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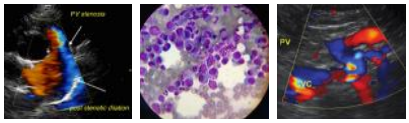

SonoPath
Clinical Sonography & Telecytology
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DATE

5/3/22

PATIENT

Harry Eubank-Warble

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10/14/13

WEIGHT

8.5 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

37368

PRESENTING CLINICAL SIGNS

Was trapped in Oct 2021. When he was examined, he was found to be very thin, moderately anemic, have a grade 1/6 heart murmur, and have stage 2 renal dz. He also may be intermittently diabetic. His bg was 383 with a 3+ glucosuria in March. He was switched to an all-canned diet at that time. The owner has been doing am ear pricks and the bg was initially in the upper 200s and lower 300s. He then was mostly in the 100s. However, bg was 361 and he had a 3+ glucosuria + a very mildly elevated fructosamine on April 19th. Suspect that he may have a variety of issues going on, including primary intestinal disease, renal disease, pancreatitis.

Current Medications: Cobalequin tablet once daily, Pet-tinic twice weekly.
Lab Results: April 19 - glucose=361; BUN=50; Ca=11.6; fructosamine=391; urine s.g.=1.025 with 3+ glucosuria
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Gabapentin PO prior to ultrasound and 0.2mls Torbugesic IV.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The kidneys are bilaterally small, irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Renal pelvis is dilated (pyelectasia). No visible obstruction is observed, but cannot be ruled out. The left kidney measures 4.12 cm. The right kidney measures 3.73 cm. Left kidney pelvis measures 0.54 cm in the transverse view. Right kidney pelvis measures 0.66 cm in the transverse view.

Adrenal Glands

The right adrenal gland is normal in size (0.43 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.52 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

Liver

Liver is subjectively enlarged. Margins are smooth but round. 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. 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 pancreas is diffusely prominent and hypoechoic to surrounding tissue with normal shape and mildly coarse echotexture. No evidence of peripancreatic inflammation such as hyperechoic fat, mesentery or free fluid is noted in these images.

Free Abdomen

There is no evidence of peritoneal effusion. Mild reactive mesenteric lymphadenopathy is noted.

