



PATIENT

Lucy Montalvo

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

18yr

WEIGHT

NA

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr DiGiuseppi

INVOICE
 23845

DATE
 02/09/2026

PRESENTING CLINICAL SIGNS

- Start patient on Bexacat, Diabetic
- Pu/PD
- Current meds: Clavamox
- Abnormal PE/Chem/CBC/UA Results: CBC- wnl T4- wnl chem- hyperglycemia, hyperkalemia, hypercholesterolemia, increased CPK, Increased trig, SDMA 18 Beta Hydroxybutyrate- pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were 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. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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.

Liver/Gallbladder

The liver presented subjectively normal in size. The parenchyma of the liver was homogenous and 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 common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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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.

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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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width. The ileocolic wall measured 0.30 cm in width.

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

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Pancreas

The pancreas was normal in size with capsule asymmetry and mild non-homogenous remodeled parenchyma with mildly prominent pancreatic duct. A thinly walled cyst was present in the area of the pancreas base and subjective caudal to the liver measuring 2.3 cm in diameter.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Mildly hyperechoic liver - likely diabetic hepatopathy
- Minor gallbladder debris
- Mild chronic renal changes
- Normal adrenal glands
- Probable mild chronic pancreatitis and pancreas base cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with pending beta hydroxybutyrate level is recommended. Recheck UA +/- renal staging to include urine C/S and UPC level if evidence of inflammation or non-inflammatory proteinuria is recommended. No overt evidence of neoplastic criteria. A spec FPL is warranted to correlate with the pancreas.

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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/>.

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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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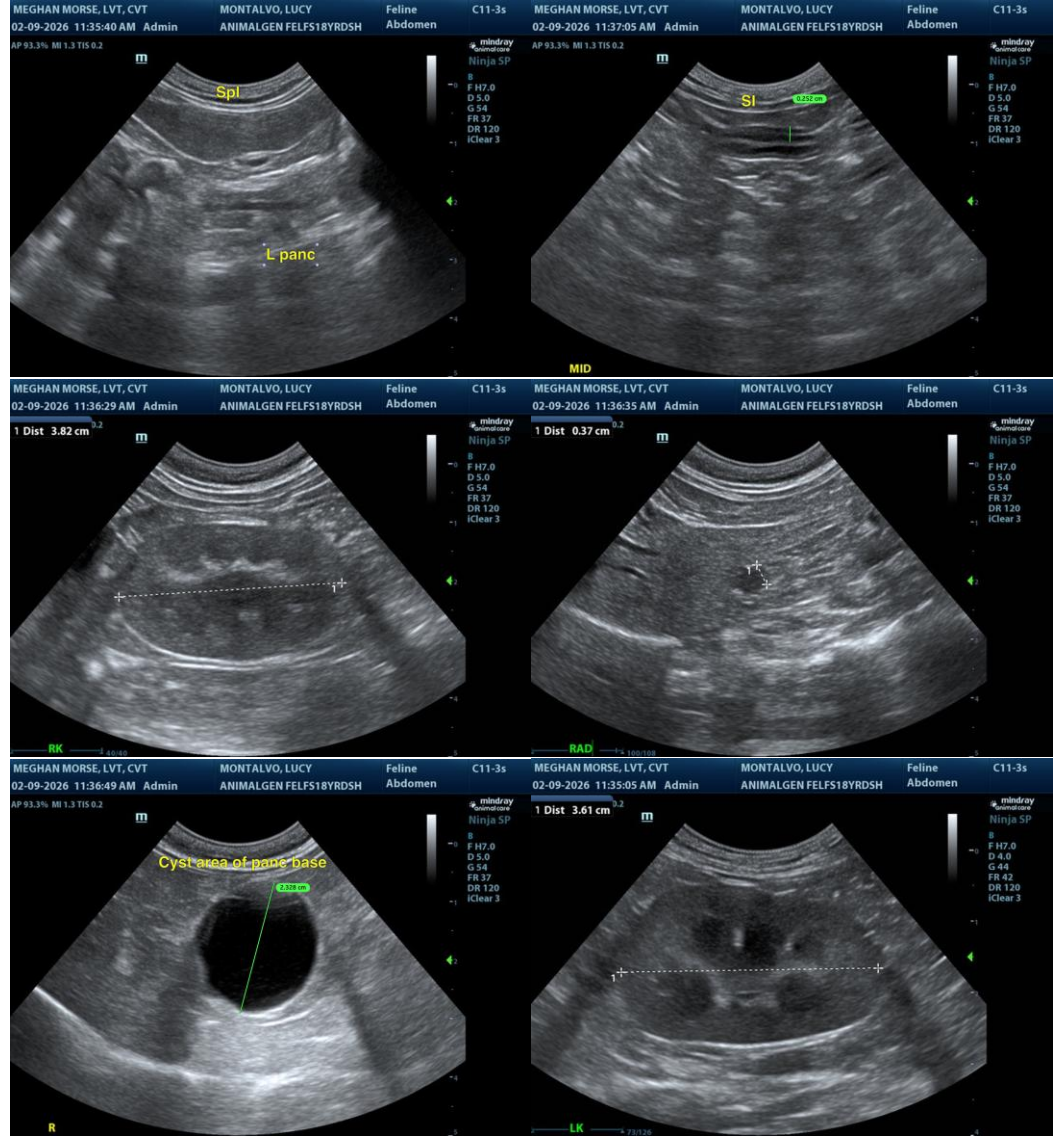
Dr DiGiuseppi

