

**DATE PRESENTING CLINICAL SIGNS**

10/8/21

History of diabetes. Had been doing well on ProZinc 2.5u SQ q 12hrs. Last week episode of hypoglycemia. Vomiting and lethargy today and BG uncontrolled. Concern for pancreatitis vs. other metabolic disease.

PATIENT

Mercury Janiszewski

Current Medications: ProZinc 1.5u SQ q 12 hrs. Gabapentin 50mg PO q 12 hrs.

Lab Results: Labs pending.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedation not required.

BREED

Domestic Shorthair

Stat Report: Stat report not requested by DVM.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male Neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

2008

The left kidney is normal size (4.90 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

WEIGHT

17.5 lbs.

The right kidney is normal size (5.02 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Trace pyelectasia is present. There is no evidence of infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.47 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Timonium Animal
 Hospital

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (0.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. McMichael

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

11985kk

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal to

moderately thickened (up to 0.42 cm) with a normal layering pattern and appropriate mural detail. There is disruption in the normal 1:3 muscularis: mucosal ratio and mild thickening of the submucosal layer in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is borderline dilated (0.24 cm in diameter). The mesentery effacing the serosal surface is hyperechoic.

Free Abdomen

There is no evidence of free fluid. The few visible lymph nodes are observed adjacent to the ileocolic junction. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

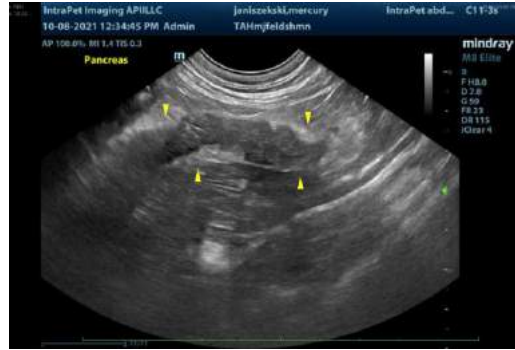
- Moderate to severe acute pancreatitis with regional peritonitis.
- Bowel pattern consistent with inflammatory bowel disease with potential for emerging lymphoma.

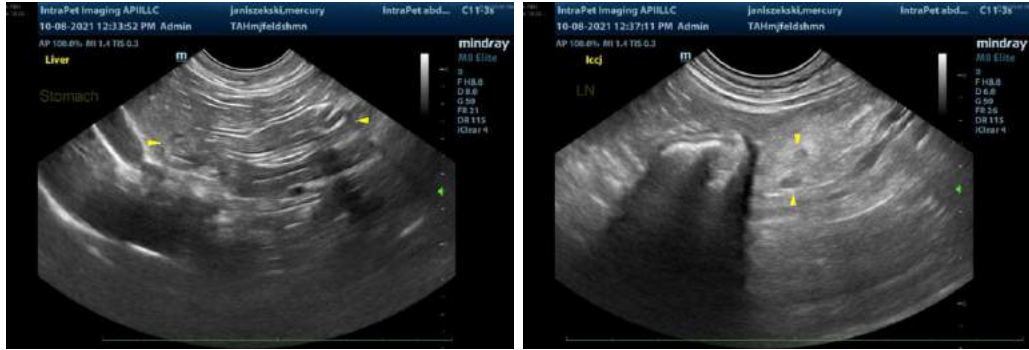
Secondary Findings:

- The prominent mid-abdominal lymph nodes are most likely reactive.
- Bilateral, age-related renal changes with dystrophic mineralization and trace right pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma. Nutritional support (i.e., via temporary feeding tube) is strongly recommended to help prevent/treat hepatic lipidosis.
2. Three-view thoracic radiographs are recommended to assess cardiopulmonary status as pancreatitis can have systemic inflammatory effects.
3. Other diagnostic considerations include:
 - a. A malabsorption panel including serum cobalamin, folate, PLI and TLI.
 - b. A urine culture and sensitivity (given the pyelectasia).





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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