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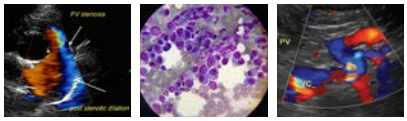

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

10/28/22

PATIENT

Archer Lapicco

SPECIES

Feline

BREED

Maine Coon X

SEX

Neutered Male

AGE

5/7/12

WEIGHT

14.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Bel Air Vet Hospital

REFERRING VET

Dr. Schmidt

INVOICE

42489

PRESENTING CLINICAL SIGNS

Archer has diabetes mellitus that is poorly controlled despite being on 5 units of ProZinc SQ BID. He was initially diagnosed on 5/9/2020. He went into diabetic remission in May 2021. He was off of insulin and asymptomatic for 7 months and then became PU/PD again and had a blood glucose of 348 mg/dL. Archer was restarted on Prozinc at that time. Archer did well on 2 units of ProZinc SQ BID for approxiamtely 5 months and then started urinating around the house an having weight loss. At that time he had a high fructosamine and subsequent BG curve reveal poor control. Insulin was increased multiple times, but glycemic control has yet to be achieved. On physical examination, Archer was a plantigrade stance and has lost significant weight. At diagnosis in 2020, Archer weighed 17.5# and when he was last examined, he weighed 14.6#.

Current Medications: ProZinc 5 Units SQ BID
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.51 cm. The right kidney measured 4.4 cm. Slight mineralizations noted in both kidneys.

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 0.46 cm. The right adrenal gland measured 0.57 cm.

Spleen

The **spleen** was enlarged (1.37 cm in width) with scalloping contour and was folded upon itself caudally.

Liver

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

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. An anechoic cyst measuring 4.0 mm noted in the left limb. Minor duct dilation noted at 0.22 cm. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy
- Enlarged spleen – Reactive versus emerging round cell neoplasia or splenitis less likely
- Chronic pancreatic changes
- Age related renal changes

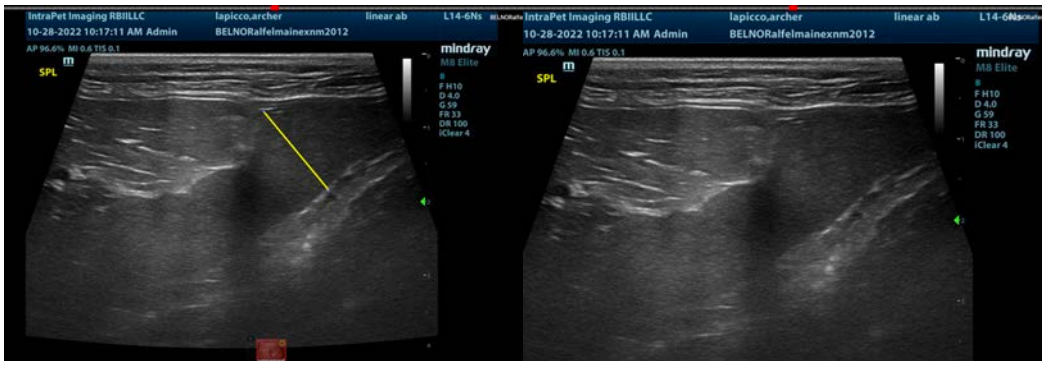
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

