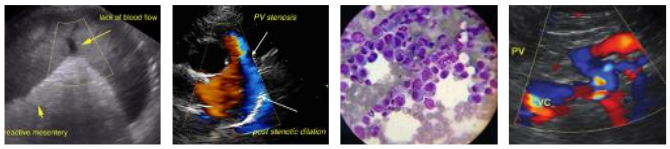
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

JoJo Stattel

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

9.5

WEIGHT

11.6

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Susan Lincoski, VMD

HOSPITAL NAME

University Drive VH

REFERRING VET

Susan Lincoski, VMD

INVOICE

21623

DATE

3/13/23

PRESENTING CLINICAL SIGNS

History: T=NT Jojo is a diabetic cat, has had some difficulty regulating, and was at CPVets for hypoglycemia last fall. Since then, was doing prettly well on 2 units lantus BID. Past few days had vomiting, so owner did not give insulin. Checks at home were lower than usual at around 181, he's usually in the mid-high 300s. Vomiting occured in the am, but he seemed to eat his pm meal. Did not want to eat much am. Vomited throughout day tuesday. Consistently struggles with diarrhea, past few months, no change on fortiflora. Drinks a ton of water. Today had 1 unit since he ate breakfast and last night with no vomit. BG at 2pm on catalyst was 399 so I think it is ok to go back to 2 bid. EX: All WNL, got a bit grumbly but mostly fine to examine. Discussed with vomit, diarrhea, DM that seems not very controlled I would do gi panel and US. Pending that we can look at getting better regulated if no underlying issues with pancreas, SI, etc.

Abnormal PE/Chem/CBC/UA Results: CBC/CS/T4 done at previous veterinary hospital was WNL except hyperglycemia, and Fructosamine 2/22/2023 was 514.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately 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.

Left kidney is normal in size (4.28 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is large in size (5.07 cm) with increased cortical echogenicity. Normal smooth peripheral margination and shape are maintained. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of mineral or infarcts observed. Very mild pyelectasia is observed.

Adrenal Glands

Left adrenal gland is normal in size (0.35 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

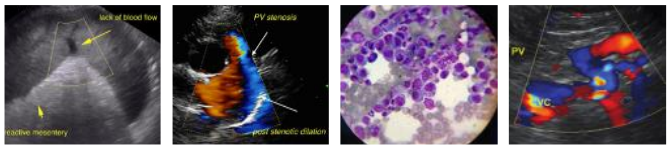
The area of the right adrenal gland is examined without evident adrenal gland pathology.

Spleen

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.

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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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 visible stomach wall is normal in thickness and layering. The lumen of the stomach is 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. 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 and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. The mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

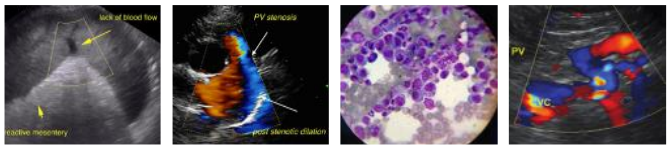
- Hyperechoic hepatomegaly- This appearance is most consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Right kidney renomegaly with mild pyelectasia- This change can be seen with glomerular or interstitial nephritis, FIP, amyloidosis, acute tubular necrosis or infiltrative neoplasia such as lymphoma. Normal variant due to fat deposition cannot be ruled out but is less common in an enlarged kidney. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Reactive mesenteric lymphadenopathy- infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the renal changes and mild pyelectasia, combined with the history of diabetes mellitus, ruling out a urinary tract infection/pyelonephritis is recommended, beginning with urinalysis and, if indicated based on urinalysis results, urine culture. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

As is reportedly already planned, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

In the meantime, continued attempts to regulate the diabetes mellitus is recommended, in case the nausea is simply related to the metabolic upset caused by that. If episodes of hypoglycemia are



