**DATE PRESENTING CLINICAL SIGNS**

11.21.2022 Weight loss since May, PU/PD. Recent diagnosis of diabetes about 1 month ago. Responded well, gaining weight, eating well. Last Wednesday- Tuesday. Resumed insulin did well for 1-2 days then Started refusing food, lost balance, much worse since Wednesday.

PATIENT

Waffles Earle Current Medications: Ampicillin, Elura, Cerenia, RenaKare gel, Protonix, Mirtazapine, Humulin N
 Lab Results: See attached.
 11/20/22: ALT 375. tBili 4.0.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

DSH

Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Neutered Male

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. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

6/1/2018

The left kidney is normal size (4.91 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

12 lbs

The right kidney is normal size (4.37 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.50 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

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

HOSPITAL NAME

Animal EH

Spleen

The spleen is subjectively normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

11891

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of echogenic debris is observed within the lumen. The cystic and common bile ducts visible but not overtly dilated. The common bile duct measures 0.19 in diameter.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic

junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

Pancreas

The right limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.21 cm in diameter).

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A few jejunal lymph nodes are visible, the largest measuring 0.78 cm in length. The nodes are normal in shape and echogenicity.

Other

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

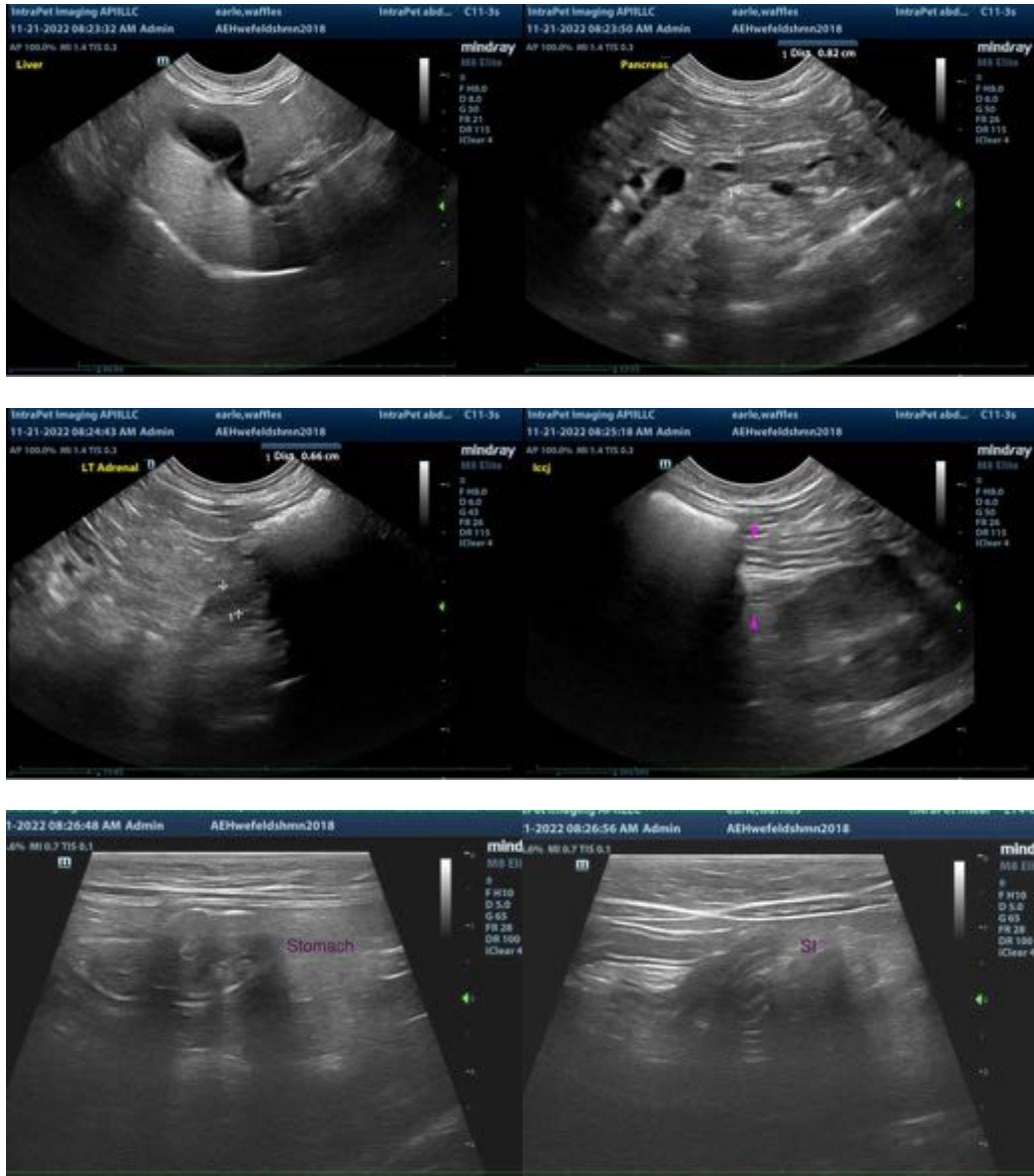
- The hepatic parenchymal changes could be consistent with vacuolar hepatopathy (i.e., due to diabetes mellitus), hepatic lipidosis, inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), infiltrative neoplasia (i.e., lymphoma), other hepatopathy.

Secondary Findings

- Mild, bilateral, chronic renal changes
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the sonographic hepatic changes, consider hepatic tissue sampling (i.e., fine-needle aspirate or biopsy (i.e., laparoscopic or surgical)), if clotting status is appropriate. If hepatic tissue sampling is not pursued at this time, consider empirical treatment for bacterial cholangiohepatitis and hepatic lipidosis (i.e., broad-spectrum antibiotic, hepatic antioxidants, nutritional support). If no improvement in the liver values is seen within 5-7 days of initiating therapy, hepatic tissue sampling can be revisited.
- Also consider a urine culture and sensitivity to assess for occult infection, which is a common occurrence in diabetics.
- Supportive care for diabetic ketoacidosis is recommended, including fluid therapy, regular insulin and symptomatic treatment.
- Given the moderate to severe hypokalemia, consider magnesium supplementation, as refractory hypokalemia can sometimes be secondary to hypomagnesemia.



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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