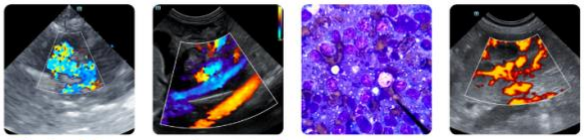

PATIENT

Carmela Allen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

9 Years

WEIGHT

11.48

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

IMAGING PERFORMED BY

Katherine Nowland DVM

HOSPITAL NAME

TotalBond Veterinary Hospital

REFERRING VET

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INVOICE

15869

DATE

05/06/26

PRESENTING CLINICAL SIGNS

Patient was recently diagnosed as a diabetic back in January. Previous to this patient has been intermittently vomiting and ADR, which brought O to seek veterinary care and obtained diabetes diagnosis. Currently on 2.5 units lantus BID with moderate control. Currently gaining weight, but O noticed she has been hiding more the last 1.5 weeks. Did not want to eat this morning or last night. Vomited multiple times the last few days and including twice today which contained blood. Glucose 324, Negative for serum ketones. Bloodwork otherwise unremarkable. Moderately dehydrated on exam today as well as QAR.

Abnormal PE/Chem/CBC/UA Results: Texas AM GI panel performed 3/27, which had a mildly elevated TLI, but PLI was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. Minor swelling was visualized, consistent with diabetic nephropathy. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was present bilaterally. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

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. The left adrenal gland measured 0.39 cm width. The right adrenal gland measured 0.38 cm width.

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. The spleen measured 1.5 cm. The spleen was folded upon itself cranially.

Liver

The **liver** revealed uniform enlargement. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or

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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed minor 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. Some material in the stomach was present, consistent with hairball accumulation.

Pancreas

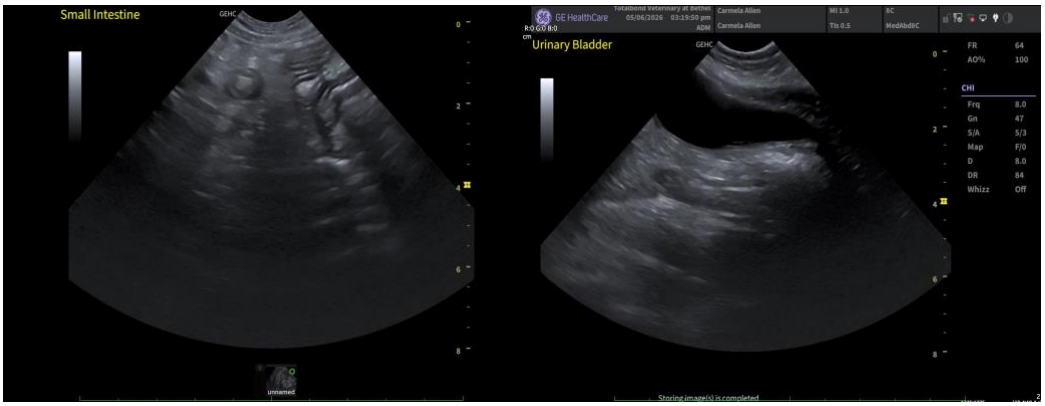
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Hepatic changes consistent with diabetic state.
- Mild intestinal thickening/ IBD GI pattern.
- Mild splenic enlargement.
- Hairball accumulation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss is an issue, 25-gauge FNA of the spleen is indicated. Urine culture is indicated. Diet changed to hydrolyzed, diabetic-friendly diet and nutritional consult would be ideal. No evidence of neoplasia obstruction. Medical management for hairballs is indicated.



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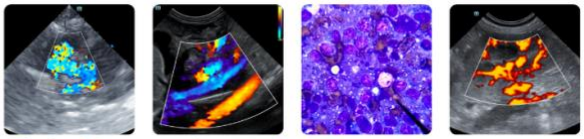

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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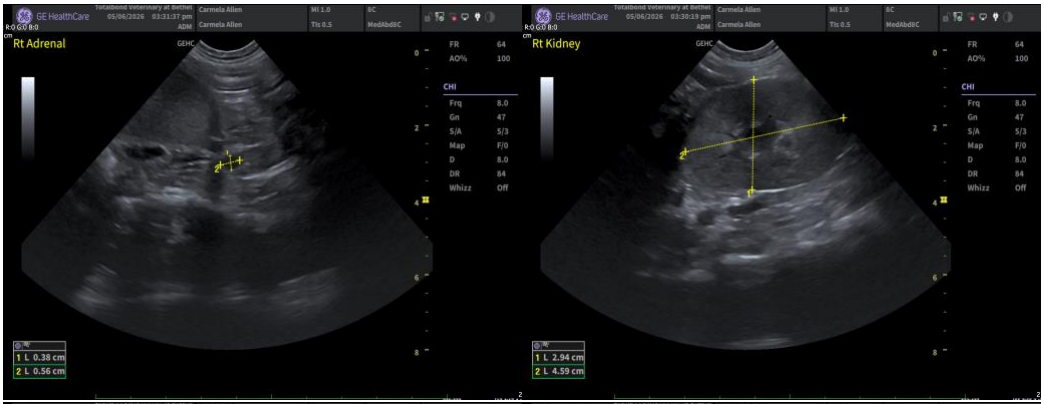

