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Clinical Sonography & Telecytology
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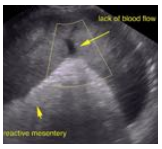
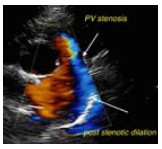
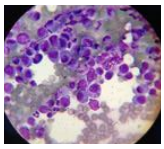
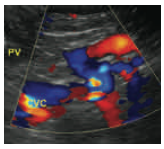

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Painter

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Male

AGE

10 years

WEIGHT

9.9 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

96464

DATE

3/1/22

PRESENTING CLINICAL SIGNS

History: concern for sepsis, early DM FIP patient is positive for FIV has weight loss and diarrhea
Current meds Plyte Convenia, Metro
Abnormal PE/Chem/CBC/UA Results: WBC 33K Neu 28.5K Glu 468 Creat 0.5 Glob 6.4 ALP 152 T4 1.1 Fruct 419 SG 1.044

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended with suspended debris.

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. Slight pyelectasia was noted. The right kidney is enlarged and measured 6.08 cm. The left kidney is enlarged and measured 6.21 cm. Peri-capsular enhanced fat was noted particularly around the left kidney. Blood flow to the kidneys appeared to be adequate on Power Doppler assessment.

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.

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.

Liver

The **liver** was uniformly enlarged. This is consistent with diabetic hepatopathy. 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.

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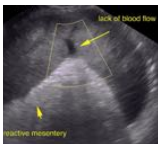

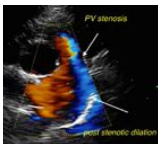

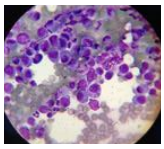
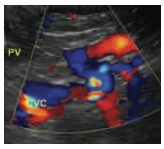

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

Trace amounts of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Enlarged kidneys, interstitial nephrosis pattern.

Hepatic enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the liver enzymes are elevated then FNA is indicated. Urine culture is warranted if any inflammatory sediment is present. FNA of the kidneys can be considered to ensure that an early neoplastic event is not present or if granulomatous disease such as that of FIP is a potential. There were no overt masses or obvious neoplasia; however, this cannot be ruled out as a possible emerging issue.

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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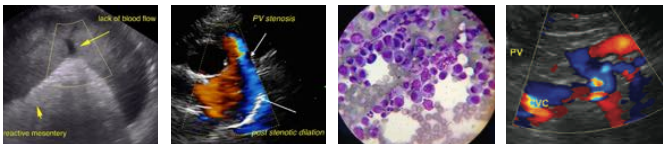

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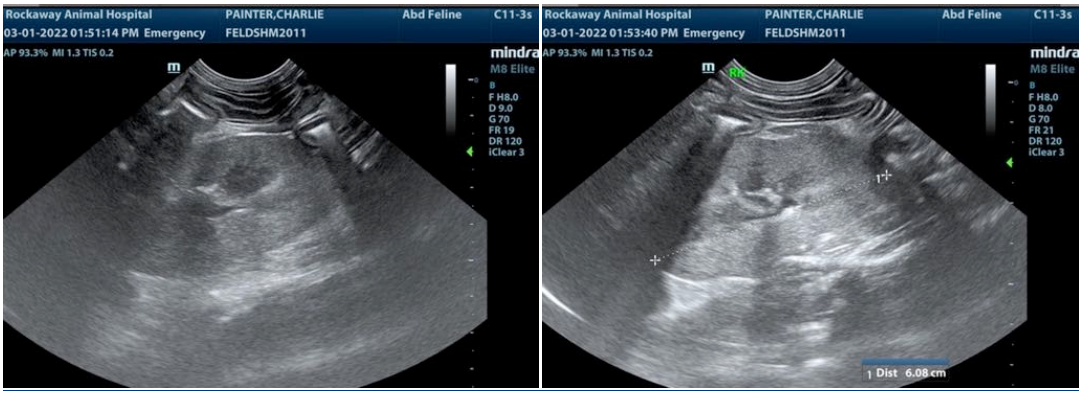

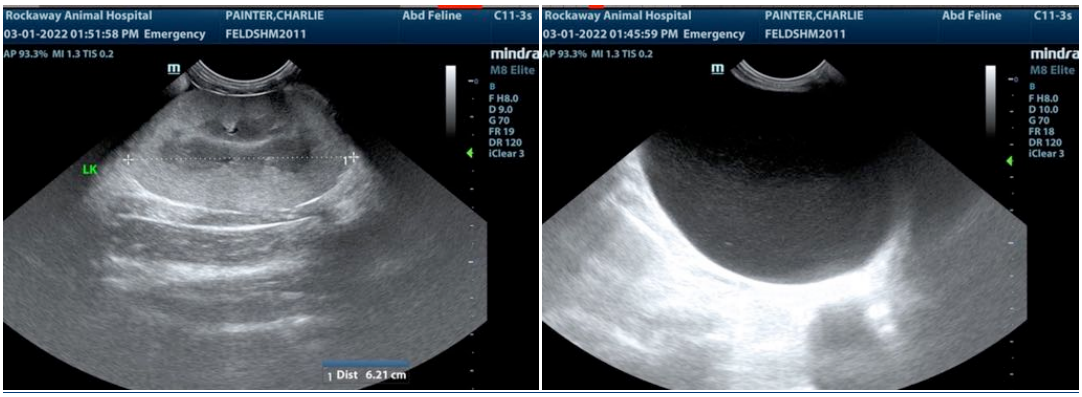

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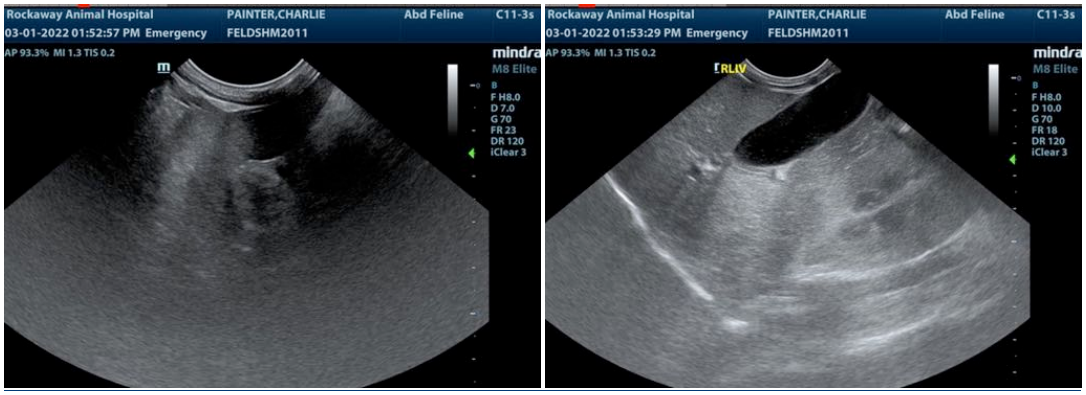

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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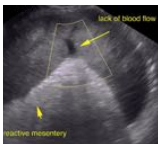

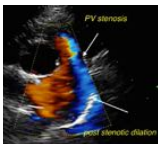

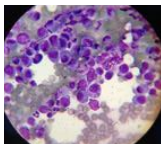
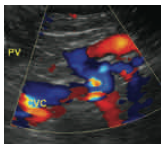

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