IMAGING PERFORMED BY

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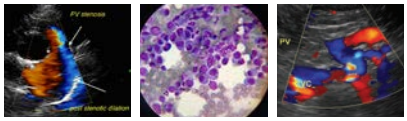

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

11/12/21

PATIENT

Tiny Beane

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

2017

WEIGHT

12.5 Pounds

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

HOSPITAL NAME

CHU for Greenbrier VC

REFERRING VET

Dr. Allen

INVOICE

29800

PRESENTING CLINICAL SIGNS

History: Periods of inappetance. Vomited for several days approx 3 weeks ago. Possible increase in water recently. 1 lb weight loss in the past month. PE: mod dental tartar. No abdominal pain.

Current Medications: have not yet started patient on insulin
Lab Results: fructosamine 522 (H). Cbc: all wnl. Bloodwork is consistent diabetes mellitus.
chem: ALT 164, AST 129, ALP 70, fPL: wnl, gluc 369.
Date of Previous IntraPet Ultrasound: No previous
Sedation: Not required for scan.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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.

The left kidney is normal size (4.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (4.52 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.49 cm in width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (0.53 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.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic partially dependent debris is observed within the lumen. The cystic and common bile ducts are normal.

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 thickness is normal to mildly thickened up to 0.28 cm There is disruption in the normal 1:3 muscularis: mucosal ratio in most segments. Discreet masses are not identified. The ileocecal colic junction and colonic wall are normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent in size with minimal deviation from the normal 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 visible, but not overtly dilated, measuring 0.10 cm in diameter. There is no evidence of peripancreatic effusion.

Free Abdomen

A few prominent lymph nodes are observed adjacent to the Ileocecocolic junction, the largest measuring 0.92 cm in length. The surrounding mesentery is hyperechoic. There is no evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

- The hepatic parenchymal changes may be secondary to glycogen accumulation associated with diabetes mellitus, inflammatory/immune mediated disease, hepatic lipidosis or infiltrative neoplasia (i.e., lymphoma).
- The small intestinal wall changes are most consistent with inflammatory bowel disease. However, there is potential for emerging lymphoma.
- The pancreatic changes are consistent with chronic pancreatitis.
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

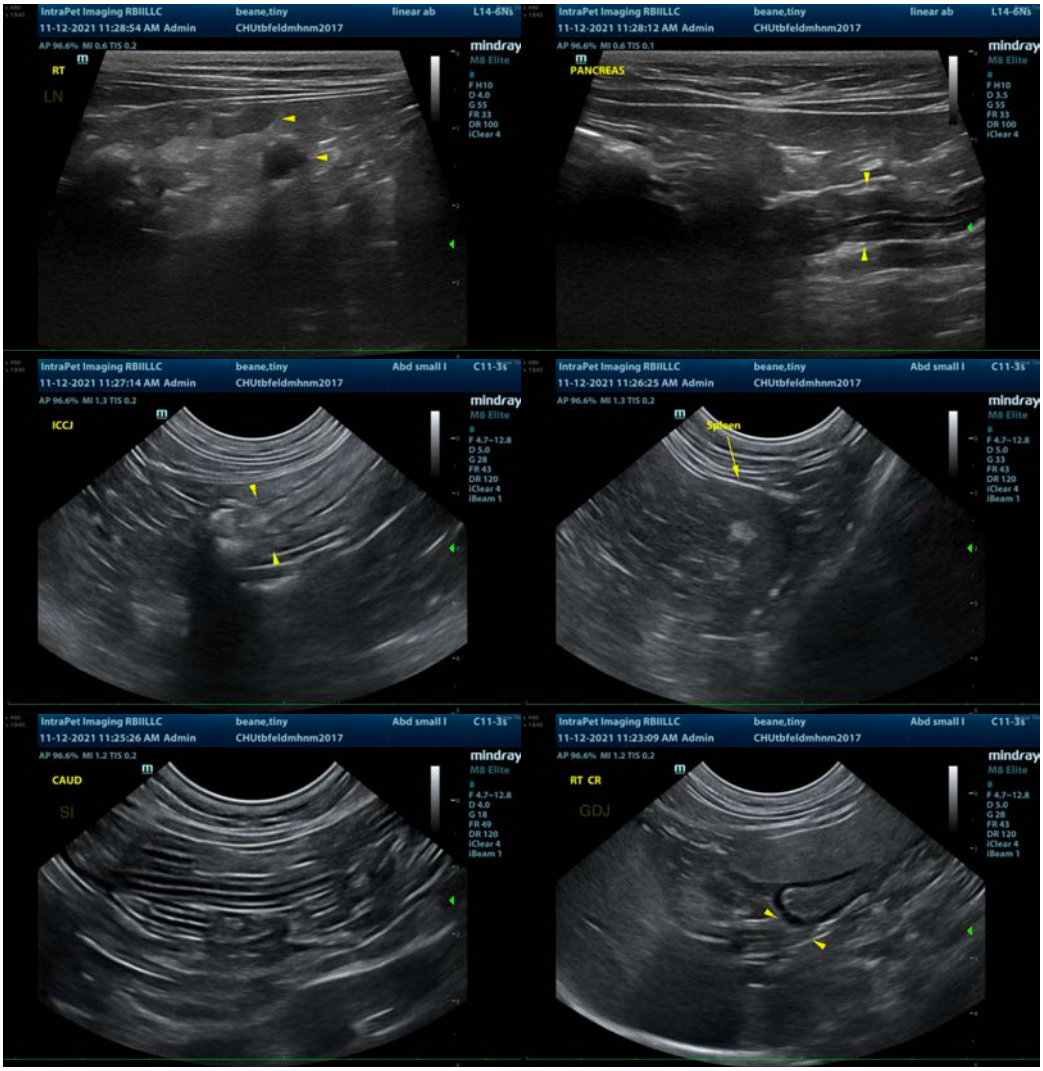
**Given the sonographic changes, “triaditis” is consideration in this patient.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis is recommended to assess for glucosuria, which would further confirm a diagnosis of diabetes mellitus. If confirmed, insulin therapy should be initiated. Also consider a urine culture and sensitivity, as many new diabetics have occult urinary tract infections.

