



PATIENT PRESENTING CLINICAL SIGNS

Fionna Smith

History: Pt went to RDVM and was diagnosed with diabetes. Pt got insulin this AM at 8:30 or 9. Pt ate about a table spoon of food when she was given her insulin. Pt was fed before getting her insulin. O found Pt this AM in the blanket she was in after getting the insulin next to a puddle of Vt Pt did not move to try to get out of the Vt. Pt has been lethargic for about a week. Pt started panting on and off and breathing fast O was told to bring Pt here by RDVM. Pt has been really sleepy and just wants to lay down. Pt has Hx of sensitive stomach and Vts sometimes but has Vt more than normal the last few days. RDVM diagnosed Pt with cataracts. O states Pt is usually verry spicy but has been lethargic.

SPECIES

Feline

BREED

Siamese

SEX

Spayed female

AGE

14 years

WEIGHT

3.6 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Gardner

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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 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measured 4 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 0.4 cm. The right adrenal gland measured 0.4 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. The spleen measured 0.9 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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The upper **gastrointestinal** tract was empty and enveloped by reactive mesentery deriving from the pancreas. There was no loss of mural detail noted in the small intestine. There were 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.

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Pancreas

The **pancreas** was enlarged, hypoechoic and irregular measuring 1.8 cm in width. The right and left limbs of the pancreas were enlarged and irregular with hypoechoic, undulating contour. The pancreatic duct was dilated. Reactive surrounding mesentery was noted.

WEIGHT

3.6 kgs

Free Abdomen

Regional lymph nodes were also mildly enlarged.

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ULTRASONOGRAPHIC FINDINGS

Pancreatitis and reactive liver is possible. Pancreatic carcinoma, pancreatic necrosis and pancreatitis is all possible.

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Inflammatory bowel is likely.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver and pancreas is recommended in this patient. Pancreatic +/- hepatic neoplasia/round cell neoplasia is possible. Guarded prognosis depending upon cytology results. IV fluid support and treatment for pancreatitis is warranted in the meantime until cytology can be evaluated.

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Potential Causes of Diabetic Dysregulation

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

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Dietary indiscretion/intolerance



PATIENT Pancreatitis
 Fionna Smith Hyperthyroidism/hypothyroidism
 Exogenous steroids (including topical eye meds)