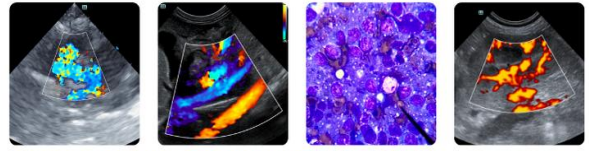
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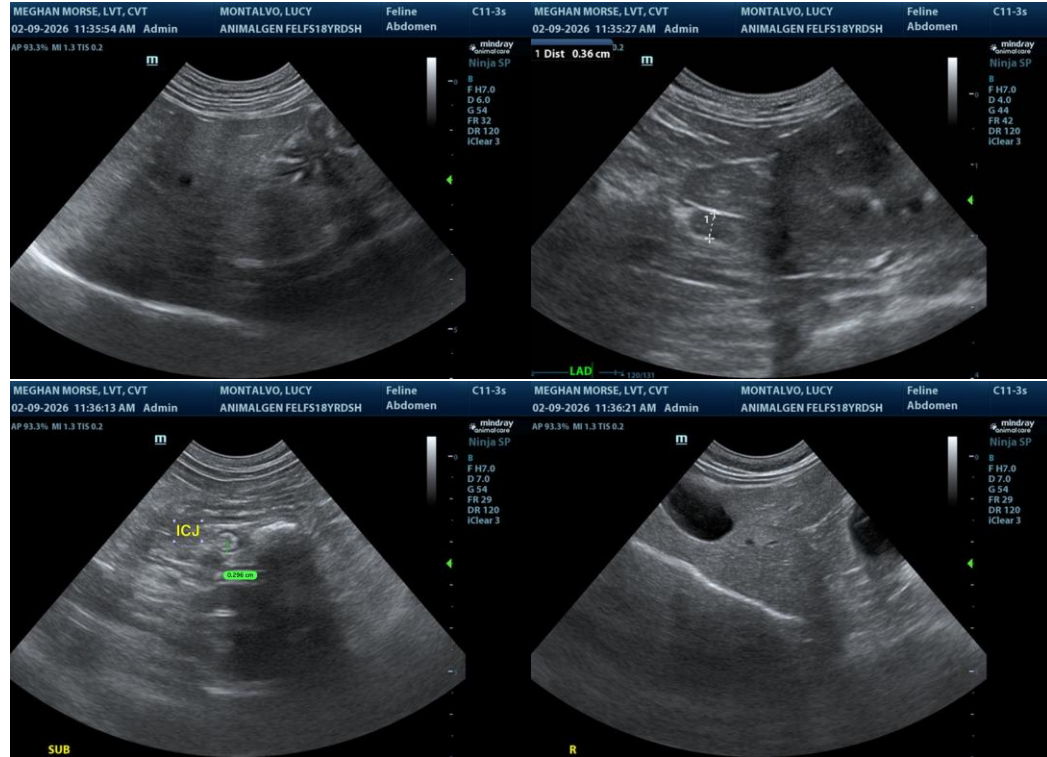
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Meghan Morse

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info@sonopath.com

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