



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kiwi Donald	Diagnosed ketoacidotic diabetic,  Abnormal PE/Chem/CBC/UA Results: Marked elevation blood glucose and ketones in urine
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>  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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>BREED</b>	
DSH	
<b>SEX</b>	
FS	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. Bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.
<b>AGE</b>	
11	The area of the aortic trifurcation was free of pathology.  <b>Adrenal Glands</b>  The bilateral adrenal glands were subjectively prominent in size with symmetrical contour and homogenous parenchyma. Potential for patient variant or stress hyperplasia possible, no overt evidence of adrenal tumors. The left adrenal gland measured 0.52 cm width. The right adrenal gland measured 0.46 cm width.
<b>WEIGHT</b>	
3.9kg	
<b>INTERPRETED BY</b>	<b>Spleen</b>  The spleen exhibited normal size and subtle medial capsule asymmetry with non-homogenous discretely nodule parenchyma. The spleen measured 0.93 cm in width at the level of the hilus.  <b>Liver/Gallbladder</b>  The liver was subjectively mildly enlarged with symmetrical contour and normal parenchymal echogenicity exhibiting moderate coarse echotexture. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
Dr. Belan	
<b>HOSPITAL NAME</b>	
Alpine 24/7	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was mildly dilated and tortuous from the level of the cystic biliary duct to the approximate level of the duodenal papilla. The duodenal papilla was prominent to thickened in appearance measuring 1.2 cm in diameter. Common bile duct diameter measured 0.30 cm.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>  The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta consistent with food and no signs of ileus, obstruction or foreign material.
Dr. Kyono	
<b>INVOICE</b>	
14190ag	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. The jejunum wall measured 0.23 cm in width.
<b>DATE</b>	
06/23/2023	Normal visible colon wall layers were present with apparent formed feces in lumen.



<b>PATIENT</b>	<b>Pancreas</b>
Kiwi Donald	The left limb and right limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SPECIES</b>	
Feline	<b>Free Abdomen</b>
<b>BREED</b>	No omental masses or peritoneal effusion was present.
DSH	Focally enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.4 cm x 0.45 cm.
<b>SEX</b>	
FS	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"> <li>• Bilateral mild chronic renal changes with mild pyelectasia.</li> <li>• Heterogenous micronodular spleen-suspect hyperplasia, hematopoiesis or similar. Minor potential for early infiltrative neoplasia.</li> <li>• Subjective mild hepatomegaly-inflammatory, diabetic hepatopathy, occult infiltrative neoplasia (less likely) all potentials.</li> <li>• Non-distended gallbladder with generalized mild tortuous common bile duct dilation to the level of the thickened to prominent duodenal papilla.</li> <li>• Pancreatitis.</li> <li>• Unremarkable GI tract with gastric ingesta.</li> <li>• Intermittent mild benign/reactive mesenteric lymph nodes.</li> <li>• Subjective mildly prominent bilateral adrenal glands- nonspecific.</li> </ul>
11	
<b>WEIGHT</b>	
3.9kg	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A urine C/S on sterile urine sample recommended if not done.
<b>IMAGING PERFORMED BY</b>	Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology could be considered for further assessment.
Dr. Belan	The prominent duodenal papilla is non-specific and may indicate inflammation secondary to pancreatitis. The possibility of emerging obstructive pathology and secondary emerging post hepatic obstruction cannot be definitively excluded.
<b>HOSPITAL NAME</b>	Close monitoring of hepatic enzyme levels and for progressive cholestasis/icterus is advised.
Alpine 24/7	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>REFERRING VET</b>	<ul style="list-style-type: none"> <li>• UTI</li> <li>• Dietary indiscretion/intolerance</li> <li>• Pancreatitis</li> <li>• Hyperthyroidism/hypothyroidism</li> <li>• Exogenous steroids (including topical eye meds)</li> <li>• Cushing's</li> <li>• Acromegaly</li> </ul>
Dr. Kyono	
<b>INVOICE</b>	
14190ag	
<b>DATE</b>	
06/23/2023	



