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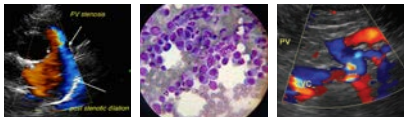

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

10/19/21

PATIENT

Joey Kilby

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

210

WEIGHT

9.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Roper

INVOICE

26378

PRESENTING CLINICAL SIGNS

Not Eating, & Lethargic.
History: Date: 10-17-2021 Notes: weight loss thin not eating and drinking, no v/d known.

Current Medications: Mirtazapine 1mg (per cap), Metronidazole 5mg/mL Injection (Per mL), Potassium Chloride 2mEq/mL Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Dextrose 50% Solution Injection (Per mL), Proviable Kit - Feline/Small Dog, Insulin - Humulin R U-100 Injection
Lab Results: Glucose 355, Crea 2.5, BUN 51, Total Protein 9.2, Glob 6.5, Bili 4.8, subnormal potassium, elevated sodium. USG 1.016 w/proteinuria, anemia, Hct 25.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 4.29 cm with pyelectasia of 0.58 cm. The right kidney measured 5.32 cm with slight pyelectasia of 0.22 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.

Liver

The **liver** presented coarse architecture, diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable, most consistent with diabetic hepatopathy with probable underlying lipidosis.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Reactive mesenteric lymph nodes noted measuring 2.17 cm x 0.66 cm (largest node).

Pancreas

The **pancreas** was heterogeneous and hypoechoic with undulating contour and nodular changes, suggestive for inflammation. Generalized enlargement noted at 1.48 cm at maximum width.

Free Abdomen

Some reactive mesentery was noted associated with the mesenteric root.

ULTRASONOGRAPHIC FINDINGS

- Chronic active pancreatitis pattern with diabetic nephropathy and hepatopathy
- Renal pyelectasia

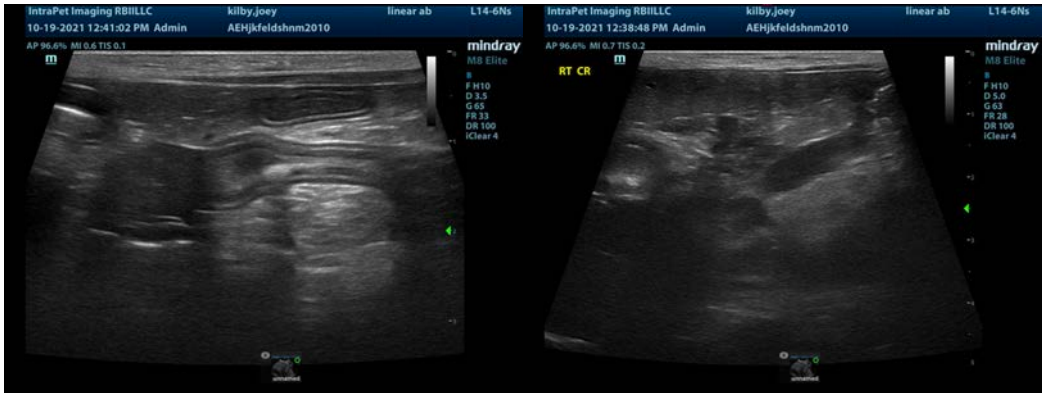
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

