

**DATE PRESENTING CLINICAL SIGNS**

6/28/23 Newly diagnosed diabetic, poor appetite, weight loss. Not improving with insulin therapy.

PATIENT

Wilbur Gaines

Current Medications: Vetsulin U-40 insulin 1 unit BID started 6/24, Mirataz transdermal started 6/24.
Lab Results: Increased ALT, Total Bilirubin, Pancreatic Lipase, Glucose/Fructosamine.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

DLH

Urinary System

The **urinary bladder** was structurally normal, yet some dependent debris was noted.

SEX

Neutered Male

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.13 cm. The left kidney measured 3.85 cm.

AGE

4/24/12

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 0.62 cm. The right adrenal gland measured 0.60 cm.

WEIGHT

8.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

HOSPITAL NAME

Maryland Mobile VC

Liver

The **liver** was diffusely hyperechoic to falciform fat with dilated and tortuous cystic duct. Increased portal markings noted, suggestive for inflammatory component. The gallbladder was unremarkable.

REFERRING VET

Dr. Hahn

Gastrointestinal

The **stomach** itself was unremarkable. Variable distal small intestinal thickening noted without loss of mural detail.

INVOICE

43532

Pancreas

The **pancreas** was hypoechoic and irregular with undulating contour and enhanced surrounding mesentery. The right limb measured 0.90 cm with dilated duct at 0.18 cm. Left limb measured up to 1.32 cm.

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy/hepatic lipidosis likely with inflammatory component
- Extensive pancreatitis with possibility of pancreatic carcinoma or necrosis
- Interstitial nephrosis renal pattern

- Urinary bladder debris
- Stress induced adrenal hyperplasia

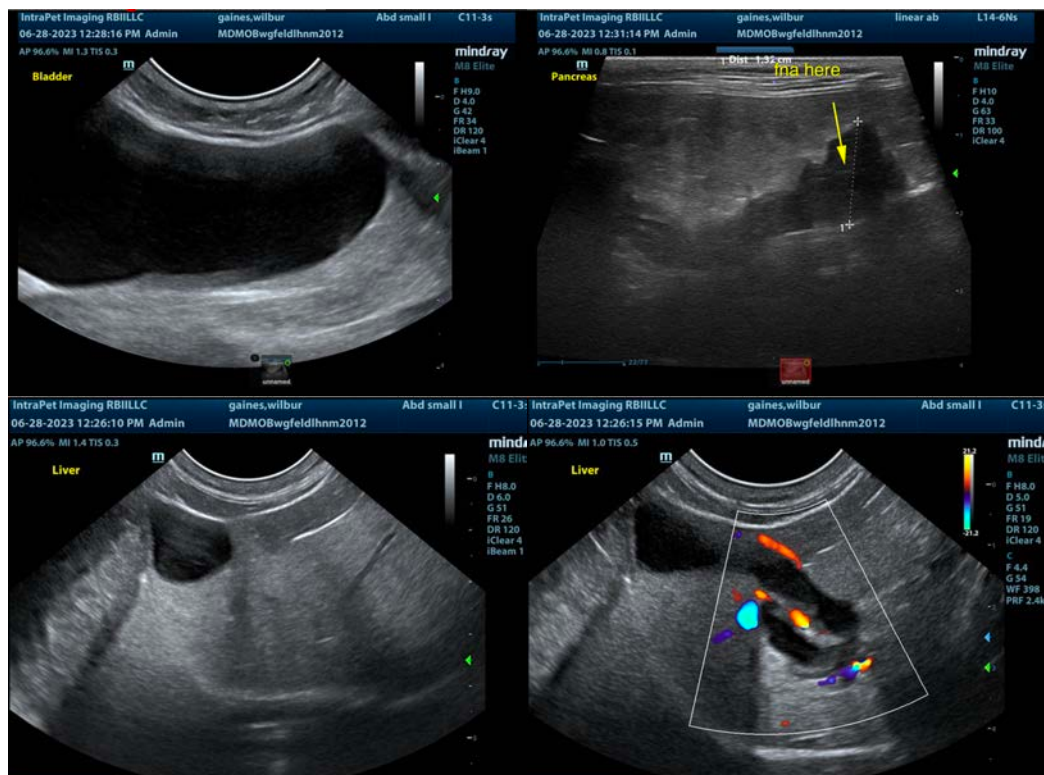
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

