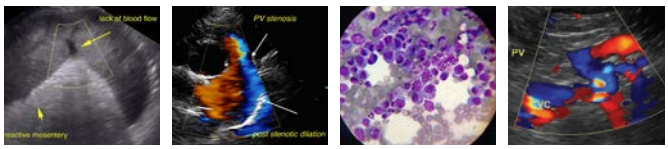
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Growler Stella

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

11.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

Dr. Kim

INVOICE

38064

DATE

5/27/22

PRESENTING CLINICAL SIGNS

Vomiting 1x week. FPL snap abnormal, hx of unregulated diabetic. Presented for hypoglycemic crisis.
Current meds: Prozinc 6U bid, Cerenia
Abnormal PE/Chem/CBC/UA Results: FPL snap abnormal, TP 8.3 (8..0 H); Glob 5.1 (4.8 H); BG 56 then 260 after dextrose IV, ALT 151 (100 H);

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** in this patient were uniformly enlarged with mildly thickened cortices and some loss of corticomedullary definition. This is a common finding in diabetic patients. No evidence of masses. The left kidney measured 4.68 cm with slight pyelectasia. The right kidney measured 4.5 cm. Slight free fluid noted adjacent to the left kidney.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.50 cm.

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

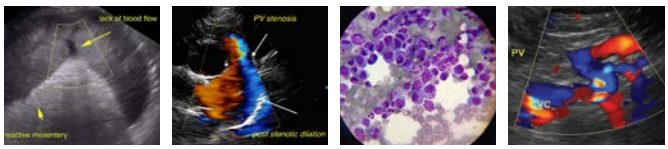
The **liver** was uniformly enlarged, parenchyma was unremarkable. Minor swelling, most consistent with diabetic hepatopathy. The gallbladder and common bile duct were unremarkable.

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

Extensive mixed hypoechoic **pancreatic** edema noted with hyperechoic surrounding fat and undulating contour, measuring up to 1.4 cm on the left limb. Regional inflammation noted extending approximately



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5.0 cm and continuing through the entire left limb of the pancreas. The right limb of the pancreas also presented mixed hypoechoic parenchymal changes with undulating contour.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis
- Minor intestinal thickening
- Diabetic hepatopathy
- Diabetic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aggressive treatment for pancreatitis warranted. Ideally, ultrasound guided FNA of the pancreas would be performed to assess inflammatory cell type for long-term management, but also to rule out the mild potential for pancreatic neoplasia. Guarded prognosis. Recheck sonogram in 3-5 days. Broad-spectrum antibiotics, pain management, and IV fluid support all 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

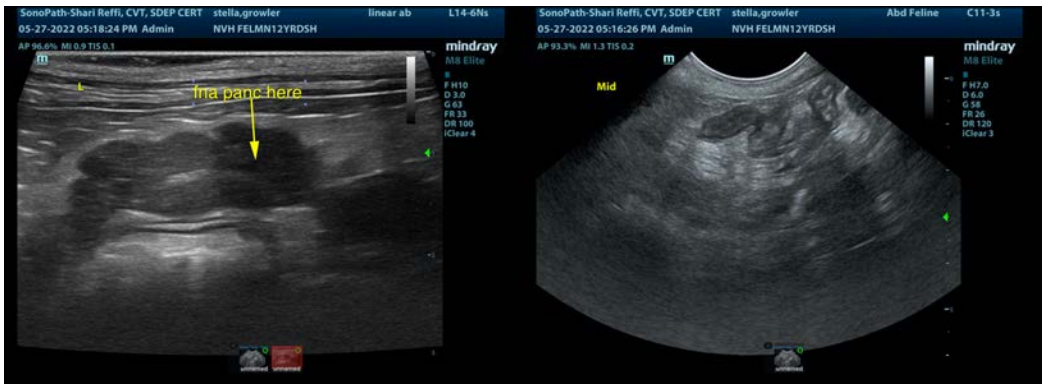
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease



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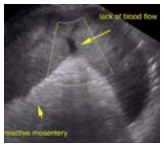
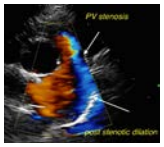
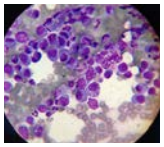
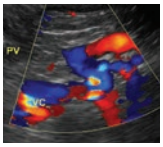

