



PATIENT

Lia Delsere

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cascade Animal Clinic

REFERRING VET

Dr. Bruce

INVOICE

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DATE

05/18/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Presented end of April for coughing, chest rad suggestive of asthma, and senior blood work done noted diabetes. Started on Bexacat around 5/1, but since then appetite decreased, now only eating canned food about 5oz a day, completely stopped eating dry food. Had episodes of inappropriate urination and defecation, placed on Clavamox, and Miralax, O moved litter box and now improved. However, P lost 1 lb in 3 weeks, recheck blood work worsening values, stopped Bexacat now. Recommend to evaluate other underlying causes. Coughing likely caused by asthma, which improved currently not under any medication. **ABNORMAL Labwork Values 4/27 chem - azotemia cre 2.0, hyperglobulinemia 5.6, hypercalcemia 12.3, hyperglycemia 373; eosinophilia 23K; euthyroid <0.5; USG 1.053, 1+ proteinuria, 3+ glucosuria, trace ketonuria 05/1 resp PCR - positive for mycoplasma 5/12 - repeated UA USG 1.040, proteinuria, glucosuria 3+, ketones neg; blood ketone 0.4, hyperglycemia 304 (lost 0.6lb since 4/27) 5/15 - repeated chem azotemia cre 2.6, hyperglobulinemia 6.8, hypercalcemia 12.2, hyperglycemia 214, phos 6.2, potassium 3.5 Current Medications Clavamox, Bexacat (stop on 5/15), cerenia, SQ fluid daily, Miralax Radiographic Findings Chest rad indicated bronchial pattern**

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to mobile particulate nondependent to dependent lumen moderate 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.

Normal renal size with asymmetrical margination was present in both kidneys with 1:3 cortex to medulla ratio and hyperechoic cortex with enhanced corticomedullary border demarcation. The left kidney measured 4.4 cm in length. The right kidney measured 4.0 cm in length. No evidence of pyelectasia.

Adrenal Glands

No visualized pathology in the areas of the left and right adrenal glands.

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 mildly enlarged 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.



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The gallbladder was non distended in size with mild nonorganozed biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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 ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with formed fecal matter in lumen.

Pancreas

AGE

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The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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12.4 lbs

ULTRASONOGRAPHIC FINDINGS

- Moderate urine sediment.
- Bilateral nonspecific chronic renal changes.
- Mildly enlarged hyperechoic liver.
- Mild gallbladder debris.
- Overall, sonographically normal gastrointestinal tract with formed fecal matter in colon.
- Normal area of the pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The liver suggests diabetic hepatopathy criteria given patient's history with considerations including vacuolar, inflammatory, hepatopathy or lipidosis. A GI panel to include PLI, TLI, cobalamin and folate to assess for non-sonographically evident gastrointestinal or pancreatic disease in conjunction with three view chest radiographs given weight loss.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Hospitalization with empirical therapy for diabetic ketoacidosis if clinically indicated may be considered. No overt evidence of neoplastic criteria with occult hepatic round cell neoplasia thought less likely. Assuming normal clotting status and using a 25-gauge needle and with vitamin K pre-treatment, hepatic FNA cytology could be considered for further assessment.

REFERRING VET

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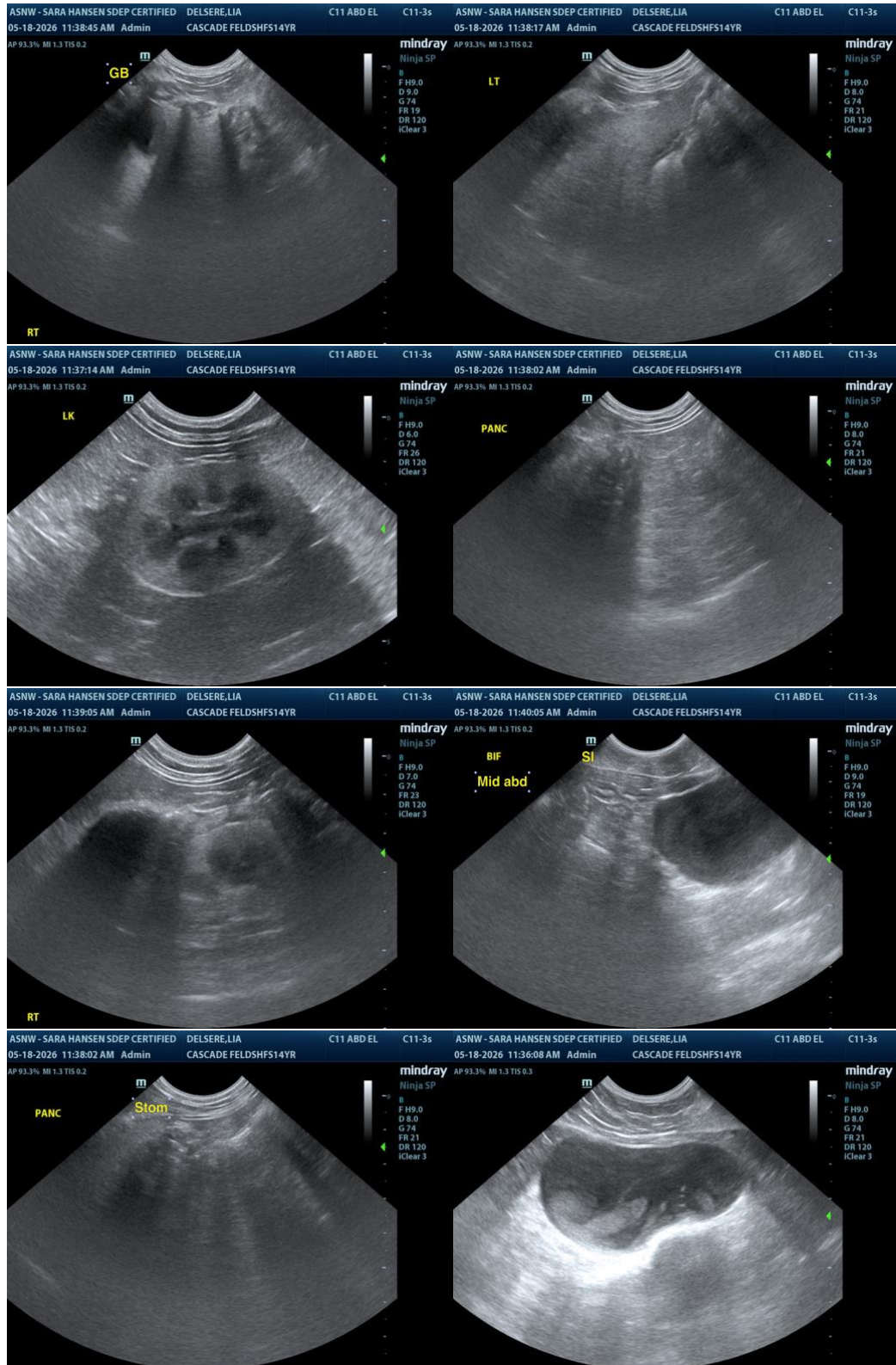
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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