

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

9/7/22 Diabetic. Increasing UPC.

PATIENT Current Medications: Glargine 2 units BID, Glycobalance food.
Lab Results: UPC most recent 1.1.

Colonel Bridges Todd

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

Neutered Male

The right kidney is normal in size (4.61 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.

AGE

7/1/11

The left kidney is normal in size (4.38 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

12.3 Pounds

Adrenal Glands

The right adrenal gland is normal in size (0.55 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.51 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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

Frederick Road VH

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. Beyer

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.

INVOICE

41105

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach 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. Pyloric outflow tract appears patent.

The visible small intestine demonstrates areas of thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic,

without evident loss of layering appreciated. mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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

Pancreas

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.

Free Abdomen

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

Mild sublumbar lymphadenopathy is present.

ULTRASONOGRAPHIC FINDINGS

- **Inflammatory bowel disease (IBD) pattern** – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No aggressive lymphadenopathy, loss of layering, etc. is noted to make lymphoma more probable, but lymphoma cannot be definitively ruled out without tissue sampling.
- **Chronic active pancreatitis**
- **Hyperechoic hepatomegaly** – This appearance is most consistent with benign hepatic lipodosis. Infiltrative disease such as amyloidosis or round cell neoplasia, such as mast cell tumor or less likely, lymphoma, is also possible.
- **Sublumbar lymphadenopathy** – Both reactive lymphadenopathy as well as infiltrative neoplasia are considered differentials.

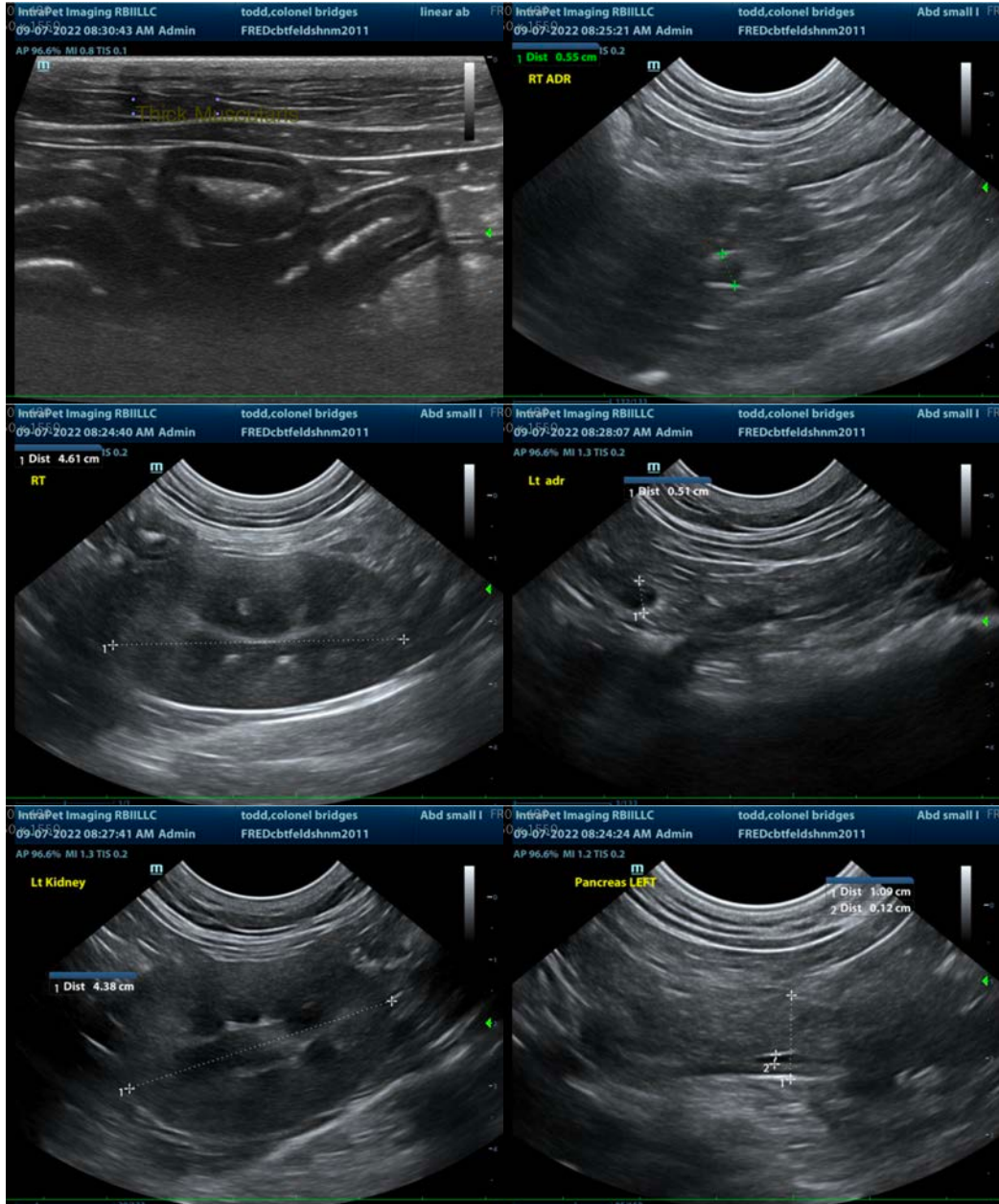
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