If gastrointestinal signs persist, consider a more advanced GI workup, which could include the following:

1) Malabsorption panel (Send to Texas A&M)
2) Fecal evaluation for ova & giardia
3) Limited antigen diet trial
4) +/- endoscopic or surgical gastrointestinal biopsies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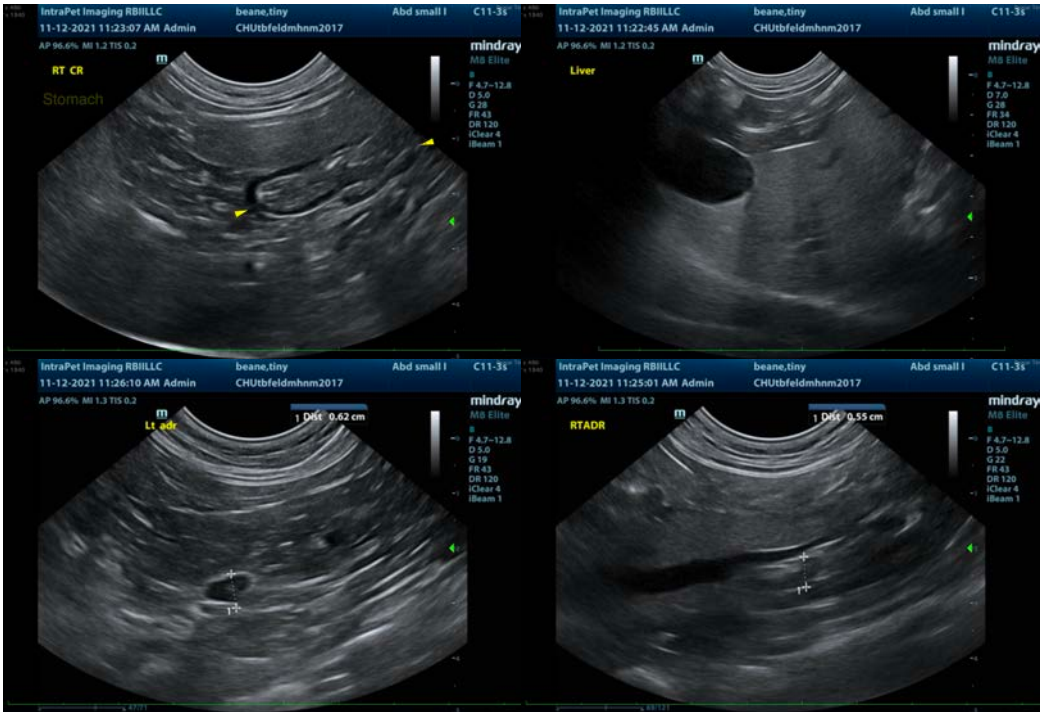

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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