

**DATE PRESENTING CLINICAL SIGNS**

7/13/23

PATIENT

Franks Love

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7/1/08

WEIGHT

14 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Ruby

INVOICE

23324

History: Franks is a 15 year old NM DSH presenting for sudden collapse/lethargy - Franks is a known diabetic, for over two years - on 2 units of insulin twice per day (Lantus) - was seen at rDVM about - last time at vets, they were told that he still needs insulin, told them they didn't need to raise it - was seen 2 months ago, rdvm didn't mention any issues then - laying this morning when went to give insulin - prior to this morning everything was normal - still has large urine output - no vomiting - got insulin today at 10:30 am - has

hx of arthritis in hind end RDVM 2/25/2023 FRUCTOSAMINE 395. No curve sent.

Current Medications: Mirtazapine, Protonix, Cerenia, Humulin R, Convenia.

Lab Results: See attached.

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.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted.

The **kidneys** revealed chronic interstitial nephrosis pattern with chronic pyelectasia. Some echogenic debris was noted in the kidney. Pyelectasia in the right kidney measured 0.78 cm. The right ureter revealed minor dilation, measuring 0.28 cm. The left ureter was dilated, measuring 0.39 cm, with pyelectasia, measuring 0.95 cm. The right kidney measured 4.71 cm. Mild hydroureter was noted yet both ureters taper to normal shortly after the renal pelvises. Strictured ureters are likely from prior infection or calculi passage yet no calculi were noted at the time of the sonogram.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.65 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 were noted.

Liver

The **liver** was uniformly enlarged and hypoechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to

malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** revealed heterogenous mixed hypoechoic parenchymal changes with enhanced surrounding mesentery.

ULTRASONOGRAPHIC FINDINGS

- Strictured ureters of unknown cause
- Bilateral renal pyelectasia
- Chronic pancreatic changes
- Diabetic hepatopathy
- Adrenal gland stress
- Minor intestinal thickening- chronic inflammatory bowel is likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity and blood pressure measurements are warranted. Growth hormone assessment may be appropriate to rule out underlying acromegaly. Subxiphoid palpation is warranted to assess if the pancreatic presentation is active and painful. 72hr IV fluid protocol is warranted to stabilize the patient and regulate the diabetic state. *An active pancreatitis may be playing a role in the diabetic dysregulation in this patient.

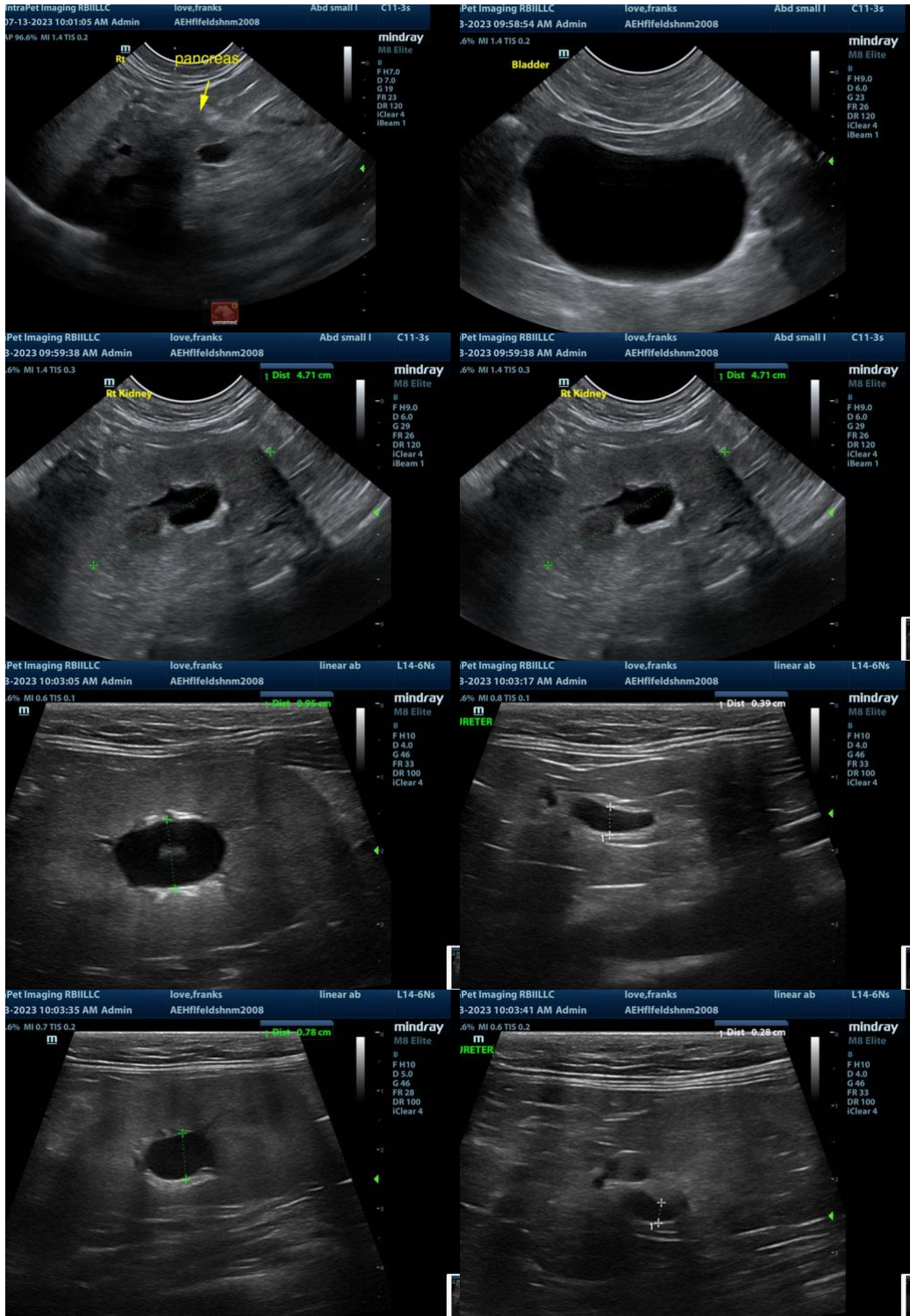
Potential Causes of Diabetic Dysregulation

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

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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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