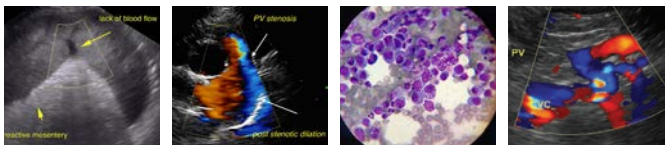
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

**PATIENT**
Ooma Roam

**SPECIES**
Feline

**BREED**
DMH

**SEX**
Spayed Female

**AGE**
11 Years 3 Months

**WEIGHT**
13.6

**INTERPRETED BY**
Beth Johnson, DVM DACVIM

**IMAGING PERFORMED BY**
Dr. Jonathan Moss

**HOSPITAL NAME**
Harvest Hills VH

**REFERRING VET**
Dr. Jonathan Moss

**INVOICE**
44730

**DATE**
8/16/23

## PRESENTING CLINICAL SIGNS

Pt presented today for not eating or drinking after having been diagnosed with diabetes 9 days ago. pt came in on 8/7 for PU/PD and had lost about 2lbs since June. Sent labs to reference lab andpt had 433 glucose 82-ALP and 3+ glucose in urine. Pt was started on insulin 2 days later. O took to ER on 8/15 for not eating and had normal BG of 158. O was directed to give less insulin and given cerenia inj and SQ fluids. Since pt was not eating O gave no insulin and came to me this AM, 8/16. Pt had been given no insulin, no eating or drinking and hiding under the bed now.

Abnormal PE/Chem/CBC/UA Results: CBC on 8/7 was within expectations. Chem ob 8/16 showed 120-glucose, BUN-9, ALT-434(had been 83 on 8/7/23) , ALP-109(had been 36 on 5/15/23, then 82 on8/7/23). UA on 8/7- USG-1.029, 3+ glucose, UPC ratio- 0.3. t4-2

## 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 right kidney is normal in size (4.2 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.

The left kidney is normal in size (3.83 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.

### *Adrenal Glands*

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

### *Spleen*

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. 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.

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*

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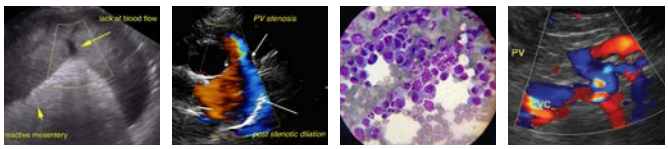

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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 pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### *Free Abdomen*

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

There is no apparent lymphadenopathy noted in these images.

## 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.

- **Hypersplenism –** can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's inconsistent hyperglycemia, a recheck urinalysis could be considered, as could a Fructosamine level to help more definitively diagnose diabetes mellitus versus what may have been a transient diabetes mellitus or even stress hyperglycemia.

Sampling of the liver +/- the spleen in the form of a fine needle aspirate could be considered if patient's coagulation status is appropriate.

In the meantime, treatment recommendations include fluid therapy, anti-emetics, gastroprotectants, hepatic nutraceuticals such as ursodiol and/or Denamarin, and broad spectrum antibiotics. Nutritional support is critical to prevent/manage concurrent hepatic lipidosis, so appetite stimulants and/or, if indicated, feeding tube placement is also recommended.

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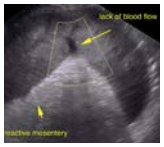
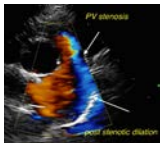
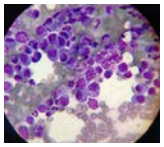
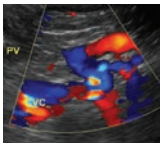

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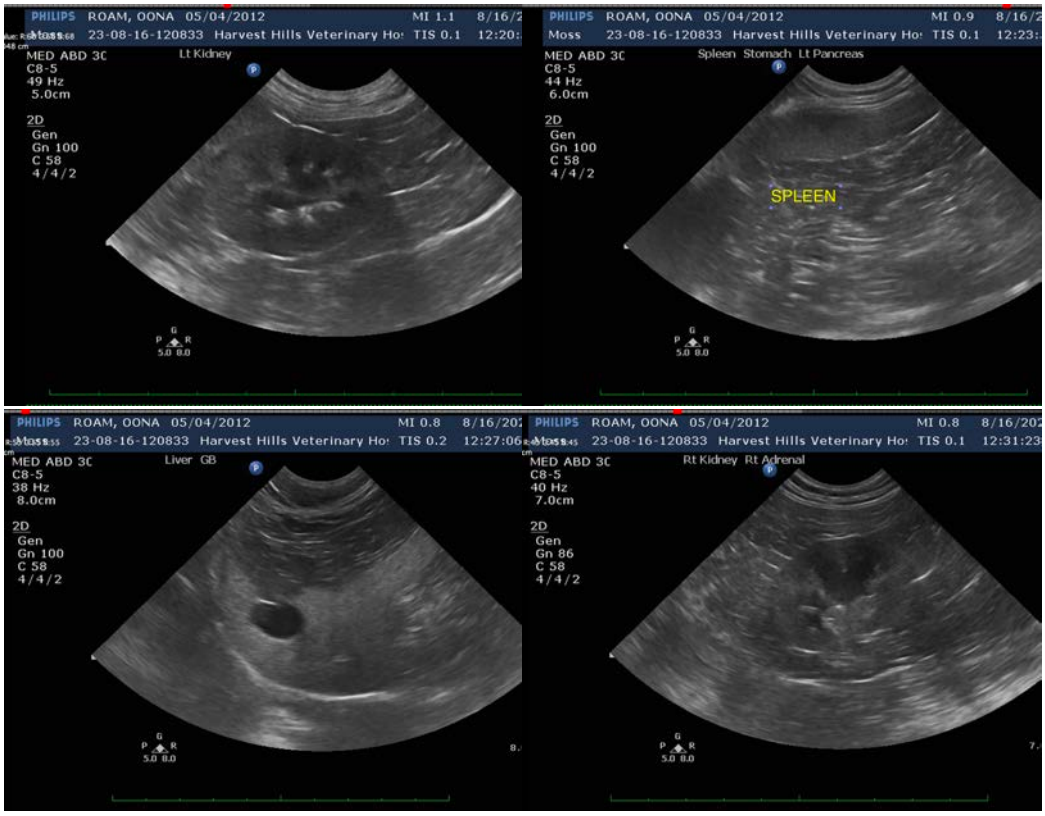


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
info@sonopath.com