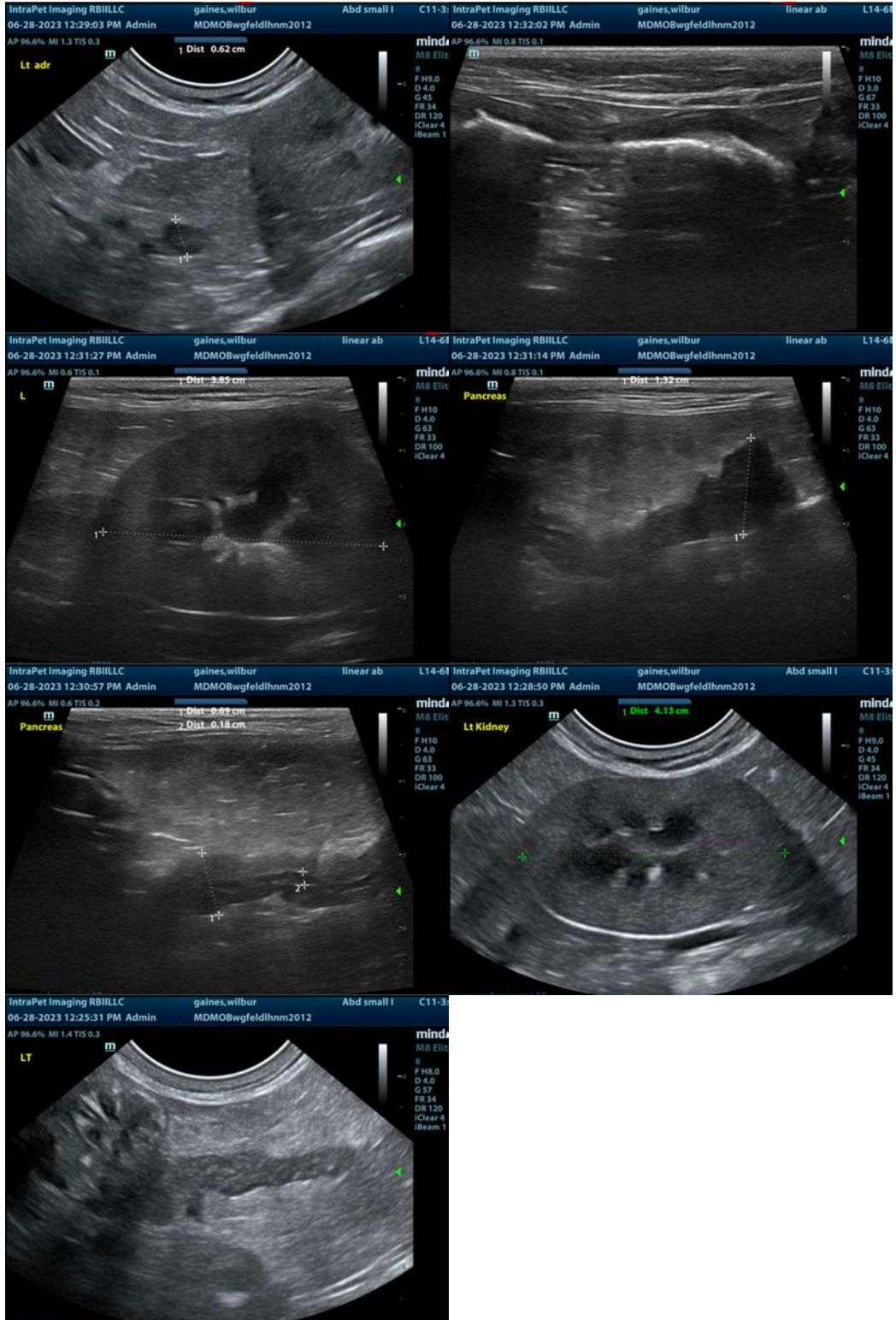
Coagulation panel and ultrasound guided FNA of the left pancreatic limb and liver recommended (see attached images) with cytology and culture, as there is a mild potential for pancreatic carcinoma. Full urine culture and sensitivity indicated. Recheck sonogram in 5-7 days to ensure adequate resolution on medical management. Prognosis is good to guarded.

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





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.

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