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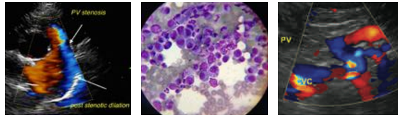

SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE
5/17/22

PATIENT
Cleo Collins

SPECIES
Feline

BREED
Domestic Longhair

SEX
Spayed Female

AGE
5/15/10

WEIGHT
12.9 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME
Animal Emergency Hospital

REFERRING VET
Dr. Saubier

INVOICE
30471

PRESENTING CLINICAL SIGNS

She has been extremely lethargic since Saturday morning. We don't know if she is eating or drinking and she appears to be having trouble walking. She has been hiding behind the couch and is overly agreeable with moving her. ATO- Friday--completely normal (active, eating, etc). Saturday, stayed behind chair in living room, laying by water bowl, laying down, seemed off. Is using litterbox. Did go outside supervised with O for ten minutes last week, no other changes. Vomits food frequently, has done this for several years.
Current Medications: Ampicillin, Potassium Chloride, Gabapentin, Insulin, Cerenia, Buprenorphine, Vitamin B12.
Lab Results: See attached.
Radiographs: Bates body Spondylosis spine
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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. A trace amount of non-obstructive sand was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 5.3 cm with corticomedullary mineralization and pyelectasia. The right kidney measured 5.5 cm with pyelectasia.

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.

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 was noted.

Liver

The **liver** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The gall bladder and common bile duct were unremarkable. This presentation is most consistent with hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin in is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations.

Gastrointestinal

The **gastrointestinal tract** was largely unremarkable with mildly increased muscularis thickening. The distal small intestine and curvilinear patters were otherwise normal. The mesenteric lymph node was enlarged and measured 2.06 x 1.72 cm.

Pancreas

The **pancreas** was severely enlarged and hypoechoic with undulating contour. The pancreatic duct was dilated. Isoechoic to hypoechoic nodular changes were noted. The left limb of the pancreas measured 1.92 cm with duct dilation measuring 0.24 cm.

ULTRASONOGRAPHIC FINDINGS

Extensive pancreatic pathology with regional lymphadenopathy.
Hepatic lipidosis pattern.
Swollen irregular kidneys. Diabetic nephropathy versus emerging round cell neoplasia or pyelonephritis.

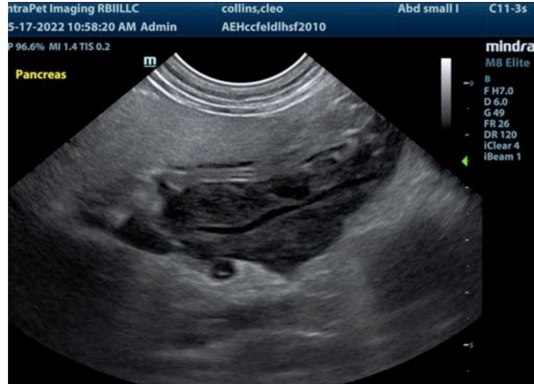
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas, lymph node and liver is recommended. Sampling is essential in this patient. Diabetic status is likely induced by the underlying pancreatic pathology. Full coagulation panel and 25-gauge FNA of the pancreas, lymph node and liver would be indicated. Urine culture and sensitivity is warranted. IV fluid support and treatment for the primary diabetic state, hepatic lipidosis and pancreatitis is recommended until cytology can prove a more significant underlying disease process. CBC path review is warranted +/- PCR for potential lymphoma.