**PATIENT**

Kiwi Donald

- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11

**WEIGHT**

3.9kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

Dr. Kyono

**INVOICE**

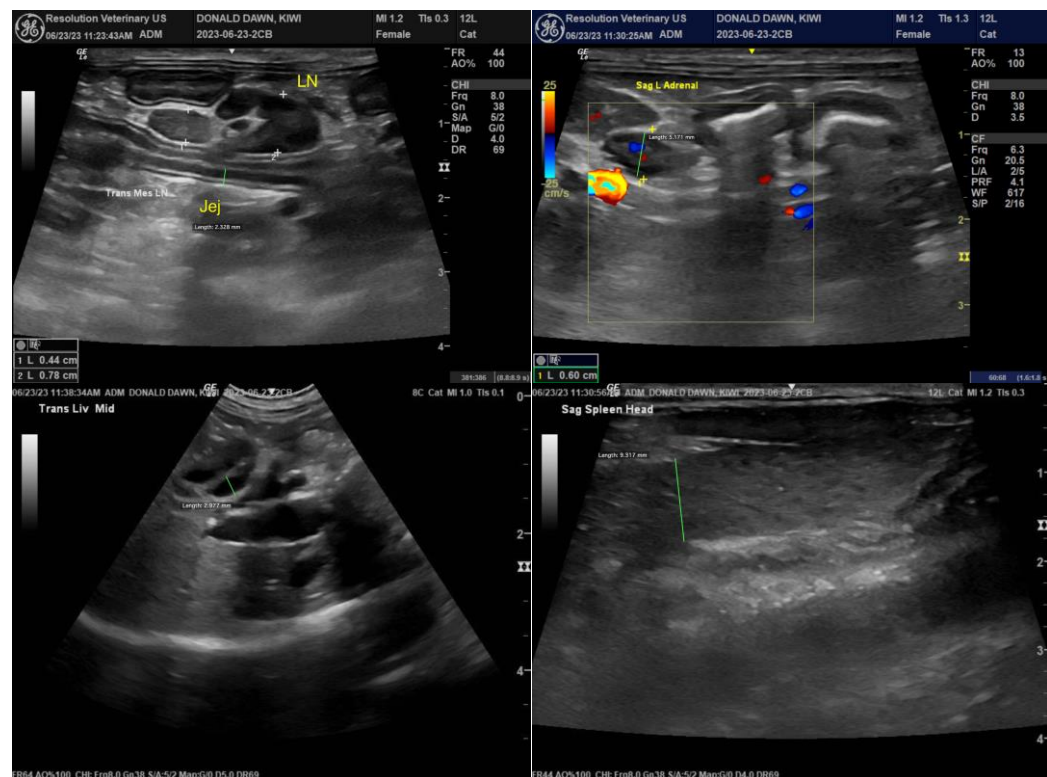
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**DATE**

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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/>.

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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Kiwi Donald

**SPECIES**

Feline

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**AGE**

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**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7

**REFERRING VET**

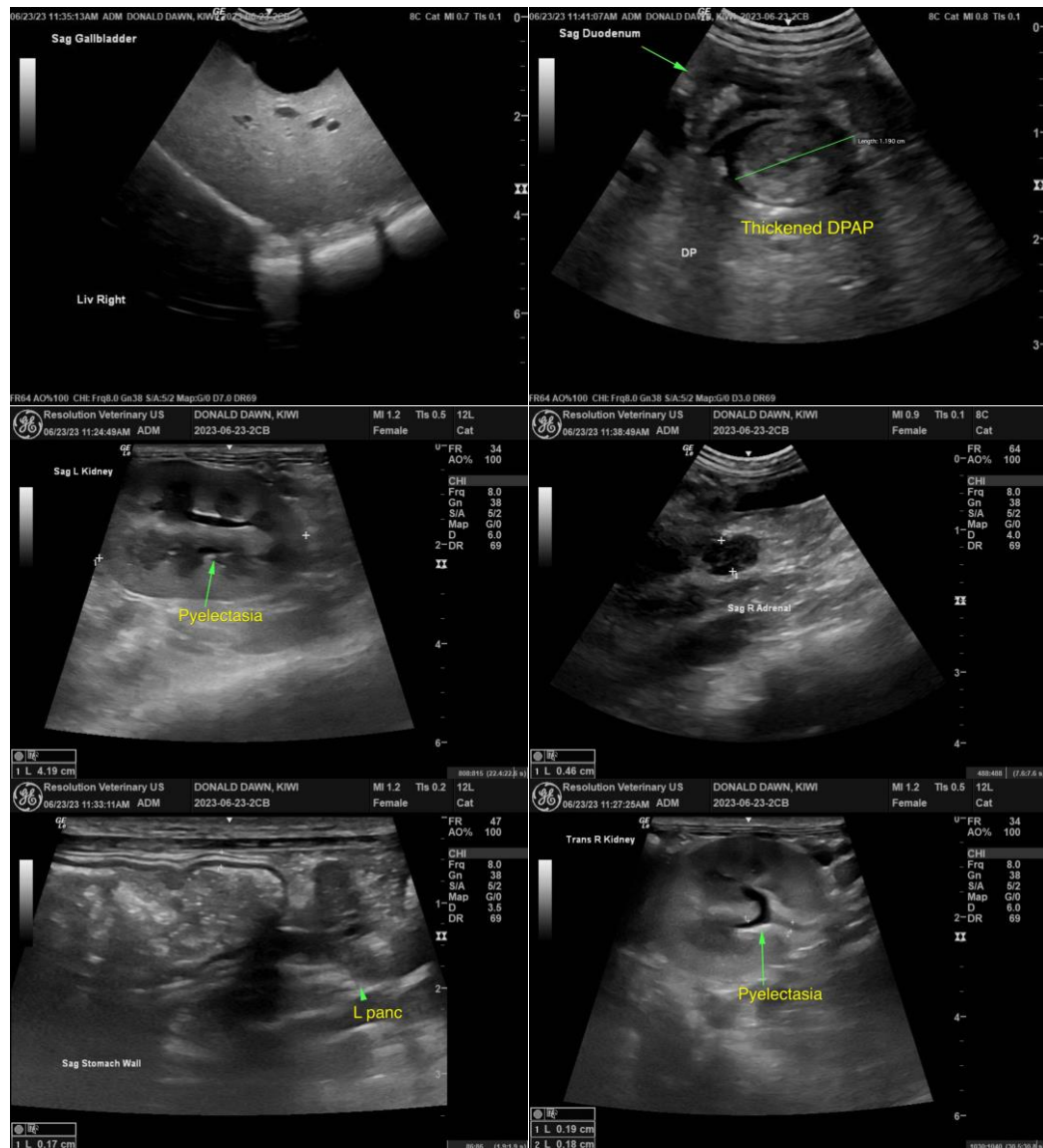
Dr. Kyono

**INVOICE**

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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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