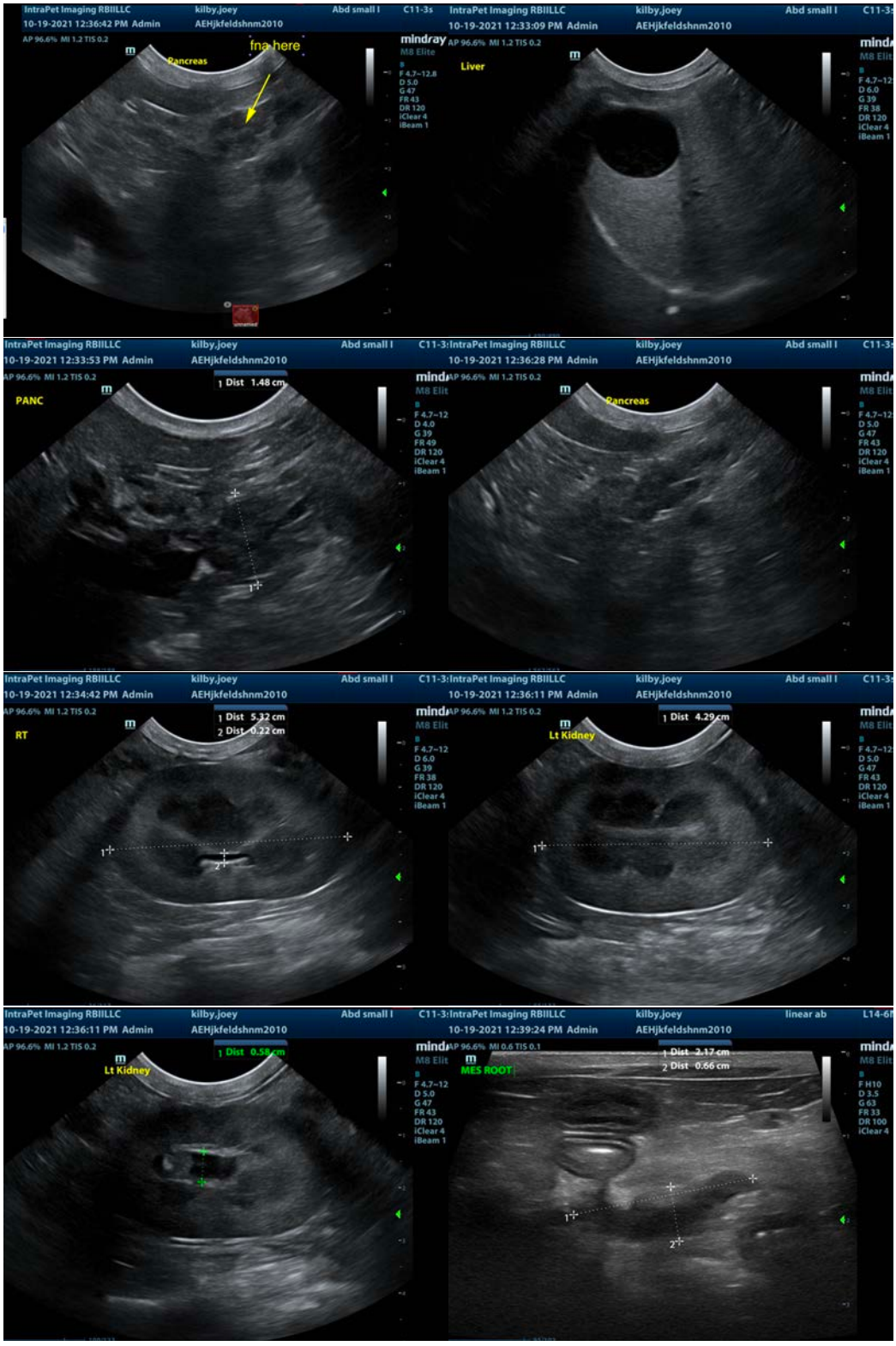
Treatment for pancreatitis and FNA of the pancreas would be ideal to assess inflammatory cell type and refine therapy given the diabetic state. No overt evidence of neoplasia. Given the globulin elevations, chronic infectious disease should be considered in this patient such as toxoplasmosis and bartonella. No evidence of lesions consistent with multiple myeloma noted.

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

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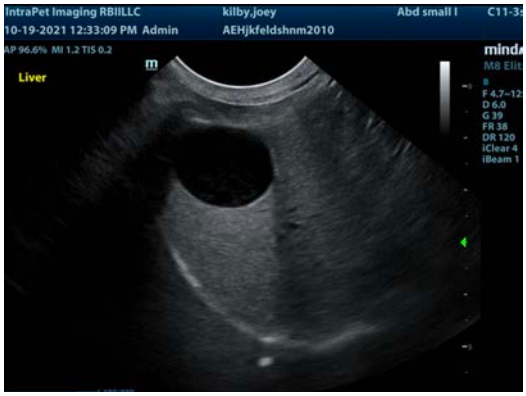
2 Dist 0.66 cm



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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