



PATIENT

Charlie Simcsak

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

12

WEIGHT

6.3 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Hospital of SC

REFERRING VET

Dr. Matthew Stone

INVOICE

22904

DATE

4-24-26

PRESENTING CLINICAL SIGNS

Patient has a history of unregulated diabetes mellitus with recent weight loss and hyperthyroidism which is well-regulated. Concern for possible inflammatory bowel disease. Inappropriate urinations. Possible GI signs. Patient sedated with butorphanol for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.40 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.54 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.49 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Moderate pyelectasia is present (0.38 cm in the longitudinal plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.53 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (0.51 cm width) with swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.09 cm in width at the level of the hilus) with smooth peripheral contours. 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 isoechoic 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal. The duodenal papilla is normal-in-size (0.34 cm in width).

Gastrointestinal

The gastric lumen is moderately-distended with ingesta consistent with a post-prandial presentation. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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Pancreas

The base and limbs of the pancreas are prominent- to enlarged with normal curvilinear peripheral contours. The parenchyma is largely hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The pancreatic changes are most consistent with chronic pancreatitis with parenchymal remodeling.
- The hepatic changes are consistent with a diabetic hepatopathy. Other considerations include inflammatory disease, infiltrative neoplasia (less likely) and/or other hepatopathy. Correlation with the patient's liver values and clinical history is recommended.

Secondary Findings

- Bilateral nonspecific age-related renal changes with pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD or some combination thereof.
- The bilateral adrenomegaly may be a normal variant for this patient or may be secondary to stress or hyperplastic change.
- The mild splenomegaly is likely secondary to sedation. However, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or emerging neoplasia cannot be completely excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of unregulated diabetes, consider the following:
 1. Urinalysis with culture and sensitivity to assess for occult infection
 2. Three-view thoracic radiographs to assess for occult pathology in the chest
 3. Depending on the results of the above diagnostics, further work-up (i.e., testing for acromegaly via insulin-like growth factor) may be warranted.



