



PATIENT

Shoogie Comer

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

17 years

WEIGHT

9.1 lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon DVM

HOSPITAL NAME

Shiloh Veterinary
Hospital

REFERRING VET

Kevin Moon DVM

INVOICE

10593ag

DATE

05/12/2022

PRESENTING CLINICAL SIGNS

History: Hyperthyroidism and Diabetes, continued weight loss. Diabetes first confirmed 8/8/2020, along with evidence of stage 2 renal disease. Appeared to go into diabetic remission 6/4/2021 and was taken off insulin. 9/23/ 2021 Fructosamine was 234, indicating excellent glycemic control despite not having insulin for 3 months . T4 3.6ug/dL on 11/6/21. Increased to 7.7 on 2/26/22 after p presented for weight loss. T4 normal (1.4) on most recent BW from 4/30/22 despite continued weight loss. Over the course of the last 4 months, p has lost 1.5lbs and has had very unstable blood sugar levels. O has been monitoring BGs closely for 3 weeks. BG levels will respond slowly to increases, then p will suddenly crash. IE- BG would nadir at around 350 at 1 unit of lantus daily, upon increasing to 1.5, BG crashed to 45. P is also showing evidence of Somogyi effects with incredibly high rebound BGS (usually reading HI), but the exact event has not been captured.

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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 mild left renal swelling. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. Minor pyelectasia was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 3.5 cm in length. The right kidney was not visualized.

Adrenal Glands

No significant pathology in the area of the bilateral adrenal glands.

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.

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



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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

SEX

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- Structurally unremarkable abdomen
- Minor intestinal thickening
- Minor left kidney pyelectasia

AGE

17 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt cause of the patient's weight loss was evident in this study. The renal swelling may be owing to diabetic state.

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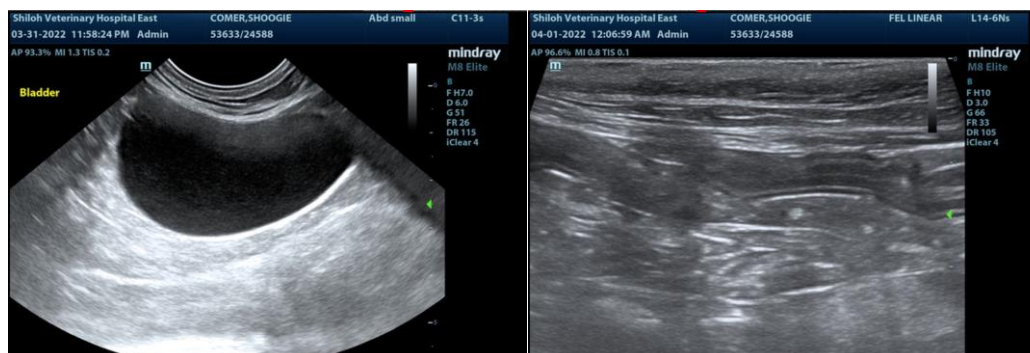
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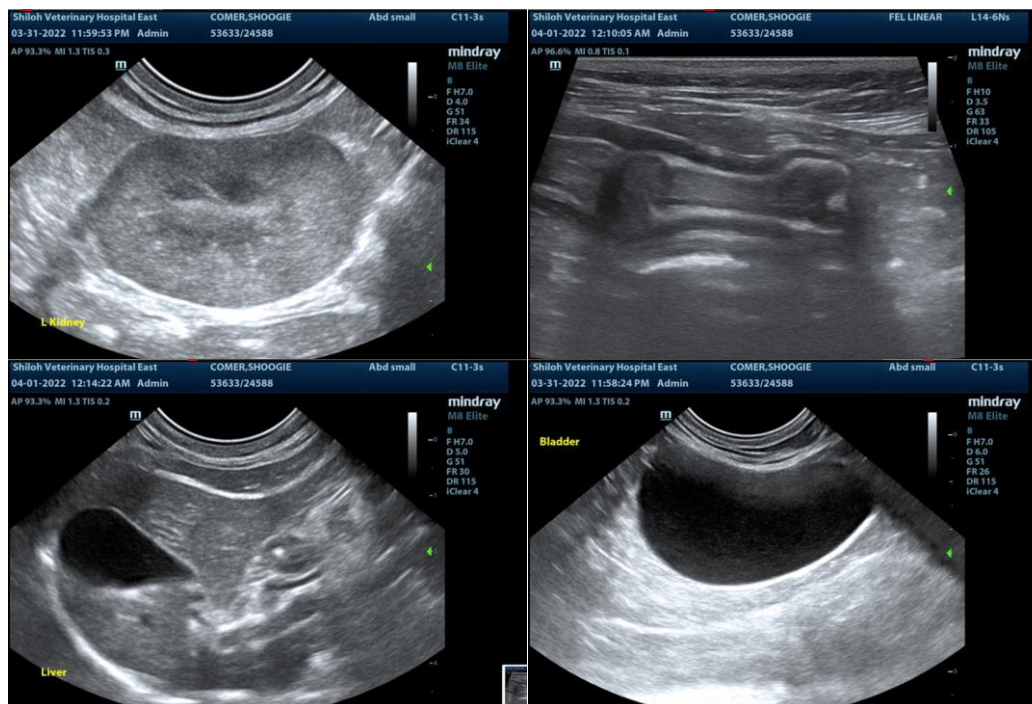
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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