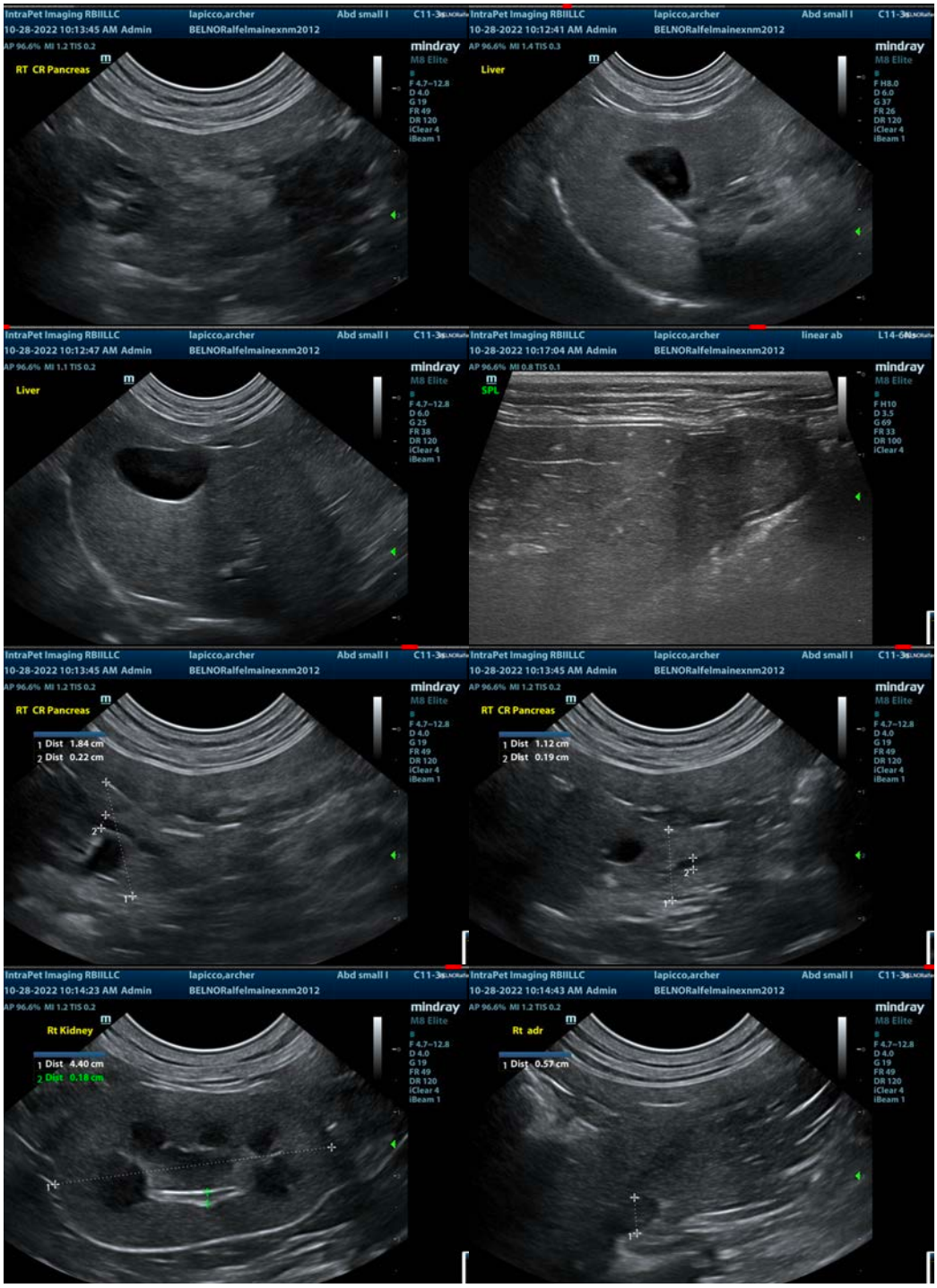
Periodic pancreatitis may be playing a role in the diabetic dysregulation. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Splenic FNA indicated. No evidence of neoplasia unless splenic aspirates reveal emerging round cell neoplasia or splenitis less likely.

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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mindray
M8 Elite
RT CR Pancreas
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RT CR Pancreas
1 Dist 1.84 cm
2 Dist 0.22 cm
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M8 Elite
RT CR Pancreas
1 Dist 1.12 cm
2 Dist 0.19 cm
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Rt Kidney
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2 Dist 0.18 cm
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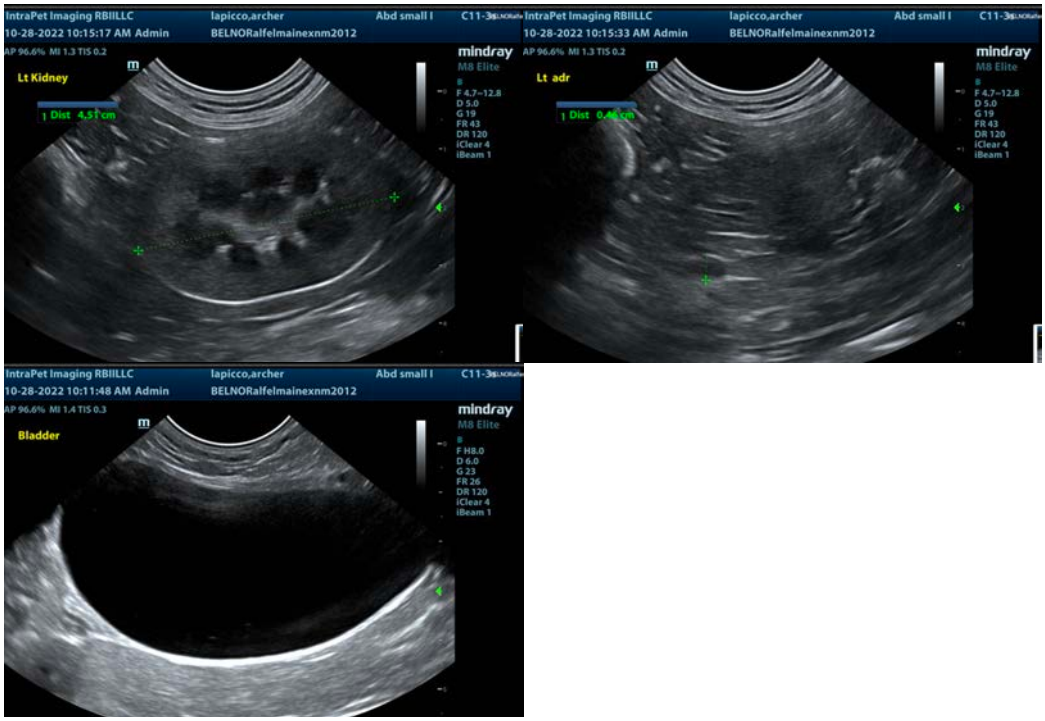
mindray
M8 Elite
Rt adr
1 Dist 0.57 cm



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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