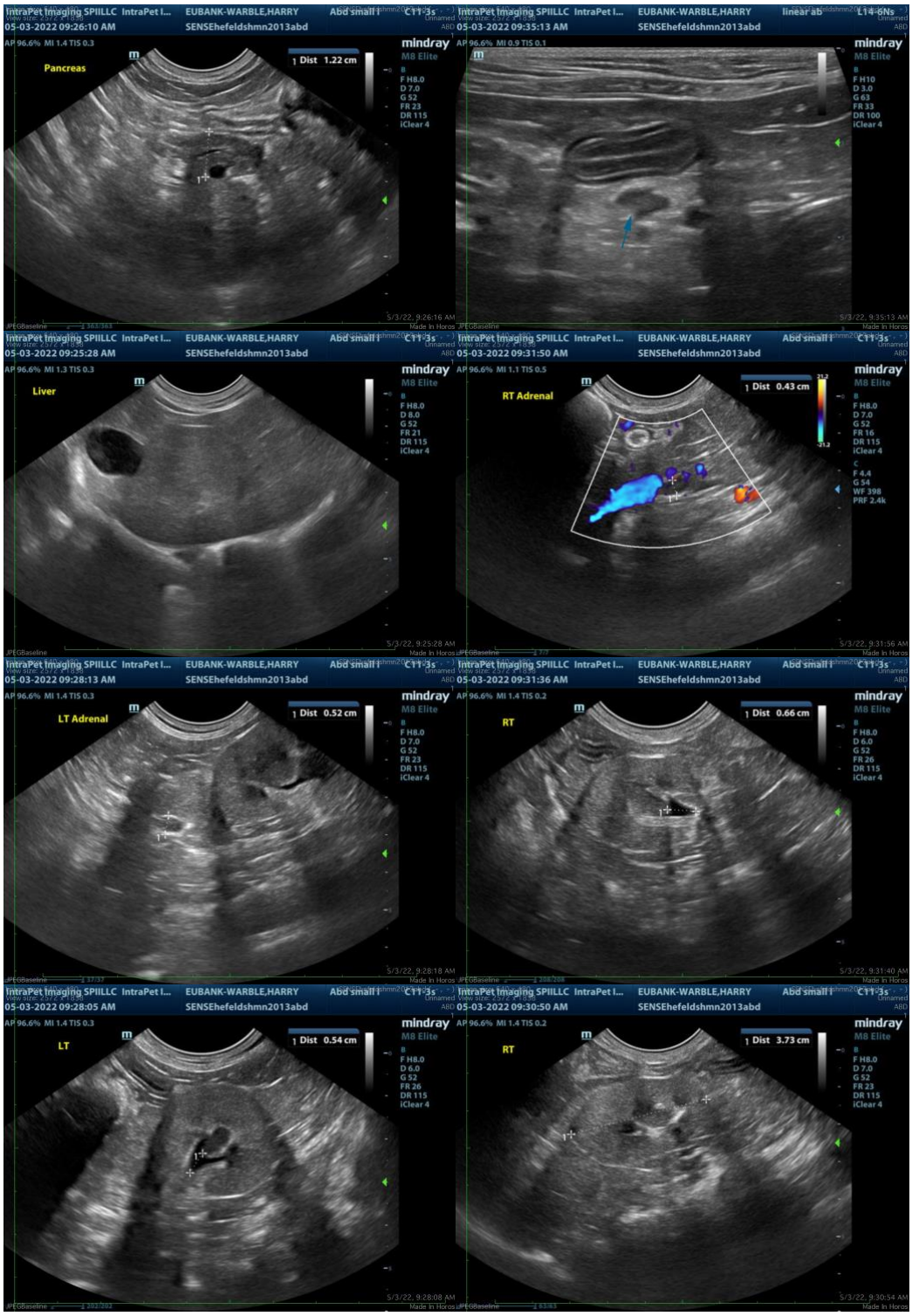
ULTRASONOGRAPHIC FINDINGS

- Chronic Kidney Disease - This appearance of the kidneys is consistent with chronic kidney disease such as chronic glomerular or interstitial nephritis, chronic pyelonephritis, etc.
- Pyelectasia - Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Hyperechoic hepatomegaly – consistent with benign hepatic lipidosis. Infiltrative disease such as amyloidosis or neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- Evidence of chronic pancreatitis with acute on chronic smoldering pancreatitis unable to be ruled out.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the history of possible diabetes and the pyelectasia, recommendations include a urinalysis (if not recently evaluated) and a urine culture to rule out an occult urinary tract infection. Blood pressure is recommended if not recently evaluated. A gastrointestinal malabsorption panel including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory for further assessment of gastrointestinal and pancreatic health could be considered.

Ultimately, this patient's history, laboratory changes and ultrasound changes support probable diabetes as a primary contributing factor to this patient's weight loss with concurrent IBD, pancreatitis/Triaditis unable to be ruled out. Therefore, recommendations include adding insulin for management of the diabetes mellitus if diet alone can't control the hyperglycemia. If episodes of hypoglycemia are a concern, a freestyle libre sensor could be placed for close at-home monitoring.


IntraPet Imaging SPIILLC IntraPet I... EUBANK-WARBLE,HARRY Abd small I C11-3s
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Pancreas
Dist 1.22 cm
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Liver
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RT Adrenal
Dist 0.43 cm
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mindray M8 Elite
LT Adrenal
Dist 0.52 cm
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RT
Dist 0.66 cm
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LT
Dist 0.54 cm
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05-03-2022 09:30:50 AM SENSEhefeldshmn2013abd
mindray M8 Elite
RT
Dist 3.73 cm

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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