

**DATE**

4/26/22

PATIENT

Lou Williams

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/29/07

WEIGHT

9.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Nacke-Horney

INVOICE

37180

PRESENTING CLINICAL SIGNS

Known hyperthyroidism-, wt loss. 4/22 --found recumbent, not moving, diagnosed DKA. New DKA-- large ketones, was on insulin CRI for a few days, now on Lantus 2 units BID. Eating, mild azotemia-- improving on IVF over several days. BUN 43, creat 2.1, mild liver elevations- improved
K low, supplementing and normalized. UA --active, owner approves culture- pending. Unable to stand and support himself even after improvement in the K, renal values and normalizing of BG

Current Medications: Lantus insulin, Amoxicillin, RenaKare, Cerenia

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

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** were bilaterally enlarged. The right kidney measured 4.39 cm with thickened cortices and slight pyelectasia at 0.13 cm. The left kidney measured 4.2 cm .

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner.

Liver

The **liver** was uniformly swollen. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The **pancreas** revealed extensive hypoechoic parenchymal changes with enhanced surrounding mesentery and undulating contour. Dilated pancreatic duct noted. The pancreas measured up to 1.5 cm.

Free Abdomen

Slight areas of free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, irregular pancreas with enhanced mesentery – suggestive for pancreatitis.
- Diffuse intestinal thickening
- Swollen kidneys
- Splenic enlargement, likely splenitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis warranted. FNA spleen and pancreas would be ideal to assess inflammatory cell type. Recheck sonogram in 48 hours. FNA of the spleen indicated. Possibility of emerging lymphoma or mast cell disease. Guarded prognosis. The kidneys do not appear end stage. Systemic insult is likely playing a role in the azotemia.

