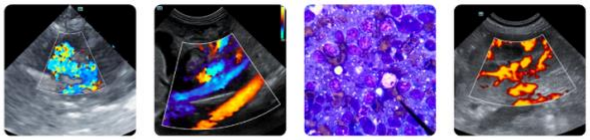



**PATIENT**

Clyde Dzierzanowski

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

4.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Clinton Wayland

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

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## PRESENTING CLINICAL SIGNS

- P was seen yesterday for concerns of P not E/D or U/D as well as leth. When discharged O says P did not seem better after the visit, O says they have noticed some labored breathing. P has been having some issues with his back legs O says she put P into his carrier and P collapsed, O had to use a syringe to give P 50 ML of water this morning.
- Abnormal PE/Chem/CBC/UA Results: Mentation: Depressed to stuporous. MM are dry. Skin tent indicating approximately 5-7% dehydration. Clinical impressions: Appears to have worsening neurologic disease. Concern for toxin, thromboembolism, other open differentials. Diagnostics CBC: Hematocrit 23.3 (low), WBC 22k (high), Neutrophils 20k (high) Chem 10: Glucose 602 (high), Creatinine 10.4 (high), BUN greater than 130 (high). Electrolytes: Sodium 136, Potassium greater than 10, Chloride 102. Lactate: 0.84 normal Urinalysis: Specific gravity 1.016 (low), Glucose 1000 (high), Blood 25, no bacteria, no crystals noted. Ketones 0.1 (normal) EPOC 5 hours later: BUN >120, Crea 12.25 (worsening, Uroabdomen?) K 8.3, Glu 193

## 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 1.0 cm beyond the cystourethral junction.

The **left kidney** presented pelvic and corticomedullary mineralization, measuring up to 0.34 cm. The left kidney was subnormal in size, measuring 3.1 cm. Pericapsular fluid formation was noted around the left kidney. The **right kidney** was enlarged with thickened irregular cortices, measuring 6.0 cm. Pericapsular fluid accumulation was noted. Slight pyelectasia was noted. Blood flow to the kidneys was subnormal on power doppler assessment of the renal cortices.

### *Adrenal Glands*

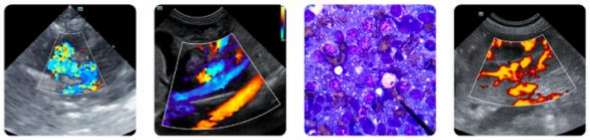
The regions of the **adrenal glands** revealed no evident pathology.

### *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 were noted.

### *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.





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### *Gastrointestinal*

A mild amount of fluid was noted in the **stomach** without evidence of peristalsis. Normal curvilinear patterns were maintained throughout the GI tract. No evidence of foreign body. A minor amount of stasis was noted in the stomach. The small intestine and colon presented with normal curvilinear patterns and no evident pathology. This presentation is most consistent with gastric ileus or idiopathic stasis.

### *Pancreas*

The visible **pancreas** was unremarkable.

### *Free Abdomen*

Variable pockets of **free fluid** were noted in the abdomen.

## ULTRASONOGRAPHIC FINDINGS

- Acute on chronic renal failure- Toxic insult is a potential, along with the diabetic state
- Gastric ileus
- Variable pockets of free fluid in the abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided abdominocentesis of the free fluid with cytospin is indicated. 72-hour IV fluid protocol and reassessment of the clinical status is recommended; however, the left kidney appears to be end stage degenerative changes, and the right kidney appears to be acute on chronic presentation. Toxin exposure and infectious agents should be considered. This is a nonspecific yet serious presentation.

