

**DATE PRESENTING CLINICAL SIGNS**

7/5/22

Insulin resistant diabetes mellitus. Diagnosed with DM in March 2022, initially started on 2u of glargine BID. Insulin has been increased based on glucose curves to 7u BID since then, still not controlled. PUPD, urinary accidents, weight loss, diabetic neuropathy.

PATIENT

Wallace Asnen

Current Medications: Glargine insulin 7u BID.

Lab Results: Labs 3/23/22 (DM diagnosis): Chem--ALT 122, bili 0.6, chol 315, TG 1626, BG 415. CBC--PLT 508K. Fructosamine—628.

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic shorthair

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Male, neutered

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended. A scant amount of echogenic debris is suspended within the lumen. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

AGE

7/21/2013

The left kidney is mildly enlarged (4.87 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

4.4 kg.

The right kidney is mildly enlarged (4.95 cm in length) with normal curvilinear peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.33 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.45 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Nexus VS

Spleen

The spleen is not well-visualized.

REFERRING VET

Dr. Steele

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. Intrahepatic biliary tracts appear normal. Hepatic vessels are subjectively mildly dilated. The gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. A small amount of echogenic to mineralized debris is observed within the lumen, most of which is gravity-dependent and a small amount of which is suspended. The cystic and common bile ducts are normal/not seen. 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

13496

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

with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The pancreas is diffusely prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

Trace free fluid is suspected. The abdominal lymph nodes are normal/not visible.

Other

A brief echocardiogram reveals subjective left +/- right atrial enlargement with questionable trace pericardial effusion.

The caudal vena cava appears subjectively dilated (1.06 cm in diameter).

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- The pancreatic changes are most consistent with chronic pancreatitis.
- The hepatic parenchymal changes are consistent with a diabetic hepatopathy. However, concurrent inflammatory disease (i.e., bacterial cholangiohepatitis, lymphoplasmacytic hepatitis), hepatic lipidosis or infiltrative neoplasia (i.e., lymphoma) cannot be excluded.
- Trace ascites may be secondary to congestive heart failure, pancreatic or hepatic pathology, other.

Secondary Findings:

- Mineralized gallbladder debris- incidental.
- Mild bilateral renomegaly with chronic age-related change. The renomegaly may be secondary to acromegaly, interstitial nephritis, infiltrative neoplasia or may be a normal variant for this patient.
- The suspected left +/- right atrial enlargement along with the dilated caudal vena cava is concerning for congestive heart failure.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diagnostic and treatment recommendations are to be implemented by Dr. Cara Steele.



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 ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com