



PATIENT PRESENTING CLINICAL SIGNS

YoYo Mirsky **History:** 4 lbs wt loss, just diagnosed with DM; hx of poor appetite entire life; appetite is poor currently despite DM. Hospitalizes on IVF, Zofran, cerenia, started 1 unit PZI insulin today. Poor appetite.

SPECIES **Abnormal PE/Chem/CBC/UA Results:** Noisy ALT, elevated PSL, BG 465, active urinary sediment

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED **Urinary System**

DSH The **urinary bladder** wall is 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.

SEX

Spayed Female The **left kidney** is normal size (4.10 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

13 years The **right kidney** is normal size (3.76 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12 lbs **Adrenal Glands**
The **left adrenal gland** is normal size (0.35 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

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

The **right adrenal gland** is normal size (0.48 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Dr. Prescott

Spleen

The **spleen** is normal in size (0.71 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.

HOSPITAL NAME

Randout Valley Vet Assoc.

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.

REFERRING VET

Dr. Prescott

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

11450

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 colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

8.19.22

Pancreas

The left limb is visible/prominent **pancreas** with irregular peripheral contours. The parenchyma is

hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic parenchymal changes are most consistent with diabetic hepatopathy. However, concurrent disease (i.e., inflammatory hepatopathy, hepatic lipidosis or infiltrative neoplasia (i.e., lymphoma)) cannot be completely excluded.

Secondary Findings

- The pancreatic changes are suggestive of pancreatic remodeling/fibrosis. Concurrent mild pancreatitis is also possible, particularly if the patient exhibits pain on cranial abdominal palpation.
- Bilateral, degenerative renal changes with trace left pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

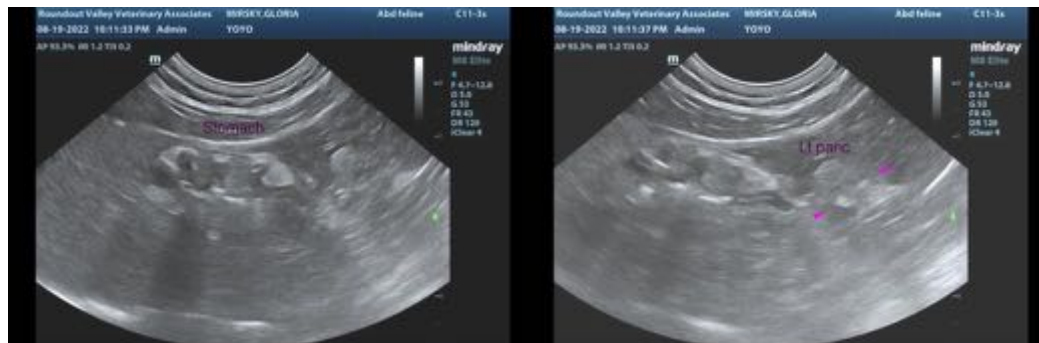
Given the active urine sediment, a urine culture and sensitivity is recommended.

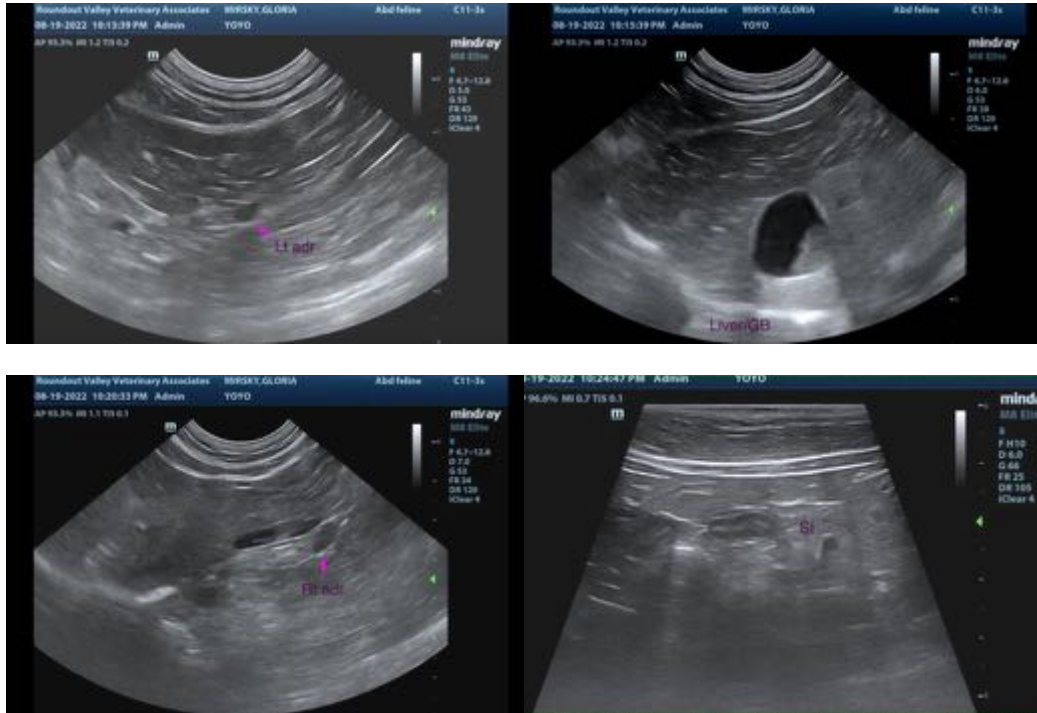
Also consider a cPLI (Texas A&M) to assess for pancreatitis.

Given the elevated ALT, pre-and postprandial serum bile acids can be considered.

Given the patient's age, three-view thoracic radiographs are recommended to assess for occult disease in the chest.

A T4/free T4 by equilibrium dialysis is also recommended, if not already performed.





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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