



**PATIENT**

Shadow D'Arcy

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Male

**AGE**

6 Years 4 Months

**WEIGHT**

12.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carissa Rhoades

**HOSPITAL NAME**

Elizabeth AH

**REFERRING VET**

Dr. Leon Anderson

**INVOICE**

36013

**DATE**

3/8/22

**PRESENTING CLINICAL SIGNS**

Owner noticed rapid weight loss and Shadow began urinating bright yellow urine in the bathtub that is thick and sticky. Less active as well. Labs revealed diabetes, hyperbilirubinemia, and liver enzyme elevations.

Abnormal PE/Chem/CBC/UA Results: PE: Stage II Dental disease, general muscle atrophy, BCS 2/5, 2/6 systolic heart base murmur. Bile Acids: Pre: Normal Post: Pending UA: sg 1.040, pH 6.0, Glucose 1000mg/dL, Ketones 15 mg/dL, clear sedi CBC: MCV 38fL, Retic 87K/uL, Lymph 0.828 K/uL, Plt 154K/uL. Slight polychromasia and poikilocytosis, moderate anisocytosis, marked heinz Bodies, slight schistocytes Chem: Glucose 356mg/dL, BUN 12 mg/dL, Chloride 99mmol/L, Anion Gap 36mmol/L, ALT 37U/L, AST 99U/L, ALP 387 U/L, Bili T 2.3mg/dL, Bili Unconj 0.8mg/dL, Chol 306 mg/dL Normal fPL, BNP, Fecal, and Thyroid=

**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 **kidneys** revealed thickened echogenic cortices and swollen contour owing to diabetic state. The right kidney measured 4.61 cm. The left kidney measured 4.5 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 0.49 cm. The right adrenal gland measured 0.58 cm.

**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** was enlarged and hyperechoic compared to falciform fat, consistent with lipidosis. 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.

**Pancreas**

The caudal aspect of the left limb of the **pancreas** was hypoechoic and irregular. Enlargement noted at 1.2 cm. The right limb of the pancreas was hypoechoic and irregular.



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**ULTRASONOGRAPHIC FINDINGS**

- Diabetic nephropathy
- Hepatic lipidosis/diabetic hepatopathy
- Prominent irregular pancreas – low-grade pancreatitis suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Mid left paralumbar region palpation also recommended. Otherwise, treatment for diabetic state, coverage for infection, and IV fluid support indicated.

**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

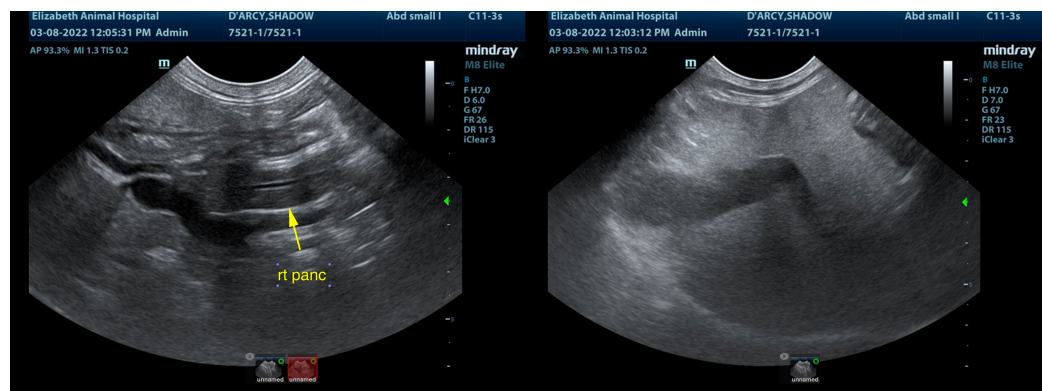
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease





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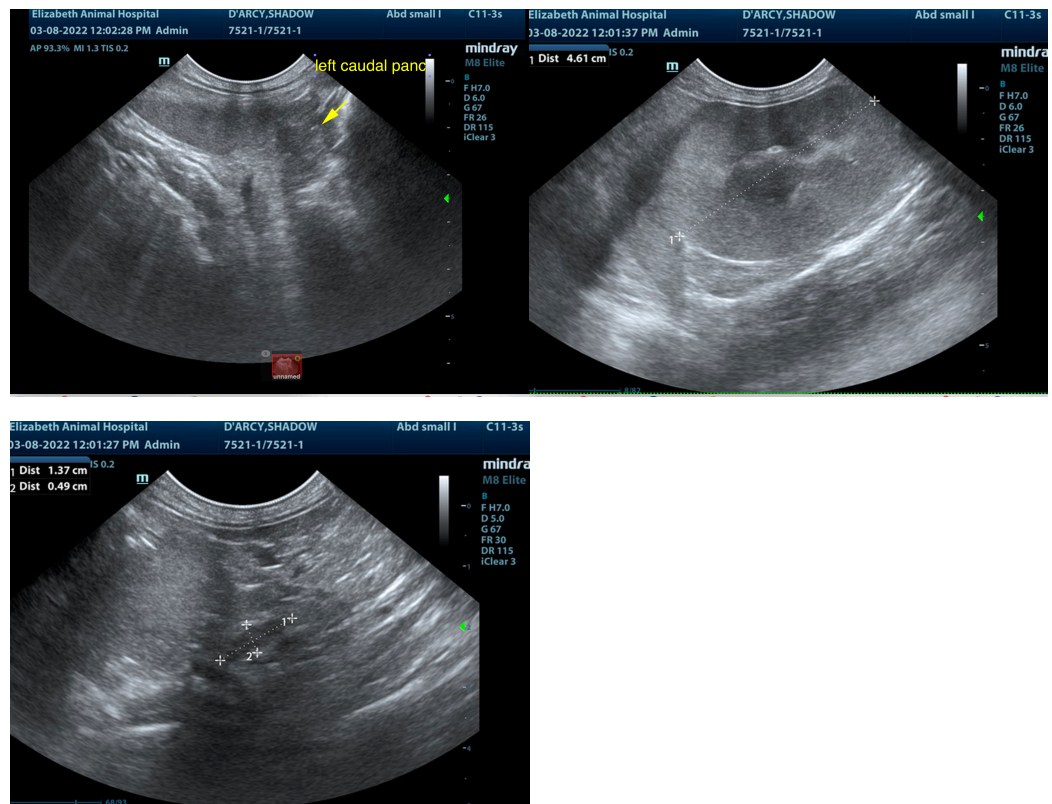
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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