

**DATE**

2/25/22

PRESENTING CLINICAL SIGNS

2/24/22- Diabetic, has been on insulin for about 2 years but owner not sure he has ever been very well regulated. She has not been able to monitor his BG at home (lives alone and is difficult) but does see rdvm regularly for monitoring. Was there 10 days ago for routine visit; BW done and was WNL except elevated BG. 3 days ago he vomited, and since that day has not been eating well so for past 2 days has not gotten insulin. Went to RDVM today; concern for DKA; referred for continued care. He usually eats Purina dry DM.

PATIENT

Franklin Gray

Current Medications: Cerenia, Gabapentin.

Lab Results: BG >400, trace ketones.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Domestic Shorthair

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.

SEX

Neutered male

AGE

12/26/07

The **kidneys** were bilaterally swollen. The cranial pole of the left kidney revealed a cortical infarct. Cortical infarcts were noted in the right kidney as well. This is likely of past incident as there was no active inflammation. The left kidney revealed pyelectasia that measured 0.3 cm. The left kidney measured 5.0 cm. The right kidney measured 5.45 cm.

WEIGHT

17 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

Liver

The **liver** was mildly enlarged with minor remodeling. The gallbladder and common bile duct were unremarkable.

INVOICE

96350

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 ileocecal junction revealed hyperechoic, remodeled fat. There was no evidence of active inflammation.

Pancreas

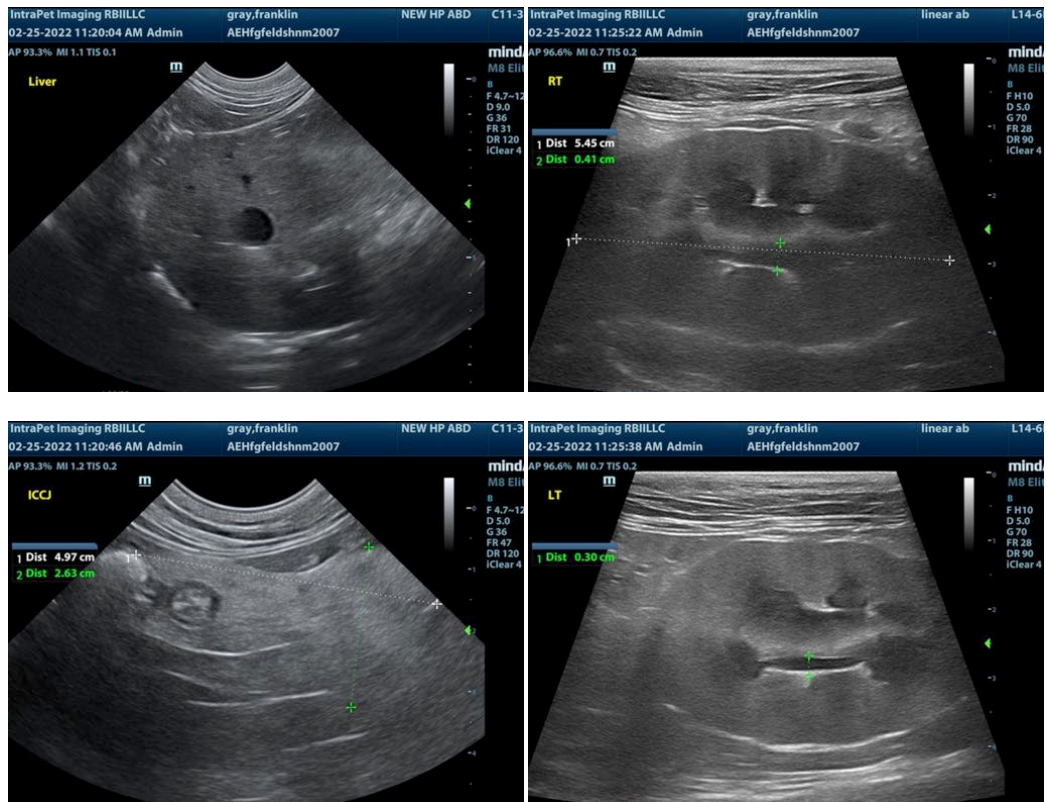
The pancreas was enlarged and irregular with undulating contour. The pancreatic duct was dilated and measured 0.24 cm. The left pancreatic limb was enlarged and measured 1.52 cm.

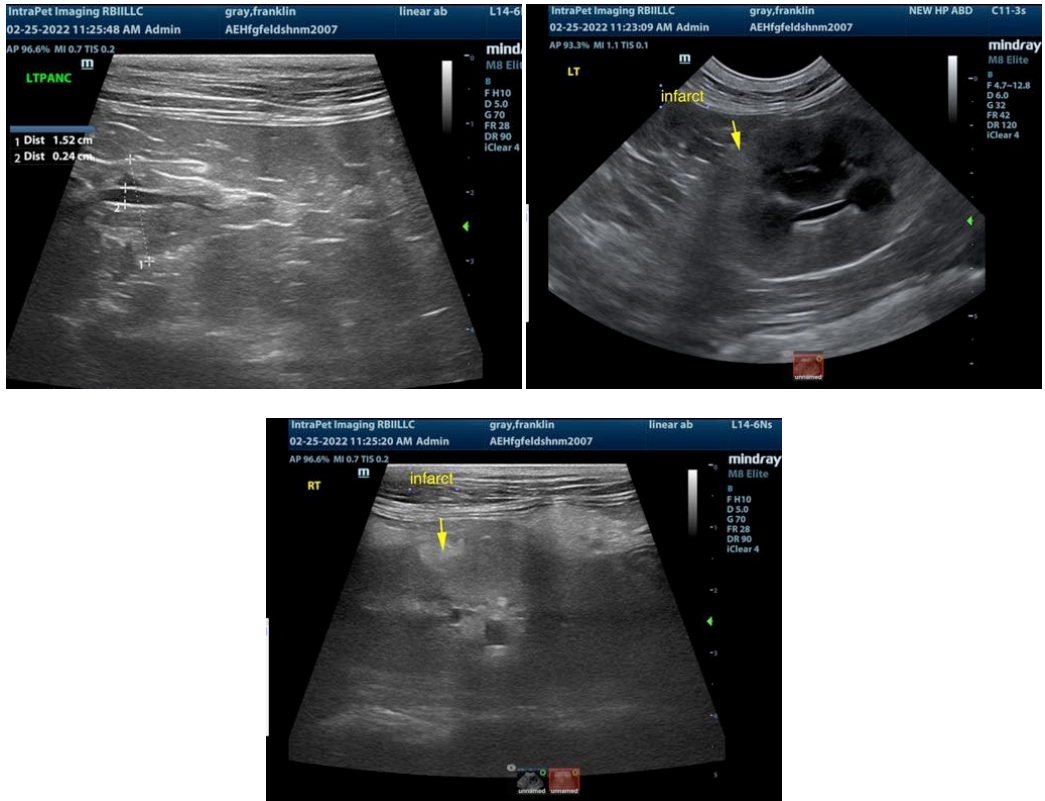
ULTRASONOGRAPHIC FINDINGS

Bilaterally swollen kidneys with infarcts and pyelectasia, possible UTI/pyelonephritis. Mesenteric remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ruling out urinary tract infection and consideration for pancreatitis. There was no evidence of neoplastic criteria in any organs. Subxiphoid palpation and midabdominal palpation is recommended to assess for discomfort in the region of the pancreas and mesenteric root. There is no evidence of neoplasia.





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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