



**PATIENT PRESENTING CLINICAL SIGNS**

Turd Michalowski  
History: Diabetic since June, PU/PD  
Medication: Glargine

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline  
*Urinary System*

**BREED** The urinary bladder was distended in size yet subjectively normal tone. Anechoic urine was present. The urethra was normal in structure and tone to a depth of 2.0 cm. Aortic trifurcation was normal.

Domestic Shorthair  
The left kidney was subnormal in size, measuring 2.1 cm length with moderate to marked loss of corticomedullary border demarcation. No pyelectasia noted.

**SEX** The right kidney was mildly enlarged in size with uniform cortical hypertrophy. The right kidney measured 5.0 cm. The renal pelvis was dilated with anechoic urine and without concurrent ureter dilation. The surrounding peri-pelvic tissue was normal in echogenicity without signs of inflammation.  
FS

**AGE** *Adrenal Glands*

11 years  
The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

**WEIGHT** No overt pathology in the area of the left adrenal gland.

9.4 Pounds  
*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 0.83 cm width.

**INTERPRETED BY**

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

*Liver*

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

The liver was exhibiting subjective mild enlargement. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subnormal in size (likely owing to the presence of gastric ingesta) with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Eagles Peak AC

*Gastrointestinal*

**REFERRING VET**

Dr.

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.33 cm.

**INVOICE**

13116

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The jejunum wall measured 0.26 cm.

**DATE**

9.17.2021

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

*Pancreas*



**PATIENT**

Turd Michalowski

The left limb, right limb, and base of the pancreas 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.

**SPECIES**

Feline

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

- Mildly distended urinary bladder
- Left kidney subnormal size with advanced chronic degenerative changes
- Right kidney compensatory hypertrophy with mild pyelectasia
- Chronic active pancreatitis
- Gastrointestinal ingesta- consistent with postprandial presentation
- Mild hepatomegaly- subjectively benign

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

11 years

Urine culture and sensitivity on sterile urine sample recommended given the likely glucosuria. The pyelectasia in the right kidney is suspected to be owing to chronic changes or potential pelvic scarring with less likely potential for chronic right kidney pyelonephritis. Chronic active pancreatitis may be a contributing factor to diabetic dysregulation. Correlation with a GI panel to include PLI/TLI/cobalamin/folate as well as assessment for underlying small bowel disease may be considered.

**WEIGHT**

9.4 Pounds

No overt evidence of adrenal disease or underlying neoplasia. Potential for concurrent liver disease cannot be definitively excluded. Correlation with full CBC/Chemistry panel, urinalysis and T4 levels suggested.

3 view chest radiographs may be considered to rule out occult thoracic pathology.

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DVM, DABVP  
(Canine and Feline)

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/>.

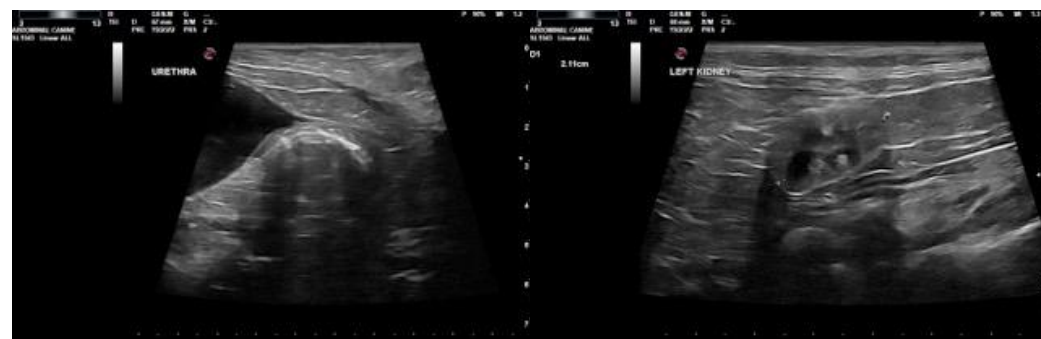
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ARDMS/RVT

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>

**HOSPITAL NAME**

Eagles Peak AC



**REFERRING VET**

Dr.

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**PATIENT**

Turd Michalowski

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

FS

**AGE**

11 years

**WEIGHT**

9.4 Pounds

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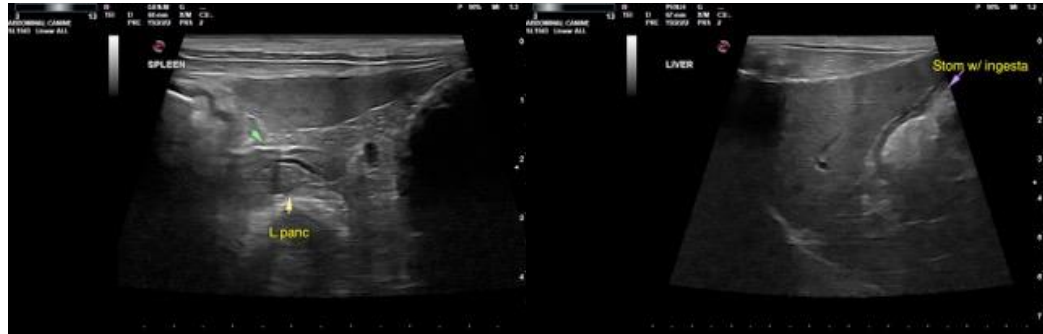
Dr.

**INVOICE**

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**DATE**

9.17.2021



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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