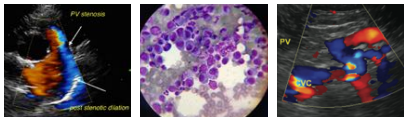
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

6/16/23

PATIENT

Gracie Gossman

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

4/1/11

WEIGHT

14.5 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Cat Sense Feline Hospital

REFERRING VET

Dr. Sinclair

INVOICE

47788

PRESENTING CLINICAL SIGNS

Gracie has been a diabetic since March. She has not been able to be regulated. This past week she has not been eating well, has been hiding and her blood sugars have gotten hypoglycemic a couple of times. She is not currently in DKA. Suspect she may have pancreatitis or some other condition that is causing her to not regulate and to have a decreased appetite and lethargy.
Current Medications: cerenia 6mg sid, 25mg gabapentin bid
Radiographs: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: 0.05ml dexdomitor and 0.15ml midazolam and 0.05ml ketamine and 0.15ml butorphanol.
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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed irregular contour owing to cortical infarcts with non-obstructive mineralization. The right kidney measured 3.85 cm.

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 0.43 cm.

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** 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. Comet tail lung pattern was noted through the diaphragm. This may be indicative of alveolar disease.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). Intestinal wall thickness measured 0.3 cm. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. The mesenteric lymph nodes were reactive and measured up to 3.0 x 0.8 cm.

Pancreas

The **pancreas** revealed remodeling with duct dilation. The pancreas was mildly enlarged and measured 1.35 cm with duct dilation of 0.3 cm.

ULTRASONOGRAPHIC FINDINGS

Chronic pancreatic changes.
Mesenteric lymphadenopathy. Smoldering inflammation regarding the mesenteric lymph nodes +/- periodic pancreatitis is likely playing a role in this patient; however, I cannot rule out any other disease.
Minor intestinal thickening.
Renal infarcts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work-up is warranted if not already performed as well as blood pressure measurements. Diet change can be considered. There was no overt evidence of neoplasia.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

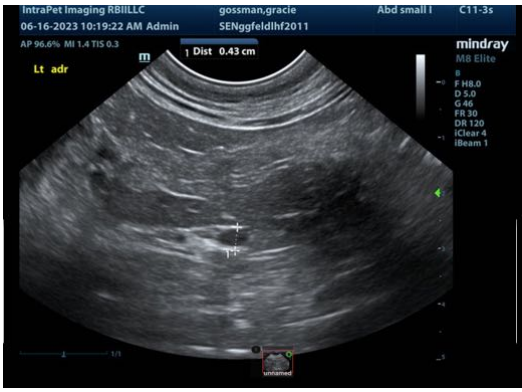
UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

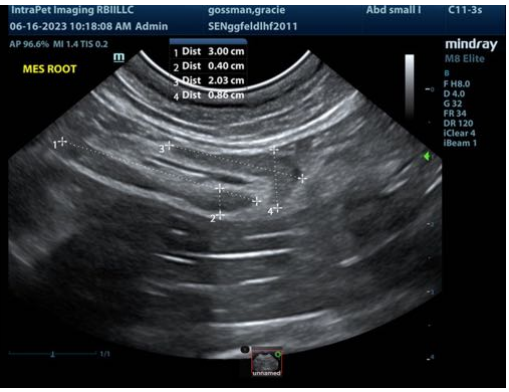

IntraPet Imaging RBIILLC
gossman,gracie
Abd small I
C11-3s
06-16-2023 10:15:51 AM Admin
SENggfeldlhf2011
AP 96.6% MI 1.4 TIS 0.2
1 Dist 1.35 cm
2 Dist 0.26 cm
Pancreas
mindray
M8 Elite

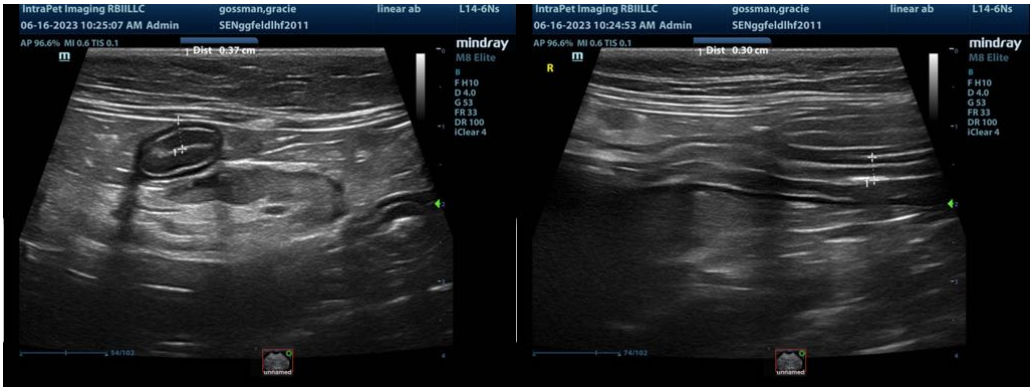

IntraPet Imaging RBIILLC
gossman,gracie
Abd small I
C11-3s
06-16-2023 10:17:08 AM Admin
SENggfeldlhf2011
AP 96.6% MI 1.4 TIS 0.3
1 Dist 3.85 cm
Rt Kidney
mindray
M8 Elite

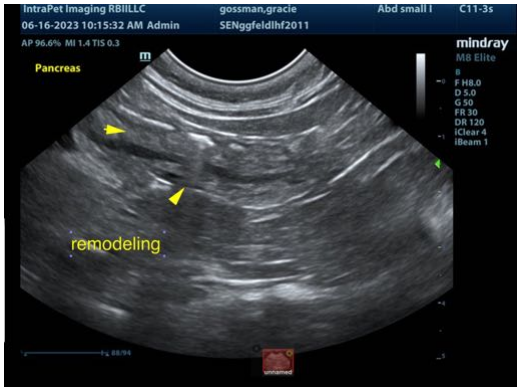

IntraPet Imaging RBIILLC
gossman,gracie
linear ab
L14-6Ns
06-16-2023 10:25:00 AM Admin
SENggfeldlhf2011
AP 96.6% MI 0.6 TIS 0.1
1 Dist 2.06 cm
2 Dist 0.62 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
gossman,gracie
Abd small I
C11-3s
06-16-2023 10:19:08 AM Admin
SENggfeldlhf2011
AP 96.6% MI 1.4 TIS 0.3
1 Dist 4.09 cm
Lt Kidney
infarct
mindray
M8 Elite


IntraPet Imaging RBIILLC
gossman,gracie
Abd small I
C11-3s
06-16-2023 10:19:22 AM Admin
SENggfeldlhf2011
AP 96.6% MI 1.4 TIS 0.3
1 Dist 0.43 cm
Lt adr
mindray
M8 Elite


IntraPet Imaging RBIILLC
gossman,gracie
Abd small I
C11-3s
06-16-2023 10:18:08 AM Admin
SENggfeldlhf2011
AP 96.6% MI 1.4 TIS 0.2
1 Dist 3.00 cm
2 Dist 0.40 cm
3 Dist 2.03 cm
4 Dist 0.86 cm
MES ROOT
mindray
M8 Elite





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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info@SonoPath.com