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

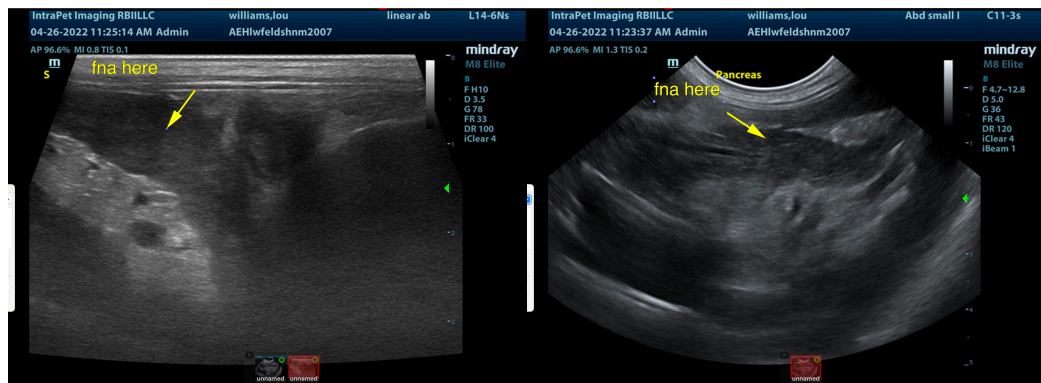
Owner compliance

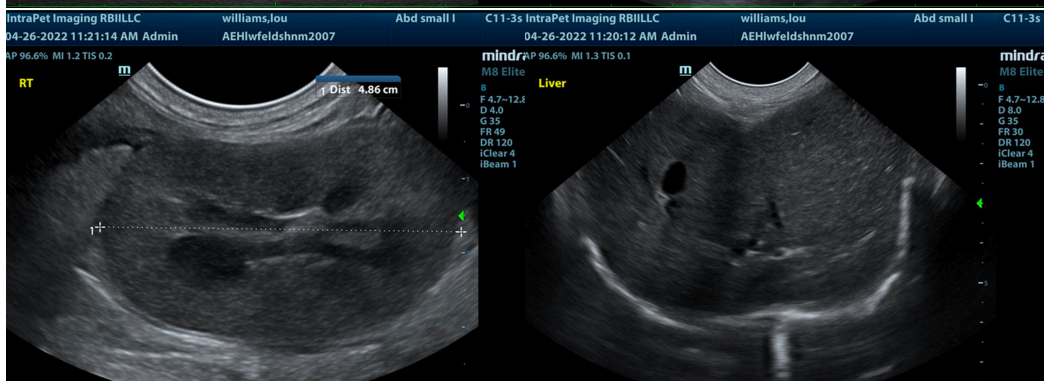
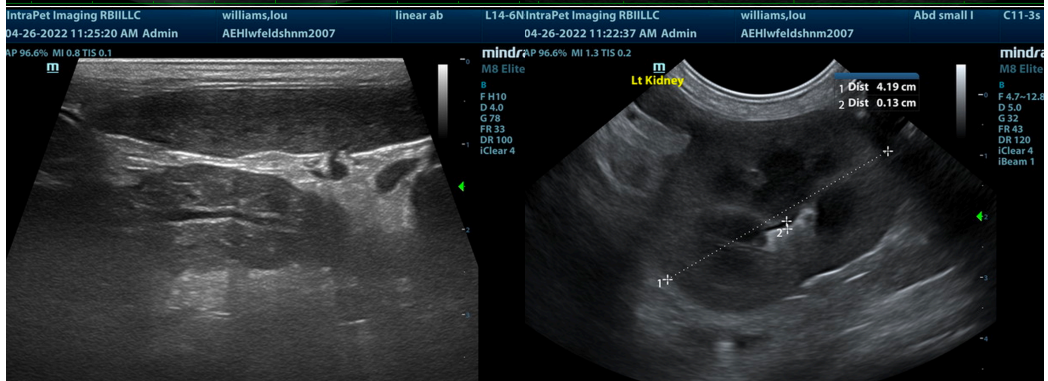
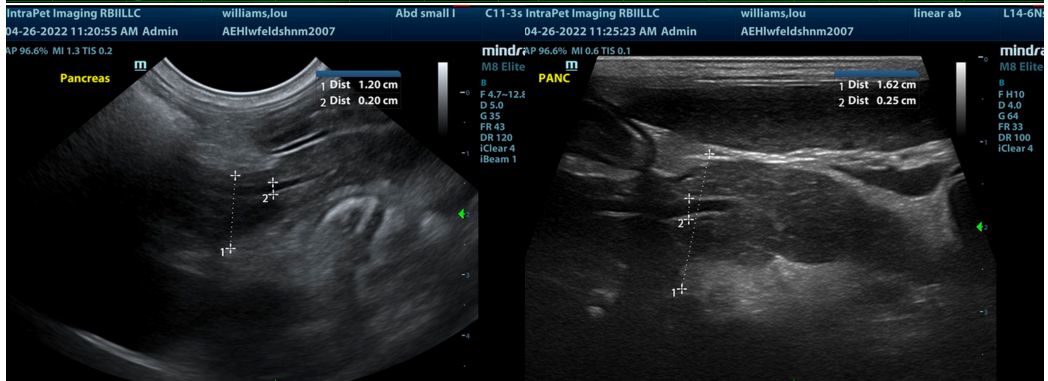
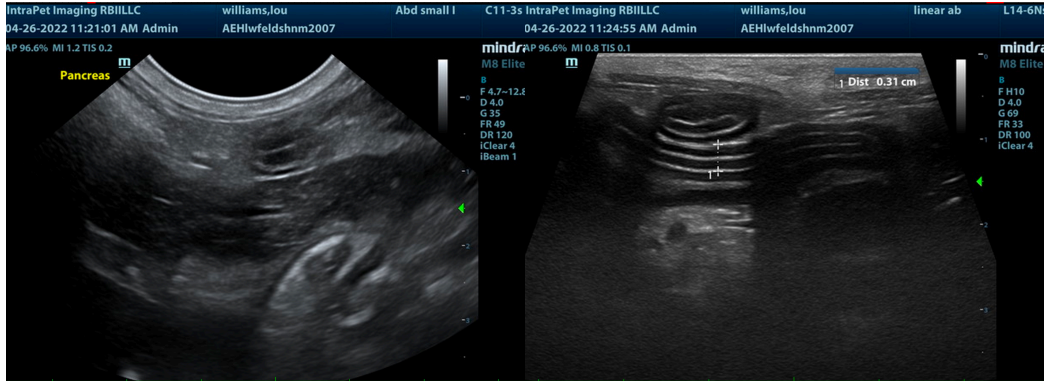
Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease





The information and recommendations provided are based on the images presented by the referring veterinarian/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.

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