



PATIENT PRESENTING CLINICAL SIGNS

Cheddar Douma

Presented at our hospital for ataxic, seemed dazed, anorexic, lethargic since the last week of June, owner went to RDVM on July 10 for a Fructosamine level (357). The RDVM recommended stopping the insulin. The owner notes that Cheddar loves to eat but his appetite has been decreased since the last week of June. Previous Health Concerns: Vestibular 7/2021 and Diabetic 10/21 Current Medications: none (was on Vetsulin 2 units BID) Appetite/When did they eat last: ate this morning but brings food to him.

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: Bloodwork: CRE 0.7; TP 10.9; GLOB 8.0; ALB Glob 0.36; GLU 421; NEU %86.6; LYM% 8.5; Lact 3.48

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

11 Years

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 were noted. Ureteral papillae were normal.

WEIGHT

8.3 kg

The **kidneys** presented an interstitial nephrosis pattern and minor swelling, likely influenced by the diabetic state. The left kidney measured 4.6 cm. The right kidney measured 4.83 cm.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Adrenal Glands

A 2.4 cm x 1.3 cm hypoechoic structure was noted medial to the left kidney and may represent lymph node or **left adrenal gland**. Normal left adrenal not visualized.

The region of the **right adrenal gland** was unremarkable.

IMAGING PERFORMED BY

Erin Wicks

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

Shores VEC

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.

REFERRING VET

Dr. Law

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy
- Undefined structure medial to the left kidney – suspect lymph node or left adrenal gland.

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the undefined structure medial to the left kidney indicated with cytology and culture. Given the ataxia, skull or spinal CT may be appropriate. Stabilization of the diabetic state warranted first. Blood pressure measurements recommended. If sodium to potassium ratio is altered, then aldosterone level would be warranted.

AGE

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WEIGHT

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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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- 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

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SonoPath CT Services are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at

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<https://sonopath.com/services/vetimaging/>

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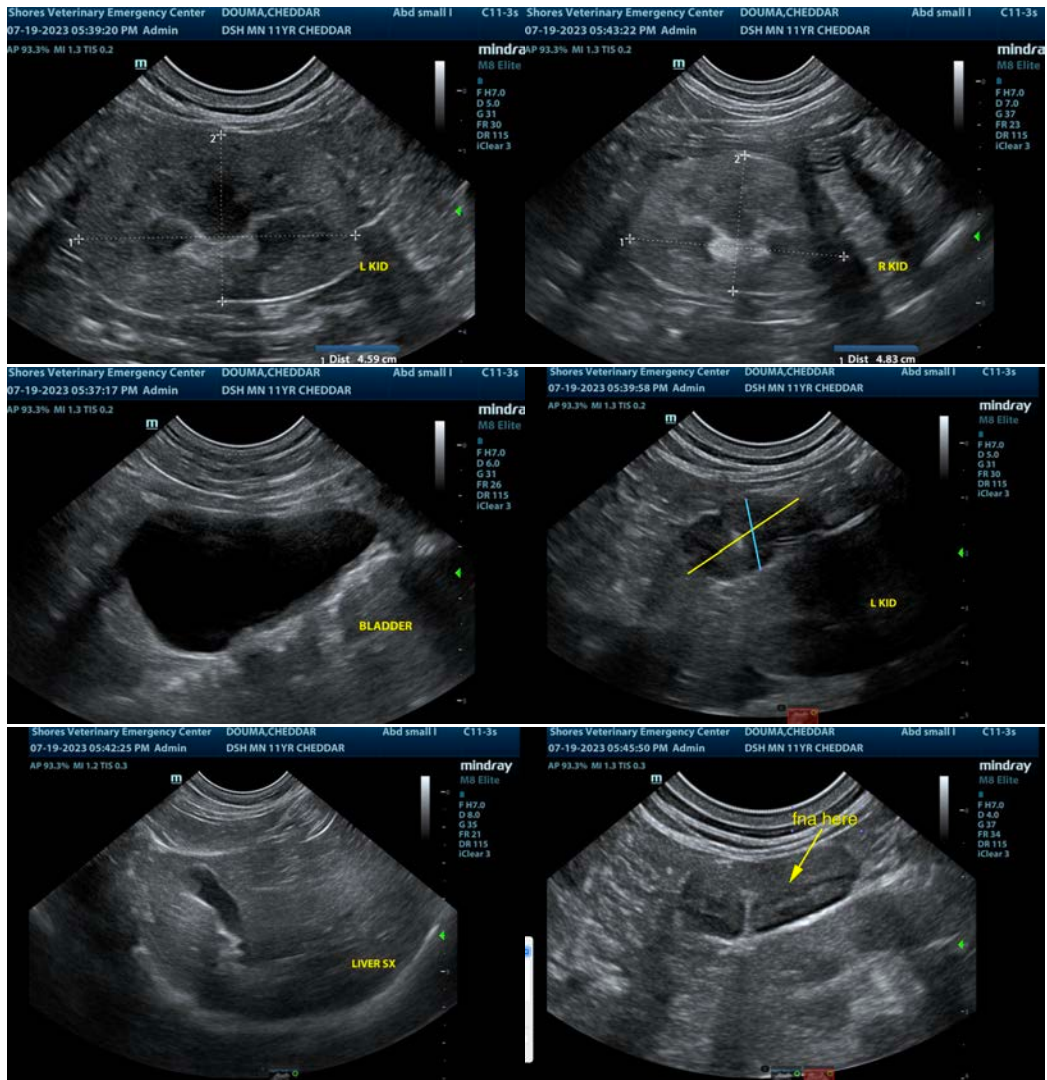
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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