

**DATE**

4/8/22

PRESENTING CLINICAL SIGNS

History: Known diabetic; currently on insulin 4 units 2X/day. First diagnosed about 3 months ago; has had multiple glucose curves; most recent increase was about 2 weeks ago to 4 units BID (usually 8 am/8 pm.) Gets ProZinc Insulin.

PATIENT

Mickey Griffith

Current Medications: Insulin, Buprenorphine, Convenia, Cerenia.

Lab Results: Glucose > 500 (started insulin CRI); TS - 10.4; Large amount ketones (blood and urine); Retics - 88 tBili 1.3; Azotemia (BUN 51; Creatinine 3.2).

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

DSH

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, RDMS.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

4/7/13

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 urinary catheter was in proper position.

WEIGHT

12.3 Pounds

Both **kidneys** were slightly enlarged. Corticomedullary definition was maintained. Slight pyelectasia was noted in the left kidney. The left kidney measured 4.83 cm. The right kidney measured 5.22 cm. This change is most consistent with diabetic nephropathy.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.66 cm. The left adrenal gland measured 0.58 cm.

HOSPITAL NAME

Animal Emergency
Hospital

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.

REFERRING VET

Dr. Martinoli

Liver

The **liver** was diffusely enlarged with mild scalloping contour. The gallbladder and common bile duct were unremarkable.

INVOICE

14674

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 **pancreas** was enlarged, irregular and hypoechoic to surrounding mesentery, measuring up to 3.0 cm in width. Nodular pancreatic changes were noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatic pathology, likely pancreatitis +/- necrosis
- Diabetic nephropathy
- Diabetic hepatopathy, possibility of emerging hepatic lymphoma
- Stressed adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas and liver recommended in this patient. Prognosis is guarded. Treatment for pancreatitis is warranted in the meantime. Pancreatic carcinoma or pancreatic lymphoma are remote potentials.

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

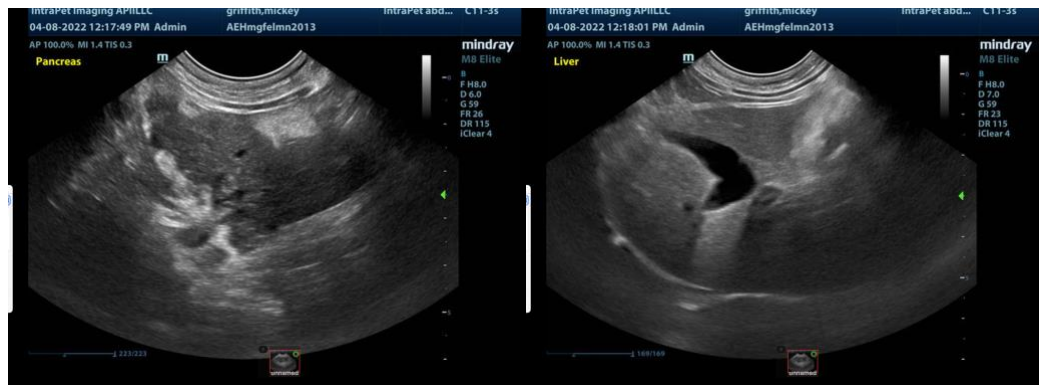
Acromegaly

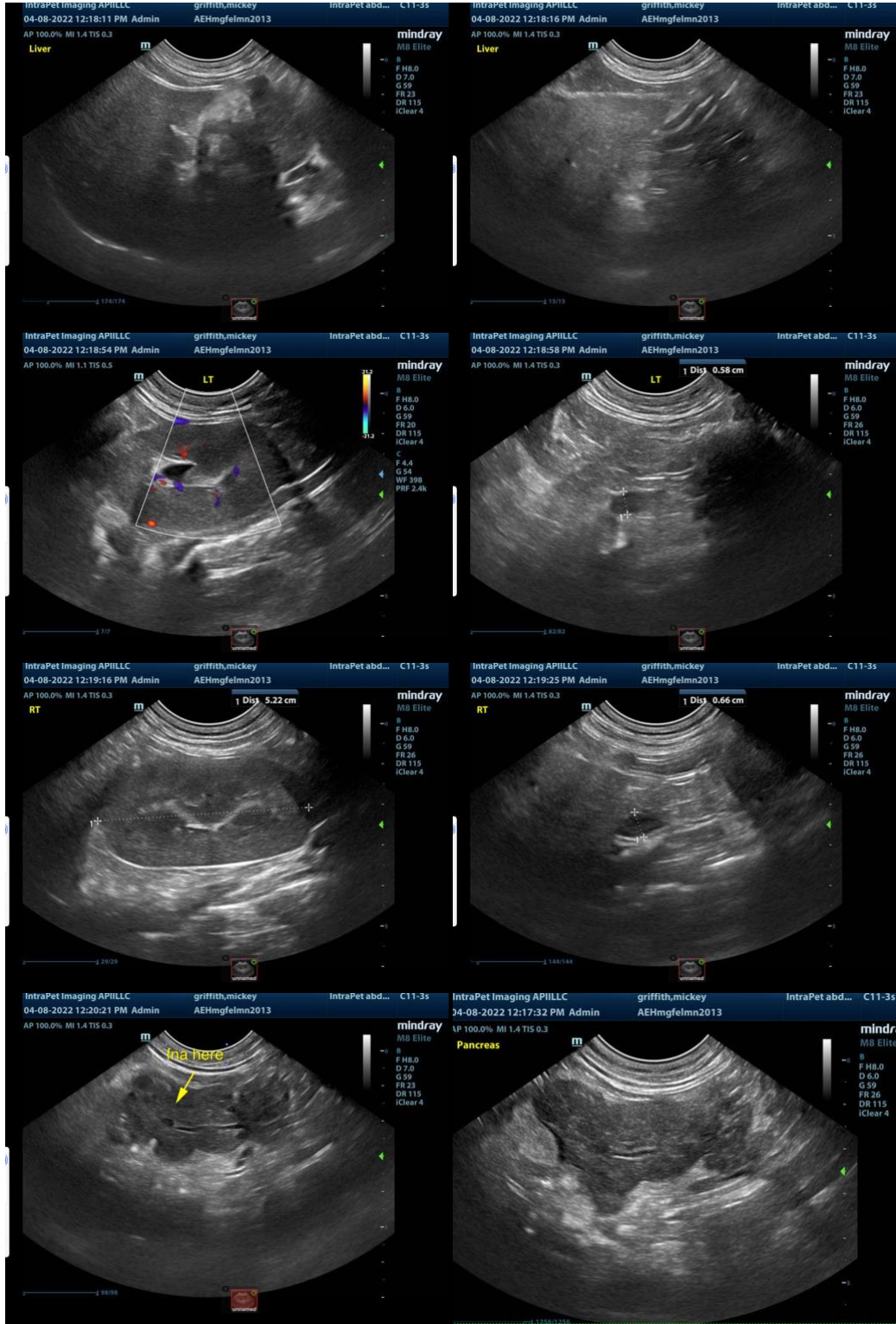
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia





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.

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