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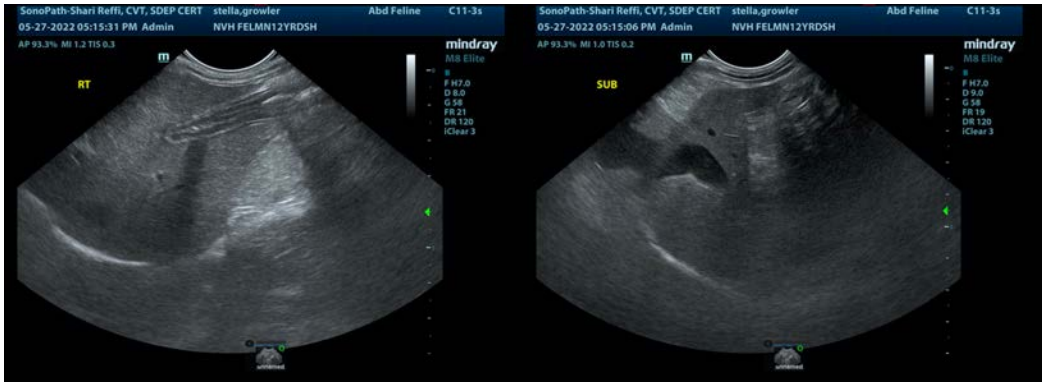

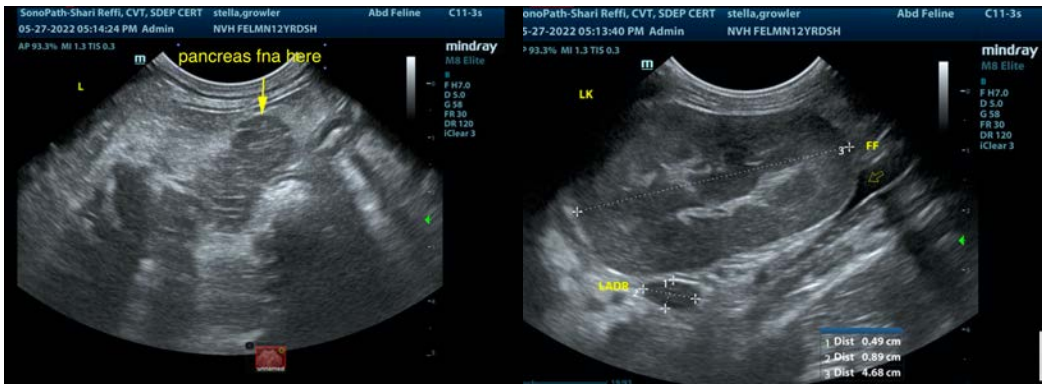

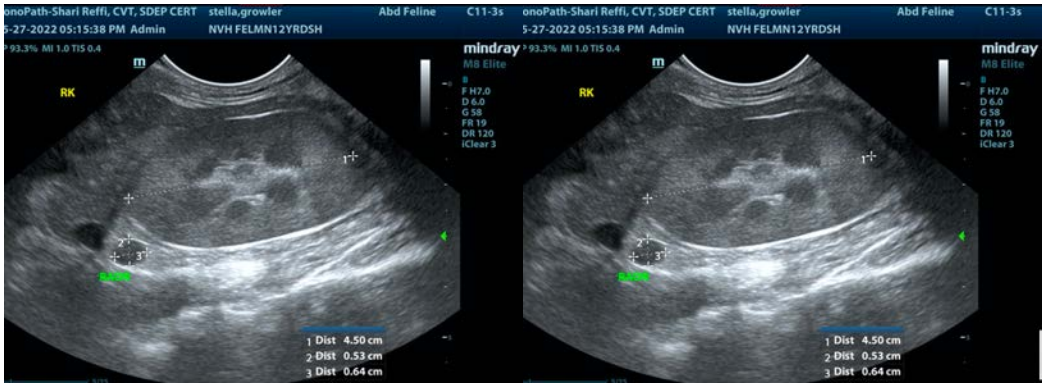

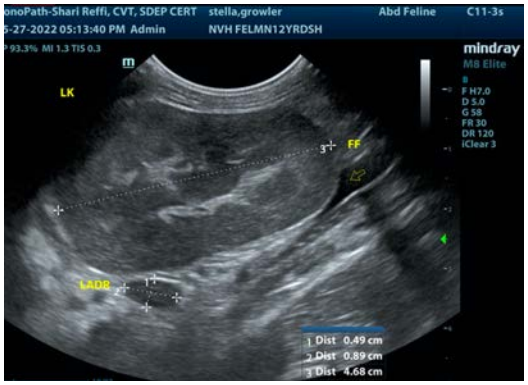

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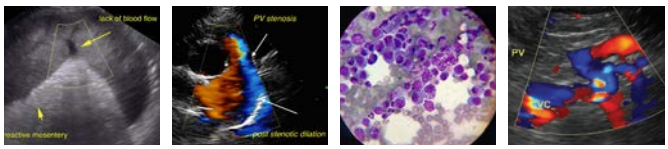

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com