

**DATE PRESENTING CLINICAL SIGNS**

2/9/23

Seen rDVM 2/4/2023 Decreased appetite - owner has multiple cats so uncertain about changes in drinking and urination. BW Chemistry ALT 151 BUN 78 CREA 2.5 CHOL 264 GLU 631 K 2.3 SDMA 21 TT4 2.4 fPL - abnormal CBC NEUT 9K Bands UA 1.023 PROTEIN 30 mg/dl BLD GLU Cocci & Rods Urine Culture Pending Concern for diabetes, pancreatitis, azotemia and UTI Was recommended on 4th to be seen at ER - owner unable at that time.

PATIENT

Gizmo Gagner

SPECIES

Feline

Current Medications: convenia, buprenorphine, ondanepron, maropitant, mirtazapine, elura, omeprazole.

Lab Results: See attached.

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.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

9/26/13

Kidneys are bilaterally uniformly enlarged/swollen with an overall hyperechoic echogenicity and slight loss of corticomedullary definition. Normal smooth peripheral margination and shape are maintained. The renal pelvises are dilated with anechoic fluid and hyperechoic thickened pelvic fat. No overt evidence of neoplasia or mineral is observed. The perinephric area is enhanced by hyperechoic fat and mesentery. The left kidney measures 5.05 cm The right kidney measures 4.15 cm. **The appearance may be partially exacerbated by reported current IV fluid therapy. The perinephric inflammation may be secondary to pancreatitis.

WEIGHT

12.4 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**Adrenal Glands**

The right adrenal gland is normal in size (0.71 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMEAnimal Emergency
Hospital

The left adrenal gland is normal in size (0.57 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen**REFERRING VET**

Dr. Saubier

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

45012

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Pancreatic duct dilation is noted. Enhanced hyperechoic ill-defined surrounding fat and a scant amount of anechoic free fluid is noted.

Free Abdomen

There is a very scant amount of anechoic free fluid in the cranial abdomen.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

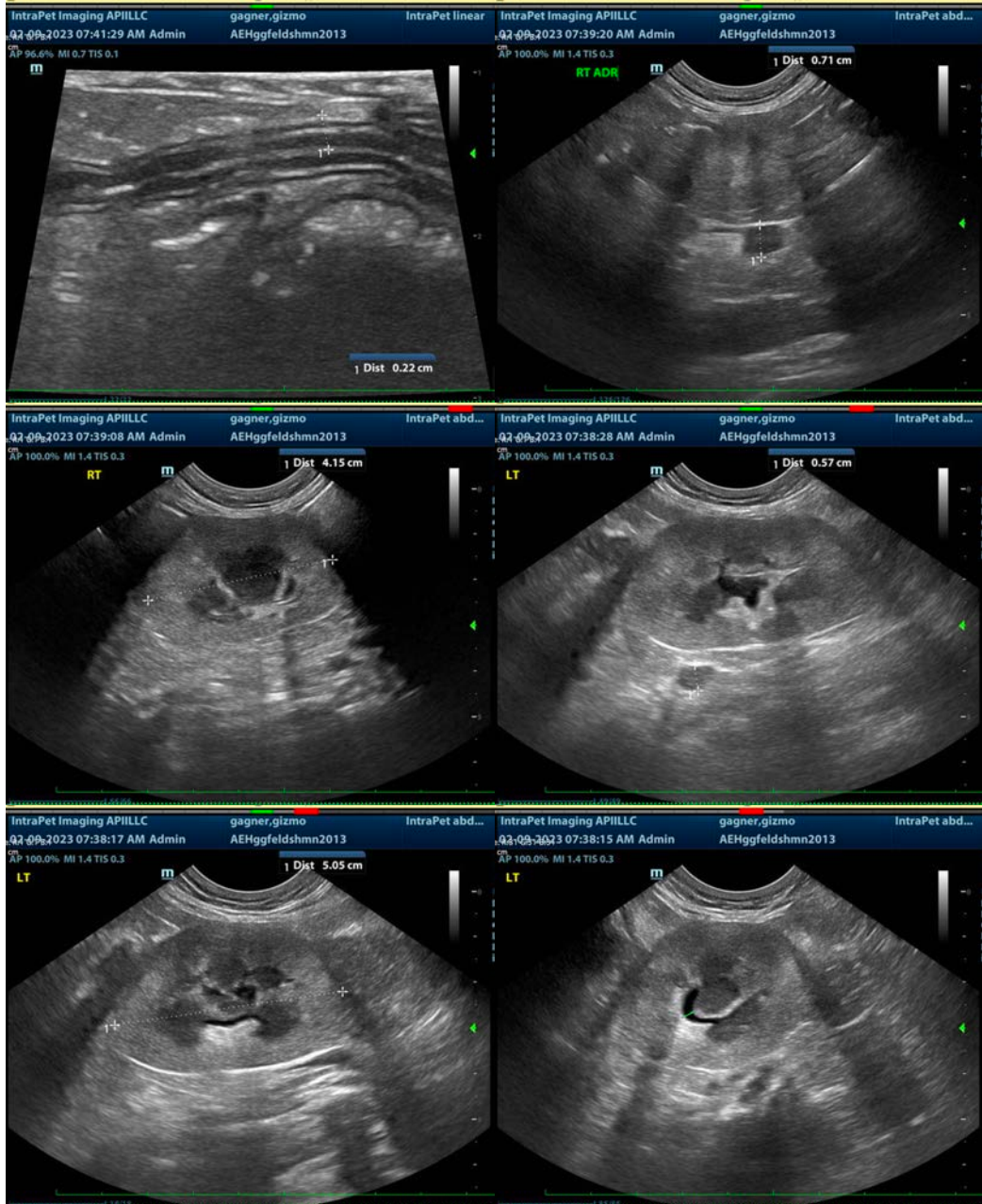
- Acute pancreatitis
- Bilateral pyelectasia – may be secondary to fluid therapy. However, given the concurrent kidney changes, pyelonephritis can't be ruled out.