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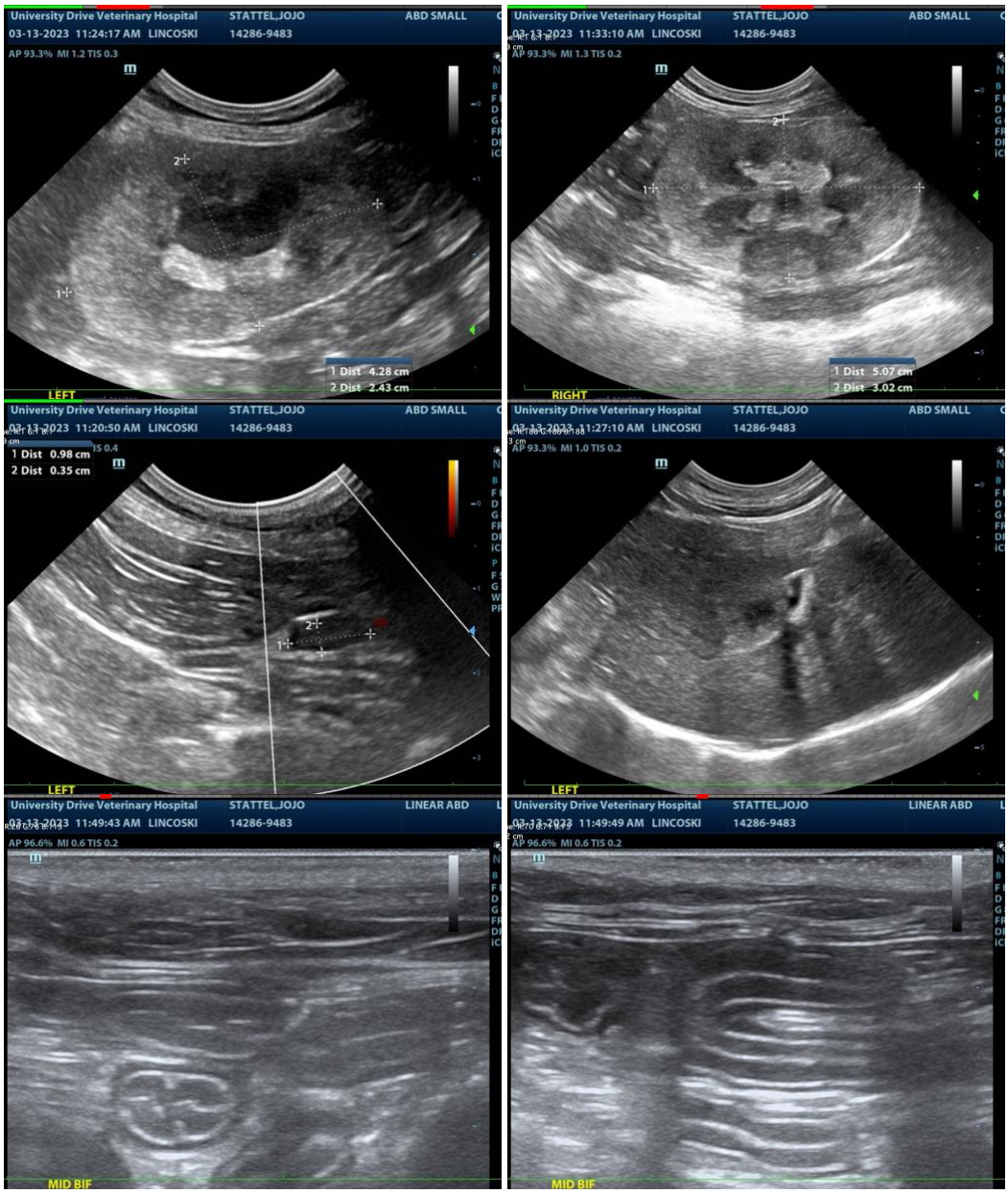
suspected, and/or the primary dysregulation is overnight, placement of a Freestyle Libre Sensor may help the data necessary for regulation.



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.

Beth Johnson, DVM DACVIM

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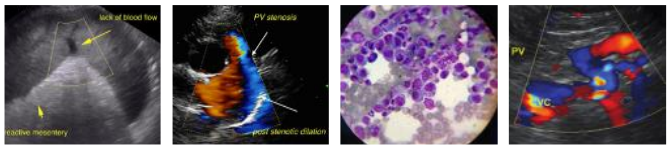

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