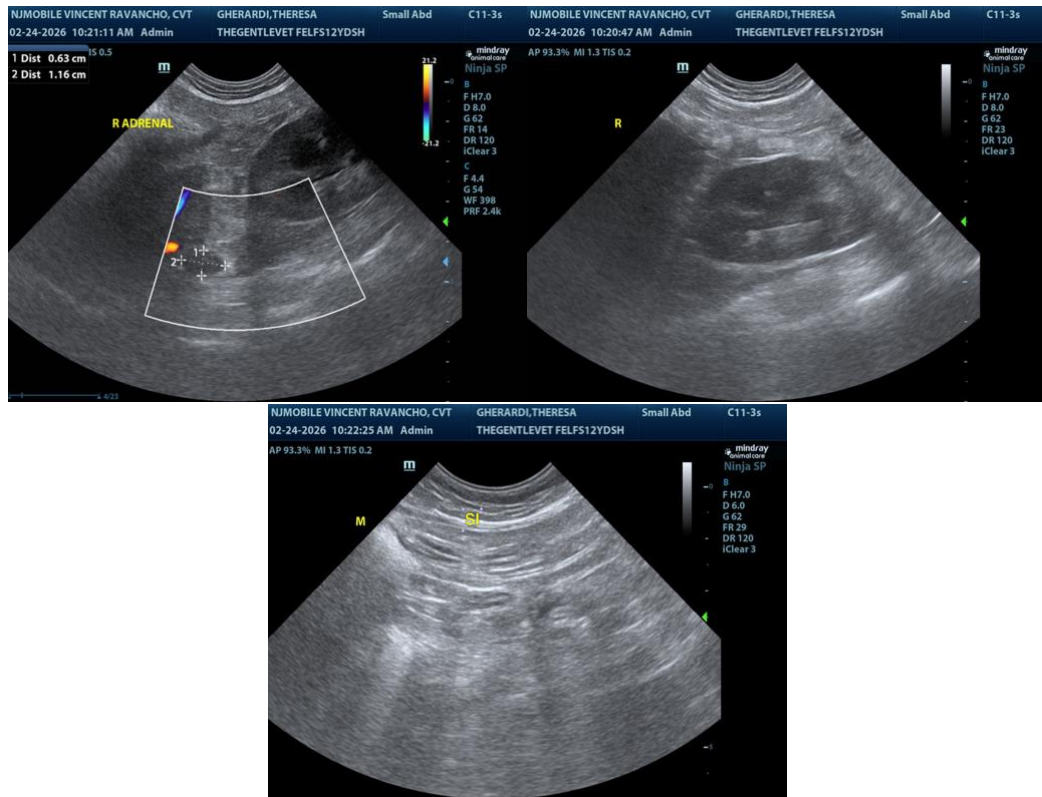
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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