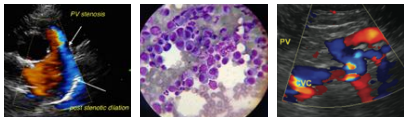
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

11/11/22

PATIENT

Kimahri Hanlon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

7/1/06

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Perez

INVOICE

42443

PRESENTING CLINICAL SIGNS

The owner reports that Kimahri has been a diabetic for 1-2 years. Over this time frame, he was gradually moved up to 5 units of insulin twice a day. He had a hypoglycemic event and was recently dropped to 1 unit per day. He was initially on wet food, and changed over the last few weeks onto dry food only. Loves dry food more. His appetite has declined over the last few days, and he has not eaten anything in the last 24 hours. he has vomited a few times recently, starting about 6 days ago, but worse in the last day or so. He is producing bile only. No diarrhea, coughing, but some sneezing. Kimahri is on several medications; Amlodipine (owner thinks 0.0625 mg PO SID, none in 2 days), Enalapril (owner thinks 1 mg tablet PO SID, none in 2 days), Zylkene (unknown mg tablet, 1 PO SID, none in 2 days). Owner reports Amlodipine and Enalapril are for protein loss through the kidneys. No other medical conditions reported.
Current Medications: Norm-R + 20 mEq KCL/L at 2 x Maintenance (or 22 mL/hour) IV. Cerenia at 1 mg/kg IV q 24 hours. Ondansetron at 0.3 mg/kg IV q 12 hours. Methadone at 0.2 mg/kg IV q 6 hours. Unasyn at 30 mg/kg IV q 8 hours. -- Adjust based on SDMA each day. Start Insulin CRI after hydrated.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT requested.
Imaging Performed By: Rachel Brilhart

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.33 cm with pyelectasia that measured 1.13 cm. Pyelectasia in the left kidney measured 1.22 cm.

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 0.6 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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. The mesenteric lymph node was reactive and measured up to 0.96 cm.

Pancreas

The **pancreas** revealed undulating contour with a dilated duct that measured 0.18 cm. Hyperechoic remodeling was noted. This is consistent with fibrosis.

ULTRASONOGRAPHIC FINDINGS

Moderate degenerative renal changes with bilateral pyelectasia, likely owing to scarring. However, embedded infection is a potential.
Pancreatic remodeling/fibrosis.

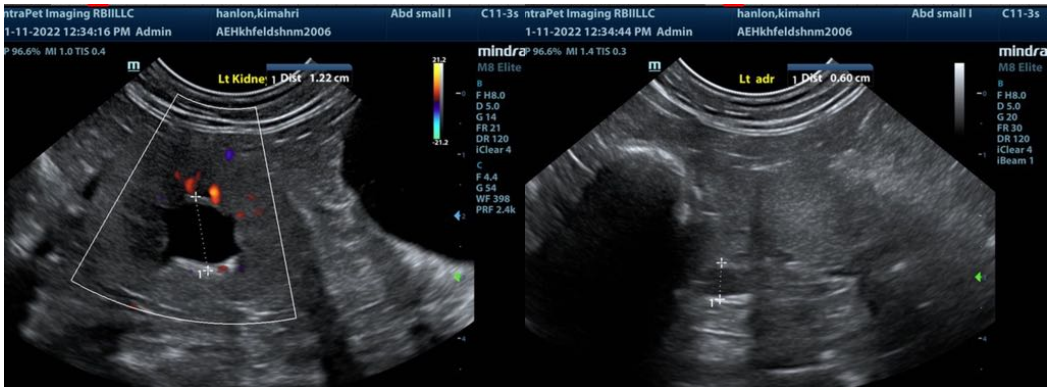
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of active inflammation. Urine culture and sensitivity +/- pyelocentesis of either kidney and culture, blood pressure measurements are all warranted. CBC path review +/- bone marrow aspirate is recommended given the anemia. 72-hour IV fluid protocol and treatment for acute on chronic renal failure is indicated followed by reassessment of the clinical status.