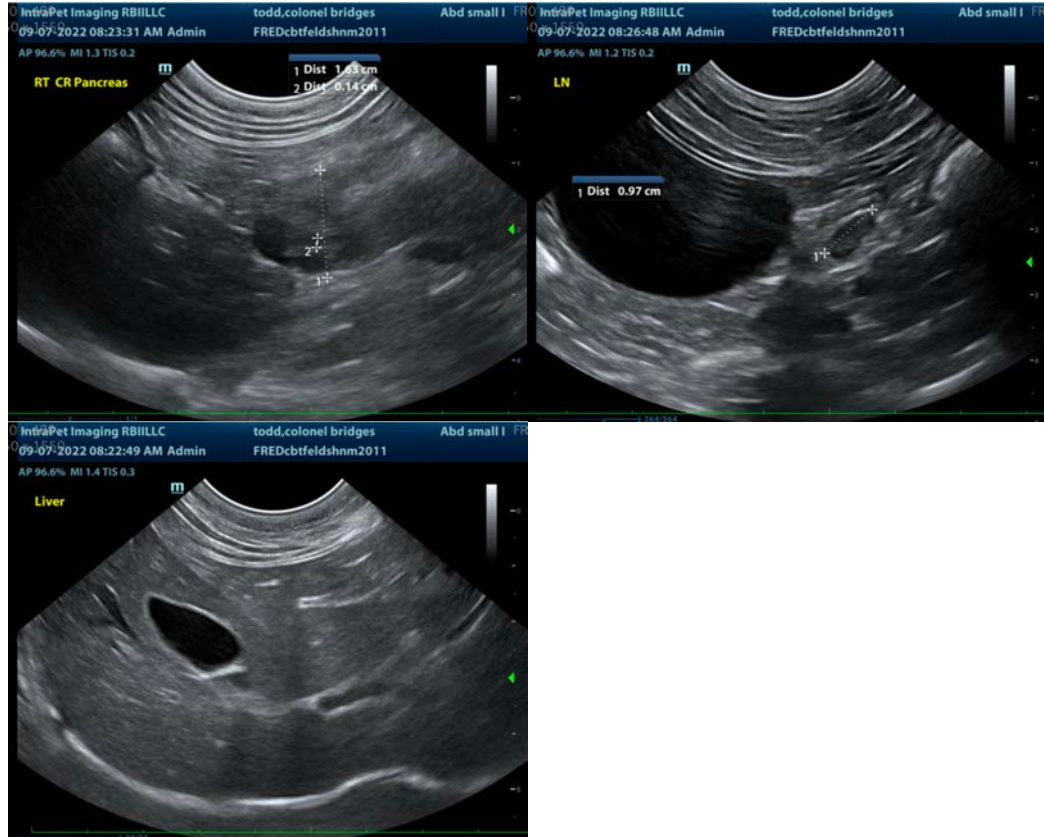
Given this patient's reportedly progressing urine protein to creatinine ratio, a blood pressure is recommended if not recently evaluated, as well as routine CBC/Chem panel and electrolytes if not recently evaluated for further evaluation of the kidneys. If azotemia is present, then medical management of the proteinuria is recommended at this level. However, without azotemia, the UPC is considered mildly increased and recommendations include further evaluation for possible underlying contributing causes/antigenic stimulation/inflammation, etc.

Given this patient's ultrasound changes, chronic smoldering inflammation could be coming from either the pancreas or possible gastrointestinal disease. Therefore, 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.

Ideally, biopsies of the GI tract, being sure to include ileum, if possible, are recommended to definitively diagnose and therefore manage the infiltrative bowel disease.

Alternatively, if gastrointestinal signs are not present and biopsies are not pursued at this time, empirical deworming with a 5-day course of Panacur is recommended as well as cobalamin supplementation if indicated based on GI panel results.





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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