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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collins,cleo
Abd small I
C11-3s
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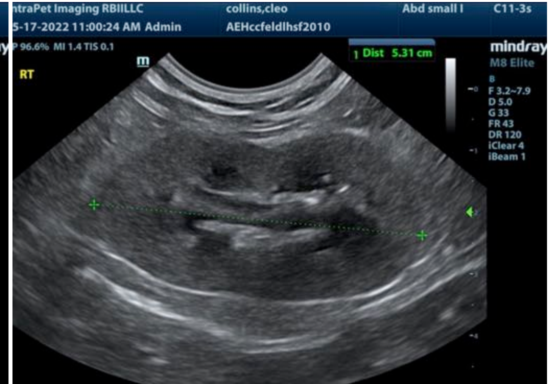
mindray
M8 Elite
Pancreas
B
F H7.0
D 6.0
G 49
FR 26
DR 120
iClear 4
iBeam 1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mindray
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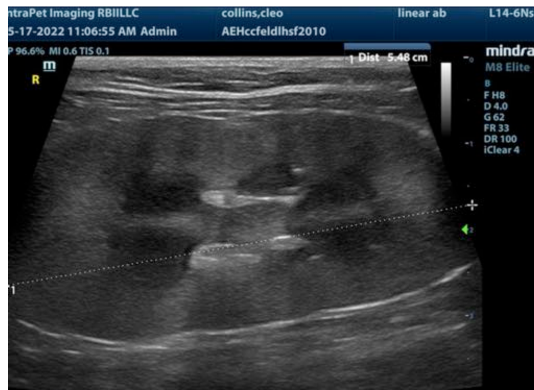
RT
B
F 3.2~7.9
D 5.0
G 33
FR 43
DR 120
iClear 4
iBeam 1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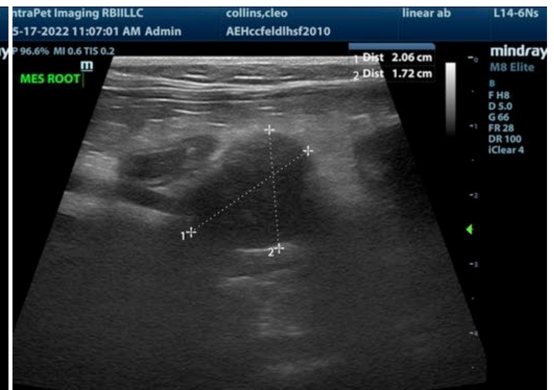
R
B
F H8
D 4.0
G 62
FR 33
DR 100
iClear 4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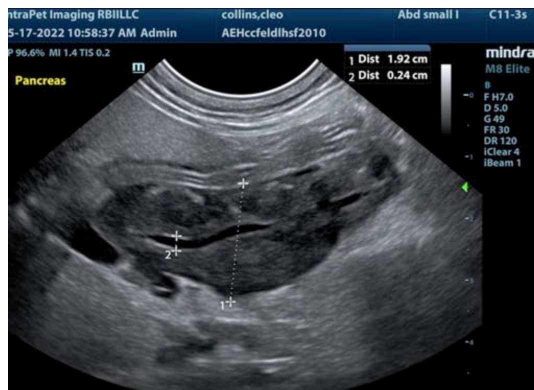
2 Dist 1.72 cm
mindray
M8 Elite
MES ROOT
B
F H8
D 5.0
G 66
FR 28
DR 100
iClear 4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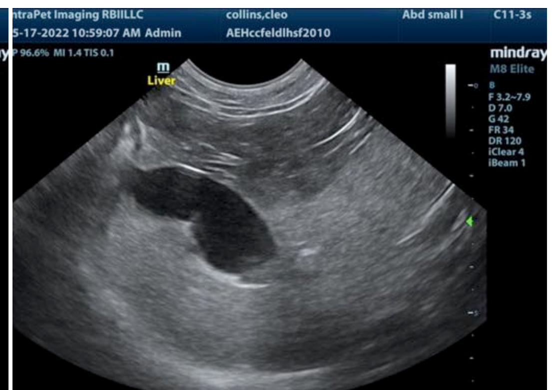
D 5.0
G 49
FR 30
DR 120
iClear 4
iBeam 1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P 96.6% MI 1.4 TIS 0.1
mindray
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Liver
B
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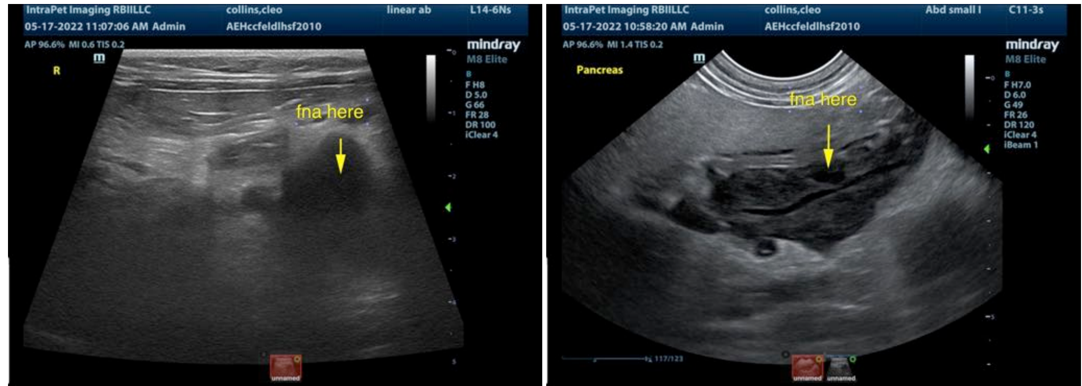
D 7.0
G 42
FR 34
DR 120
iClear 4
iBeam 1



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com