**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

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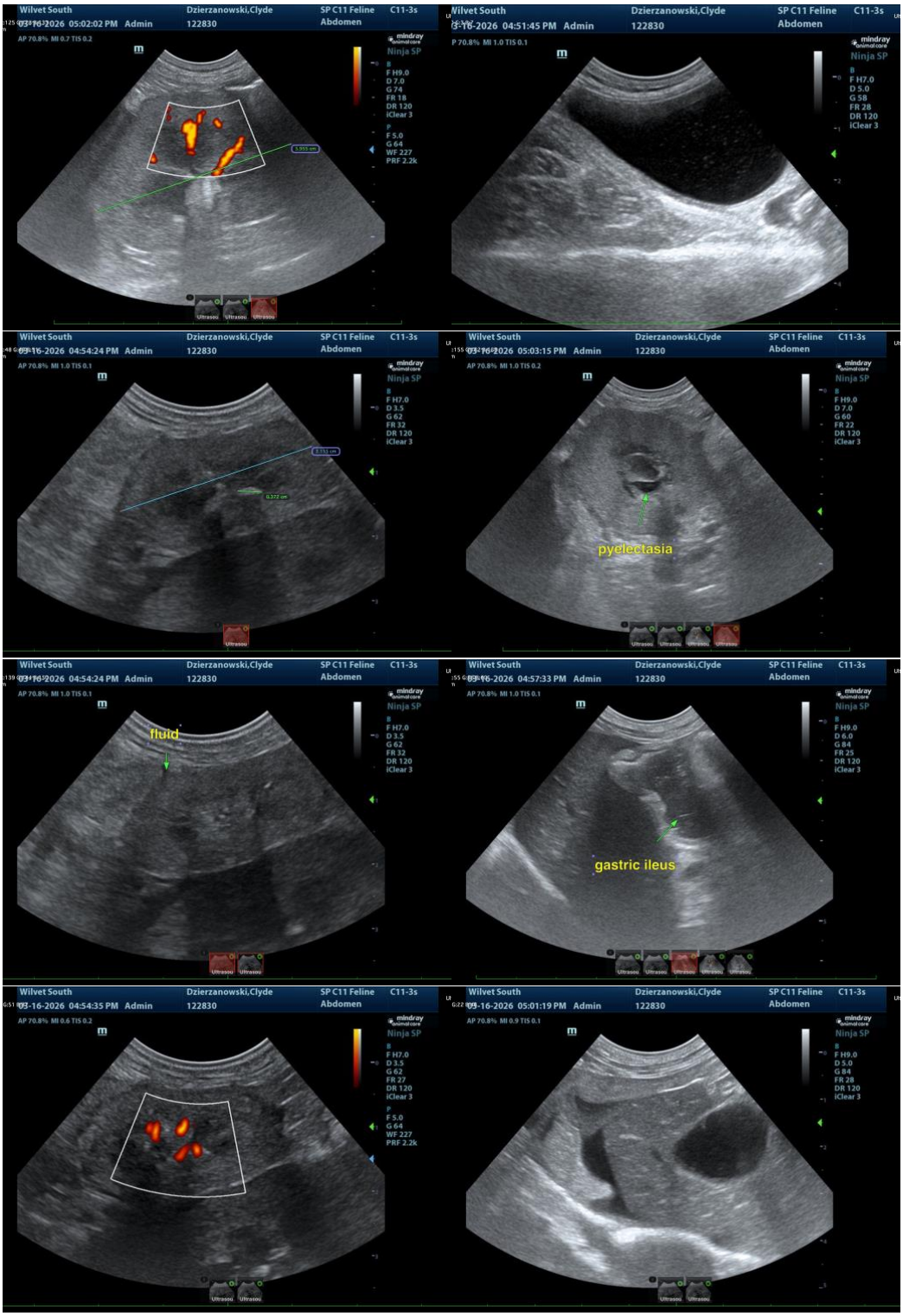

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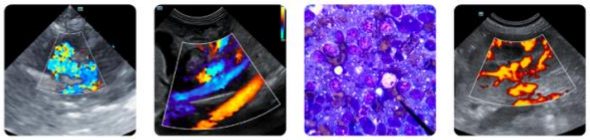

Clinical Sonography & Telecytology
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video 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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com