



**PATIENT PRESENTING CLINICAL SIGNS**

Barbie Romani Uncontrolled DM, PU/PD. Current med: glargine.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: BG on 6/16/23 - 548. BW: 2/21/23 BG 412, NA/K 30. U/A: 3+ glucose, 1+ protein, no growth.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH

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.

**SEX**

Spayed Female

The right kidney is mildly enlarged (5.1 cm) with normal 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 mineral or infarcts observed. Pyelectasia noted measuring 0.19 cm in the sagittal view.

**AGE**

8 Years

The left kidney is normal in size (4.46 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.

**WEIGHT**

15.6 Pounds

*Adrenal Glands*

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

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

The left adrenal gland is normal in size (0.42 cm at the cranial pole and 0.48 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Vazquez

*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.

**HOSPITAL NAME**

Animal General on the Hudson

*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.

**REFERRING VET**

Dr. Karen Zelinski

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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.

**DATE**

7/5/23

*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.



**PATIENT**

Barbie Romani

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Feline

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

**BREED**

***Pancreas***

DSH

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

**SEX**

Spayed Female

***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

**AGE**

8 Years

There is no apparent lymphadenopathy noted in these images.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

15.6 Pounds

- Low-grade smoldering chronic pancreatitis cannot be ruled out and could be considered in the face of appropriate clinical signs.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- 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.
- Mild right renomegaly – likely normal patient variant or potentially secondary to mild pyelectasia as a result of PU/PD from diabetes. Other differentials include pyelonephritis, or, while considered much less likely, infiltrative inflammatory infectious and/or neoplastic disease cannot be definitively ruled out.

**IMAGING PERFORMED BY**

Kelly Vazquez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Animal General on the Hudson

Further evaluation of pancreatic and gastrointestinal health is recommended in this patient, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory.

**REFERRING VET**

Dr. Karen Zelinski

Given the recently reported negative urine culture, direct sampling of the right kidney pelvis (i.e., pyelocentesis) could be considered for culture. However, the pyelectasia is very mild and likely difficult to sample.

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Alternatively, empirical antibiotics could be considered. However, pyelonephritis is not high on the list of differentials. Therefore, other diabetes mellitus management techniques are recommended above empirical antibiotics and include, to begin with, placement of a freestyle libre if possible to help evaluate end-to-end 24 hour blood glucose curves.

**DATE**

7/5/23



**PATIENT**

Barbie Romani

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

15.6 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Animal General on the Hudson

**REFERRING VET**

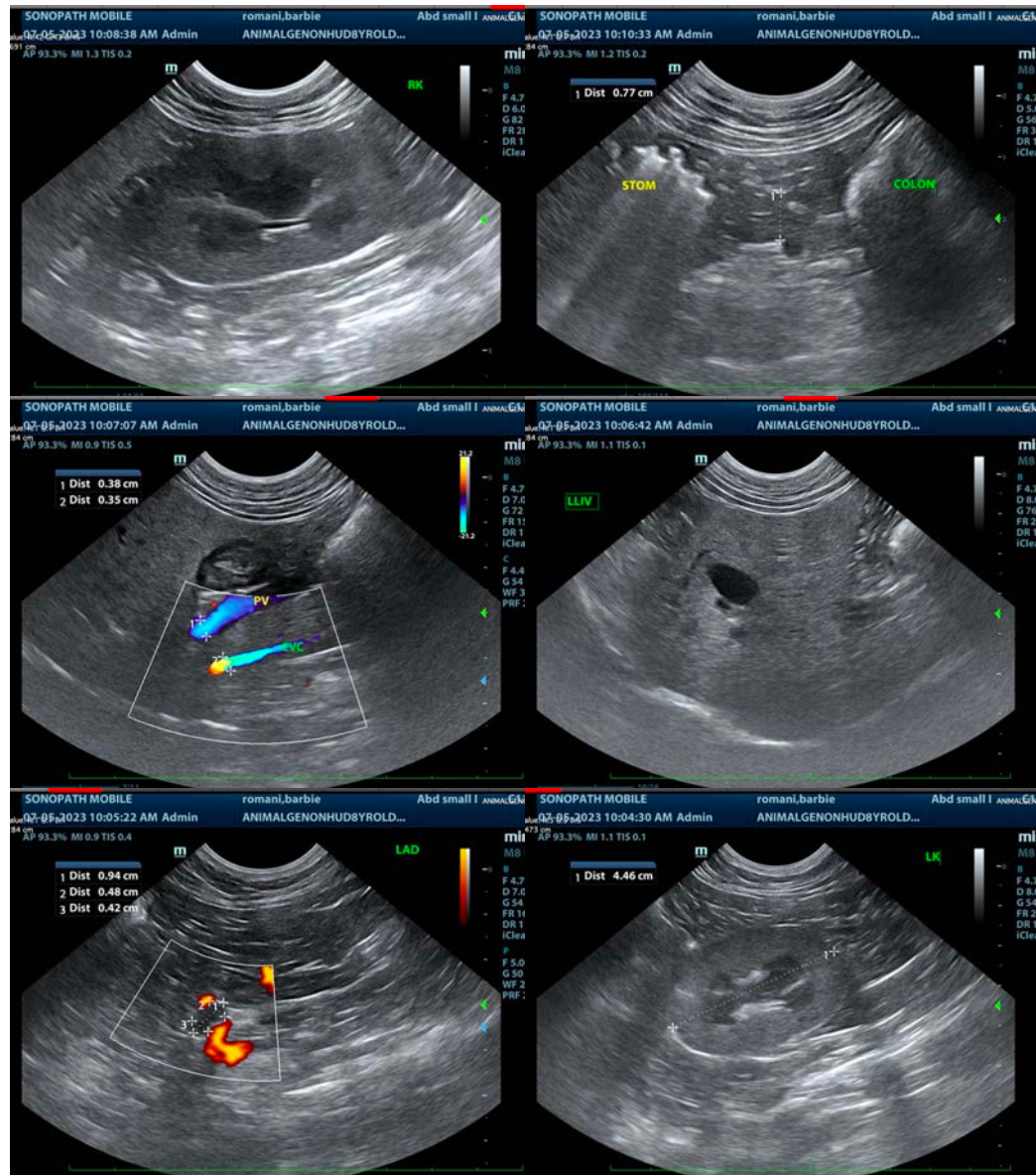
Dr. Karen Zelinski

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**DATE**

7/5/23



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**  
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