

**DATE PRESENTING CLINICAL SIGNS**

10/1/21 History: Started limping earlier this week, lethargy, has not eaten for 2 days.

PATIENT

Alice Fritz Current Medications: start IV LRS with KCl supplementation, Cerenia IV, Ampicillin IV.

SPECIES

Feline Lab Results: Bloodwork - neutrophilia with left shift, monocytosis, lymphocytosis hyperglycemia (405), mild azotemia (suspect hemoconcentration), hyperglobulinemia, hyperbilirubinemia, hyponatremia, hypokalemia, hypochloremia

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

BREED

Stat Report: not requested

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

Spayed Female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

2010

The **kidneys** were bilaterally enlarged and swollen, likely owing to a diabetic state. The left kidney measured 5.54 cm. The right kidney measured 6.01 cm. Slight pyelectasia noted.

WEIGHT

12.7 Pounds

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.58 cm. The right adrenal gland measured 0.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
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Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Beron

Liver

The **liver** revealed minor uniform enlargement and was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

INVOICE

13446

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Mild chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** was enlarged and irregular with undulating contour and dilated duct. The pancreas measured 1.2 cm in width.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of a mesenteric lymph node measured 2.95 cm x 0.38 cm.

ULTRASONOGRAPHIC FINDINGS

- Hepatic lipidosis pattern
- Chronic active pancreatitis pattern
- Swollen kidneys, likely owing to diabetic state +/- UTI- renal lymphoma cannot be entirely ruled out
- IBD GI Pattern
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue, FNA would be indicated. Full urinary work up indicated. FNA of the liver warranted if bilirubin is persistent and not artifactual. No overt evidence of neoplasia at this point, however, emerging round cell neoplasia of the kidneys +/- liver could be an issue. The primary issue is likely pancreatitis in this patient.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

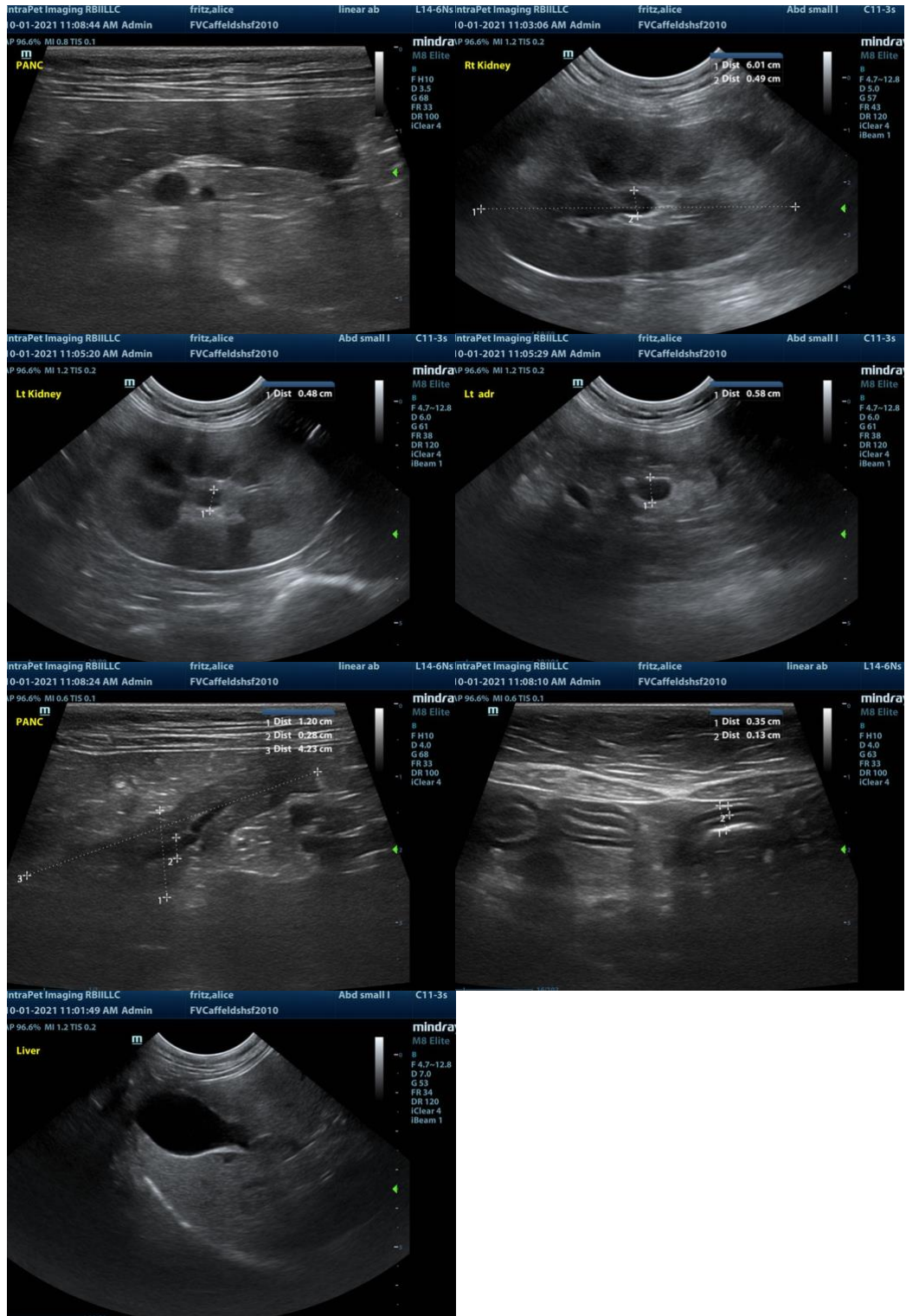
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease



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.

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