**DATE**

2/28/22

PRESENTING CLINICAL SIGNS

Rebounding hyperglycemia; diabetes.

Current Medications: Vetsulin Insulin 2.5 units BID, Hemp, Gabapentin.

Date of Previous IntraPet Ultrasound: 6/22/20 (unable to locate).

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Napolen Baily

SPECIES

Feline

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.

BREED

Domestic Shorthair

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.33 cm. The left kidney measured 3.58 cm with pyelectasia that measured 0.32 cm.

SEX

Neutered male

AGE

2/1/06

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

WEIGHT

9.6 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

HOSPITAL NAME

Happy Tails VH

Liver

The **liver** revealed coarse architecture with increased portal markings. Lobar biliary calculi were noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was slightly enlarged and measured 0.5 cm. This may be owing to stricture or passage of biliary calculi.

REFERRING VET

Dr. Kraselski

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.

INVOICE

96394

Pancreas

The **pancreas** revealed a dilated duct that measured 0.38 cm with an enlargement that measured 1.0 cm in the left limb.

ULTRASONOGRAPHIC FINDINGS

Biliary calculi with enlarged common bile duct.
Hyperechoic medullary rim was noted in both kidneys, consistent with diabetic nephropathy.
Chronic pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

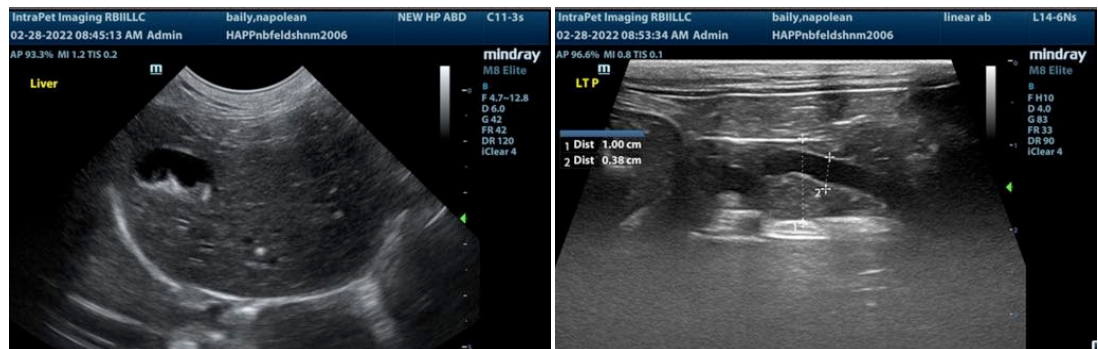
There was no overt cause of obstruction; however, strictured duodenal papilla is possible. Ursodiol therapy can be considered in an attempt to dissolve the biliary calculi. However, this is highly variable in effectiveness patient to patient. There was no overt obstructive disease were noted, yet given the mild enlargement of the common bile duct bilirubin and ALKP values should be monitored. This change is likely owing to passage of biliary calculi. There was no evidence of neoplasia. Urinalysis is warranted if not already performed to assess for UTI.

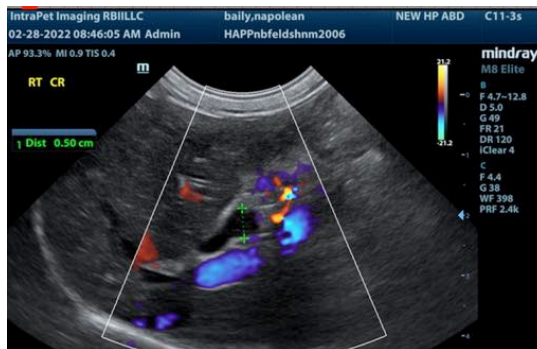
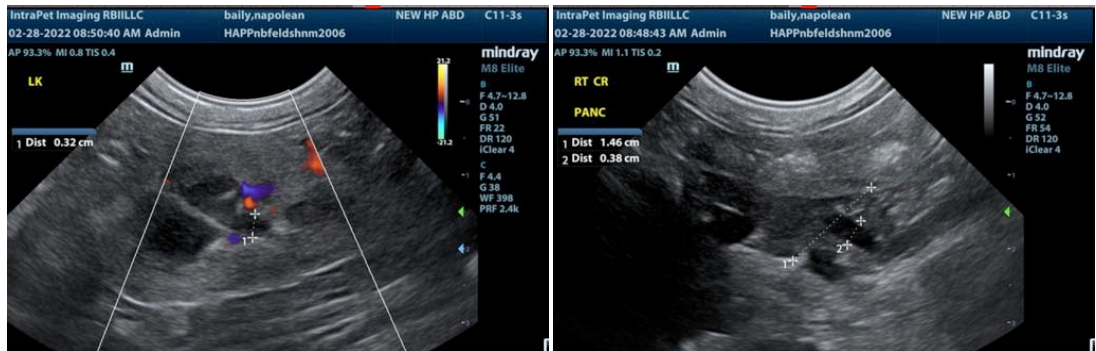
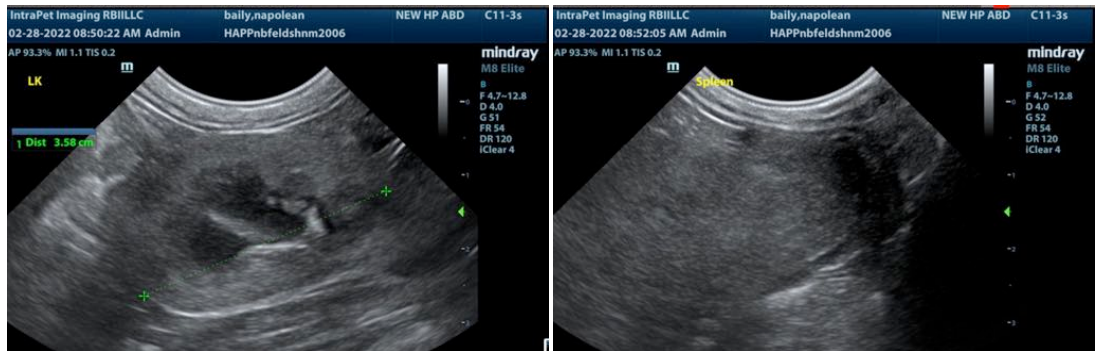
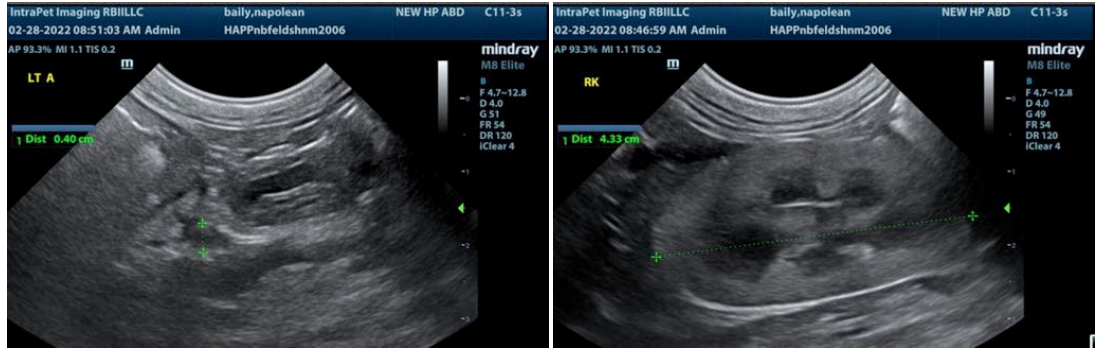
Potential Causes of Diabetic Dysregulation

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.

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