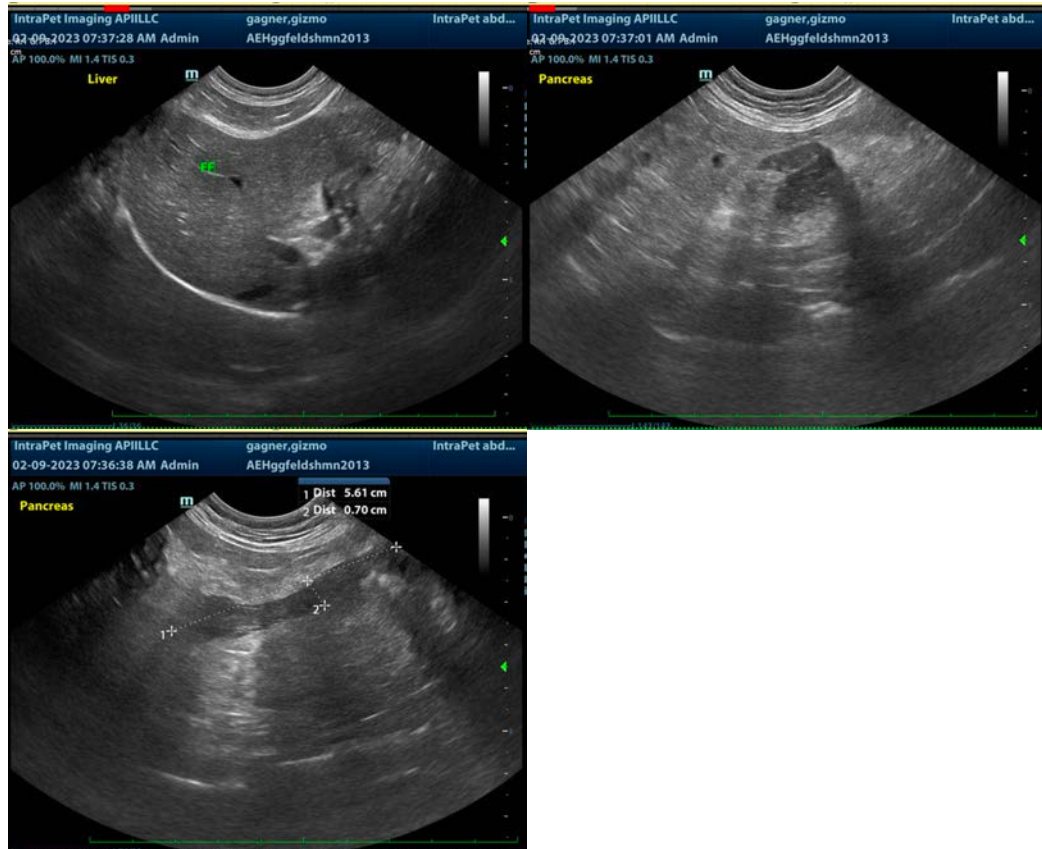
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already pending, a urine culture is recommended. Following results, recommendations are to treat as if pyelonephritis is present, based on culture and sensitivity results.

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support (including a feeding tube) as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Monitoring of the pancreas with power doppler is recommended to identify possible necrosis as well as other potential sequelae such as abscesses, etc.

Close monitoring of this patient's initial hyperglycemia is recommended throughout the treatment process to help determine short and long-term insulin needs, if any.





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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com