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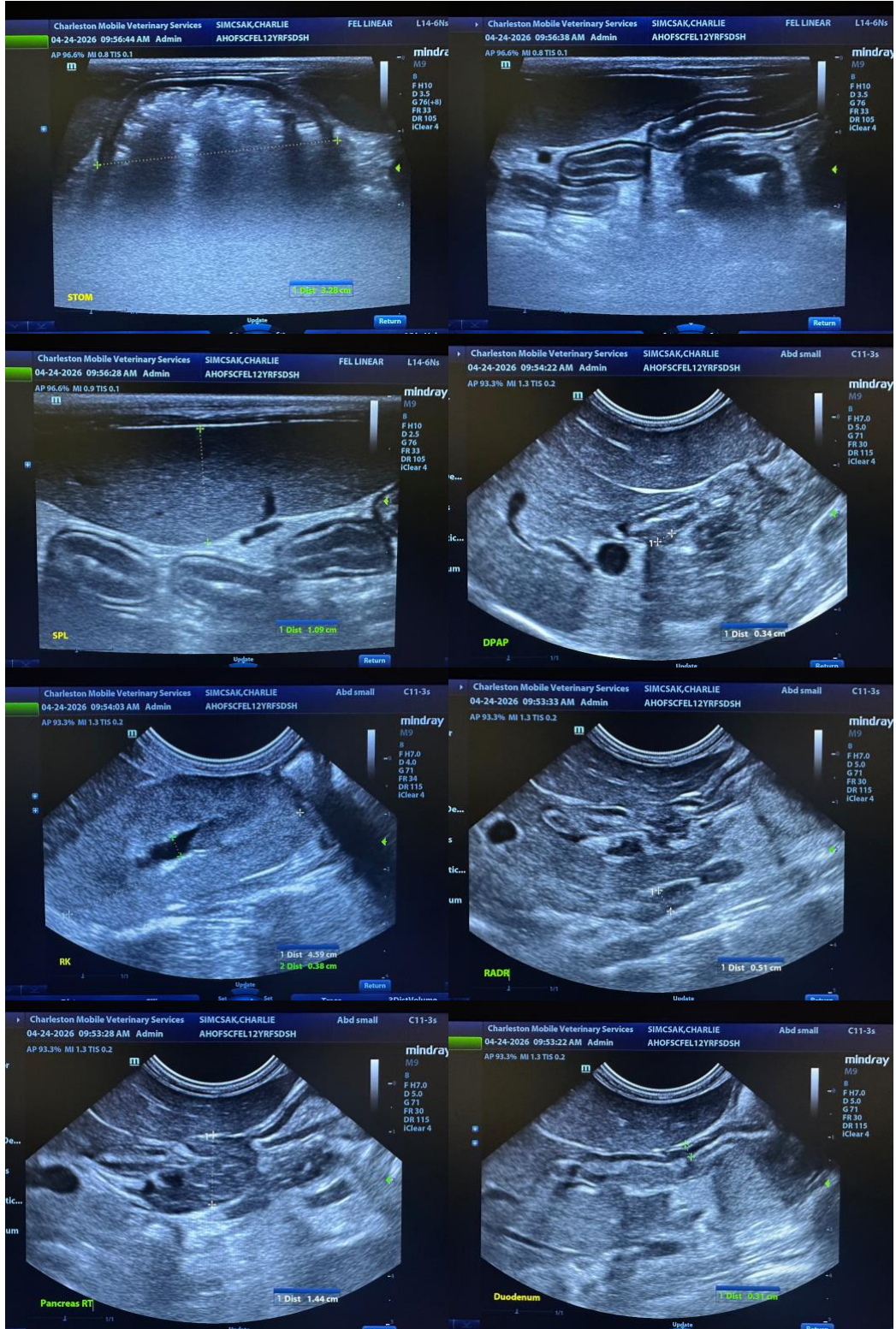
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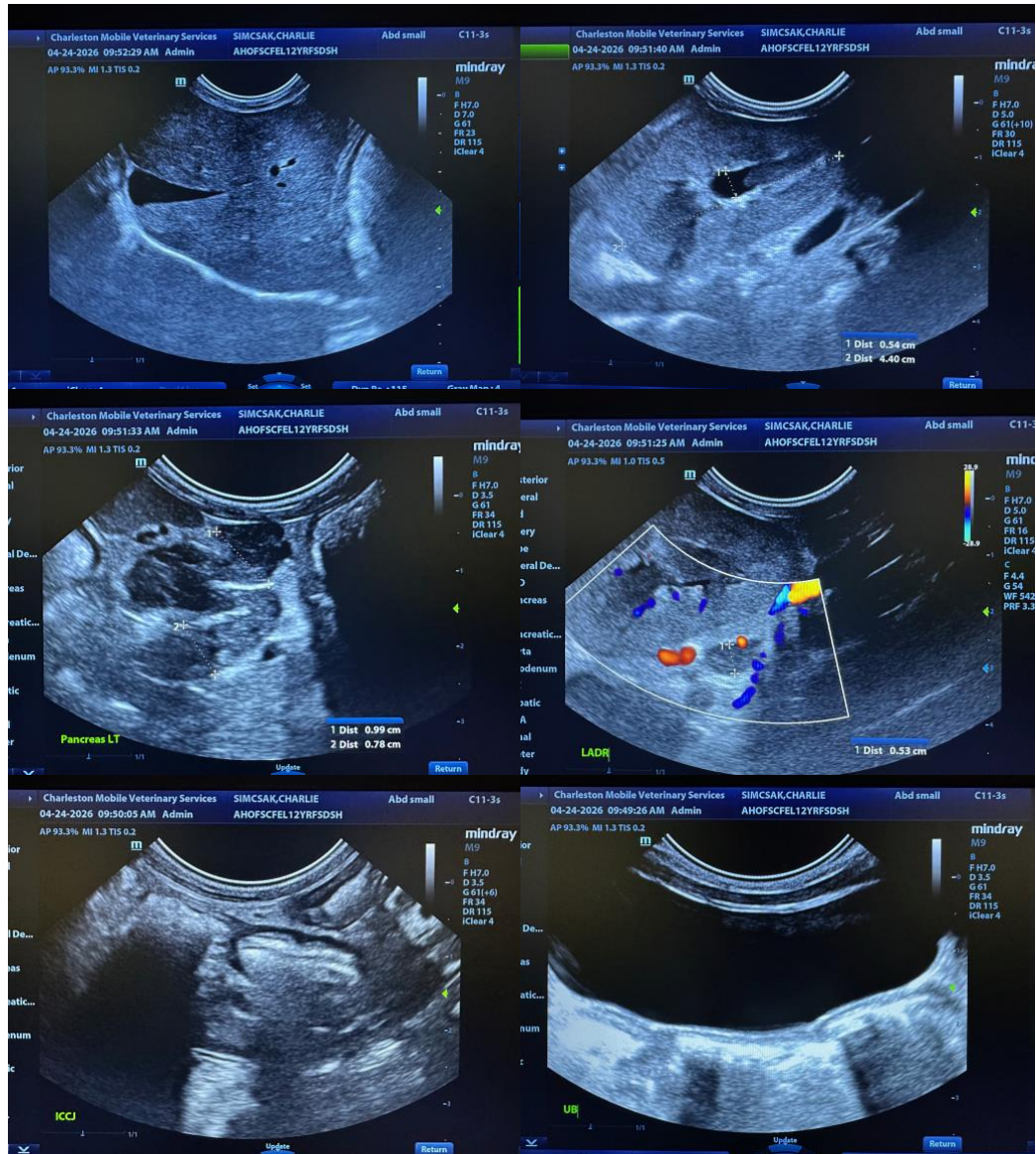
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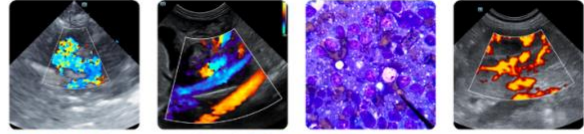


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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