SPECIES Cushing's
 Feline Acromegaly

BREED Owner compliance
 Siamese Insulin quality issues
 Antibodies to insulin

SEX Underlying Neoplasia
 Spayed female Diffuse liver disease

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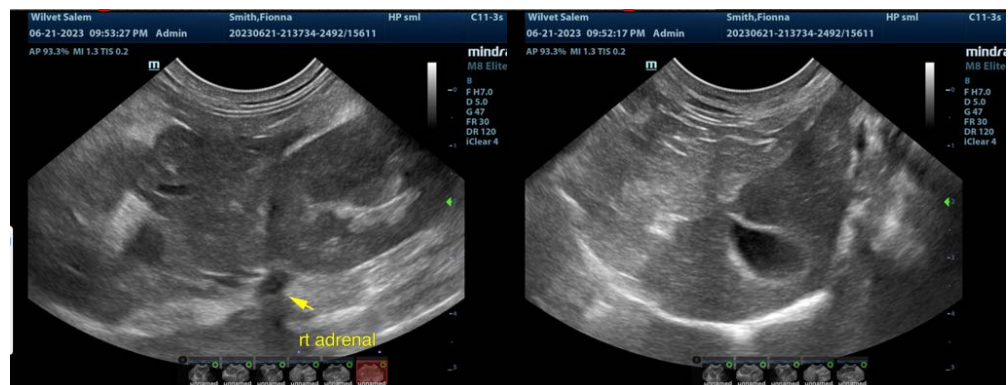
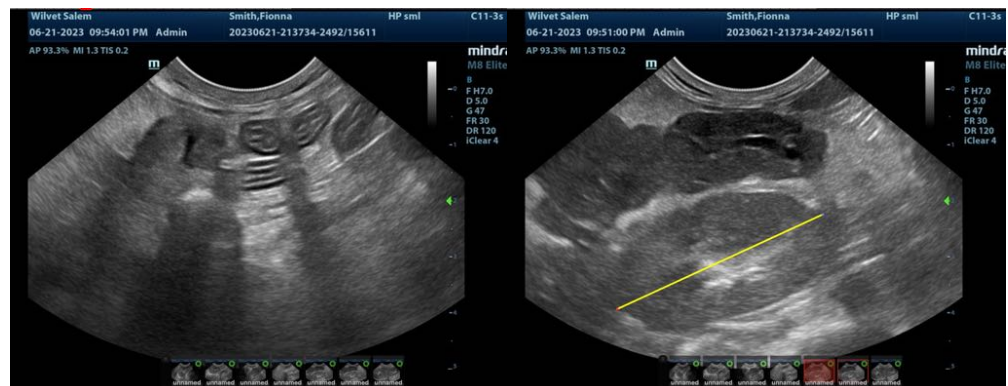
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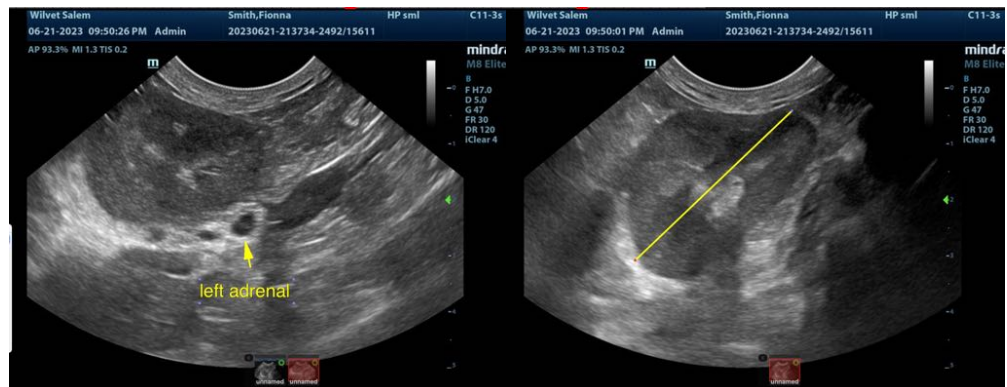
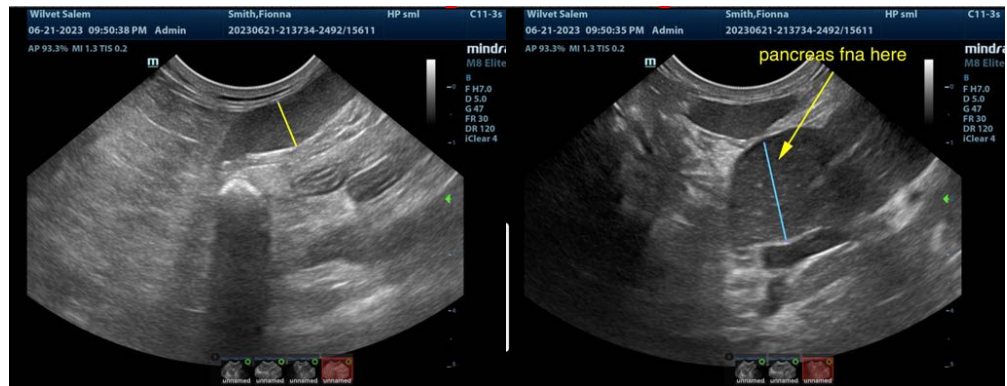
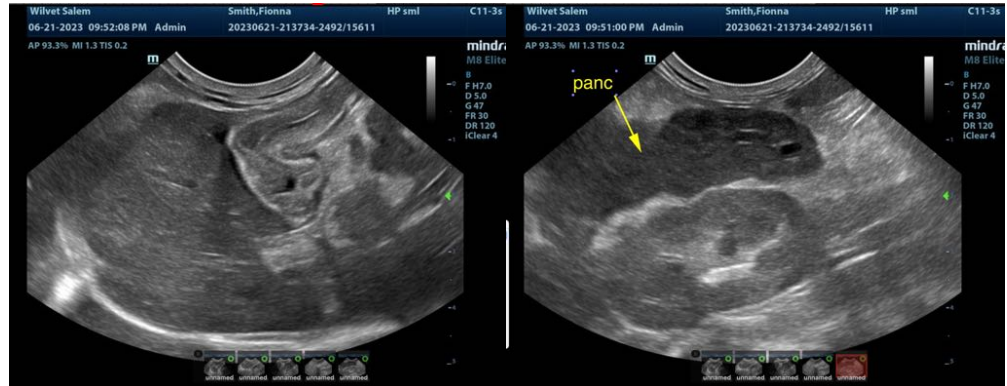
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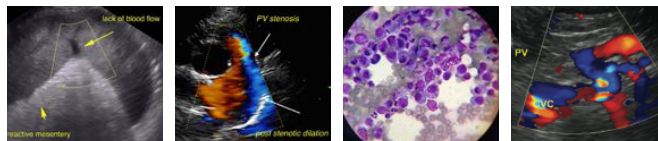
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Siamese

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

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