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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hanlon,kimahri
Abd small I
C11-3s
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AEHkhfeldshnm2006
Lt Kidney
1 Dist 1.22 cm
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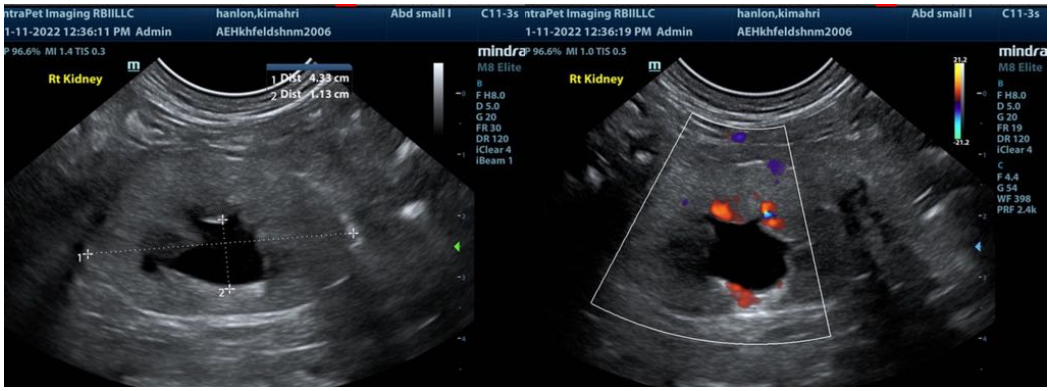
AEHkhfeldshnm2006
Lt adr
1 Dist 0.60 cm
mindray
M8 Elite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AEHkhfeldshnm2006
Rt Kidney
1 Dist 4.33 cm
2 Dist 1.13 cm
ntraPet Imaging RBIILLC
hanlon,kimahri
Abd small I
C11-3s
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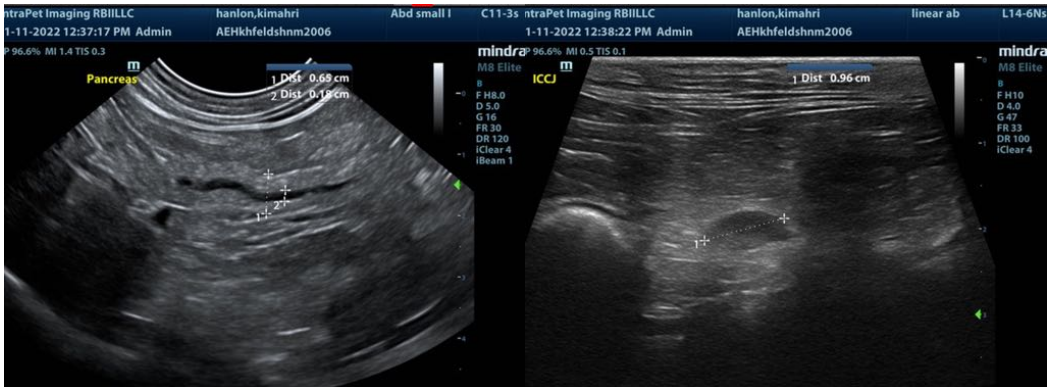
AEHkhfeldshnm2006
Rt Kidney
mindray
M8 Elite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hanlon,kimahri
Abd small I
C11-3s
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Pancreas
1 Dist 0.69 cm
2 Dist 0.18 cm
ntraPet Imaging RBIILLC
hanlon,kimahri
linear ab
L14-6Ns
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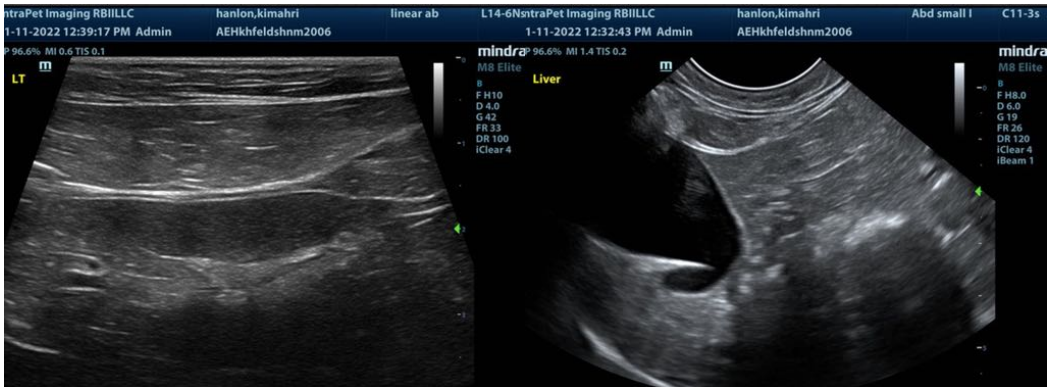
AEHkhfeldshnm2006
ICCJ
1 Dist 0.96 cm
mindray
M8 Elite



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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