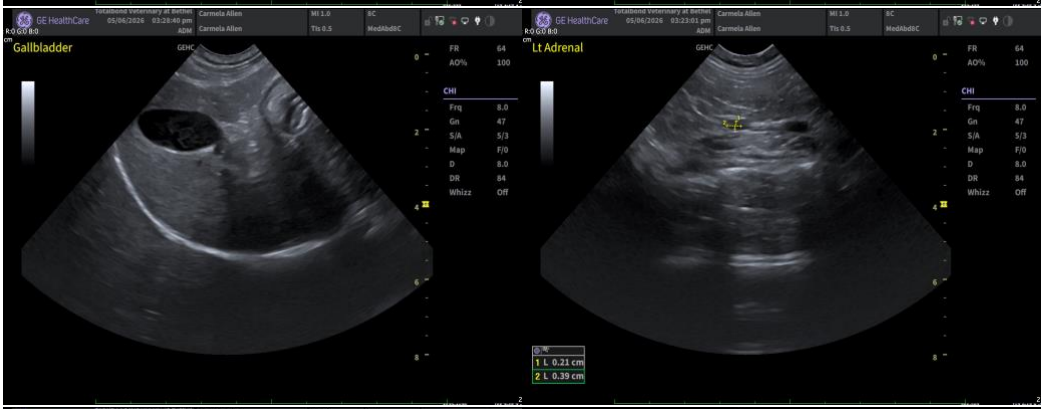

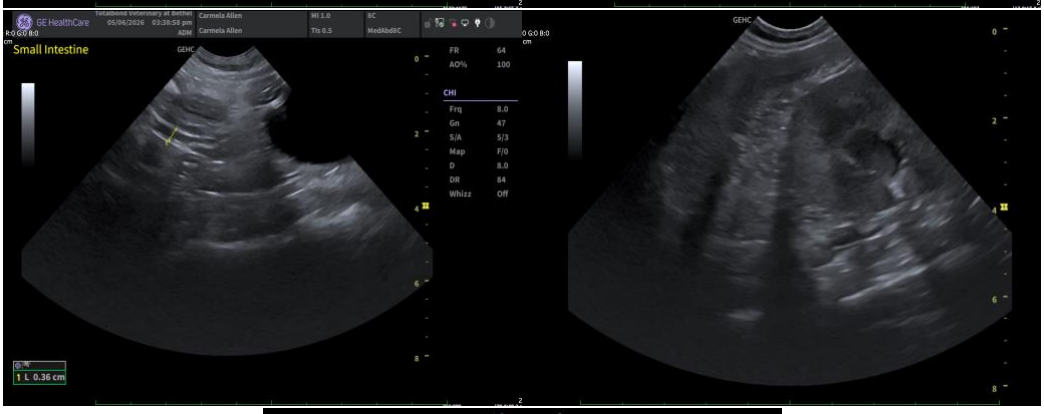

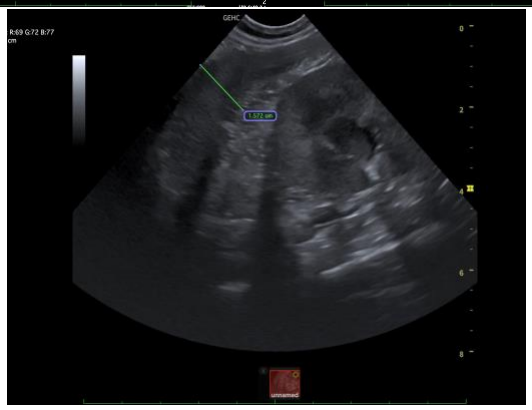

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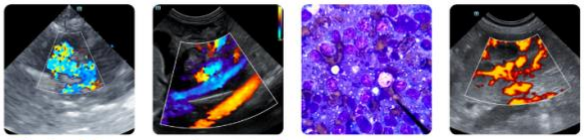

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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