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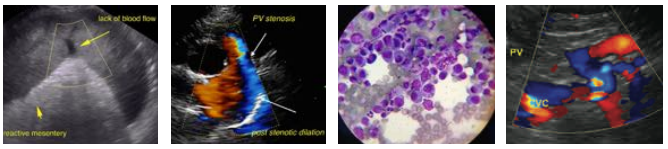

PATIENT
Murray Ross

SPECIES
Feline

BREED
Domestic Longhair

SEX
Neutered male

AGE
14 years

WEIGHT
11 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Leal

HOSPITAL NAME
Blairstown AH

REFERRING VET
Dr. Leal

INVOICE
91313

DATE
8/17/21

PRESENTING CLINICAL SIGNS

History: Consistently stabilized diabetic cat. Difficulty regulating insulin past 3 weeks. Cat doing ok at home. Bloodwork essentially WNL

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 this age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. The changes were mild to moderate. Both kidneys measured 3.5 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 right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.3 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** parenchyma was uniformly hyperechoic to falciform fat without disruption of architecture. No masses were noted. The gall bladder and common bile duct were unremarkable. This presentation is most consistent with hepatic lipidosis with the minor potential for underlying lymphoma or inflammatory hepatopathy. The potential for these latter pathologies would be based on hepatic enzyme elevations and clinical profile. A 25-gauge US-guided FNA is warranted if any elevation in SAP or bilirubin in is present or if anorexia is present to assess cytological disease (lipidosis or round cell neoplasia). Biopsy is warranted if an elevation in ALT is present to assess hepatic portal infrastructure yet should be done with caution owing to parenchymal fragility in these presentations.

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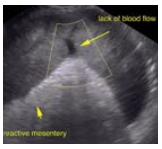

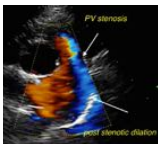

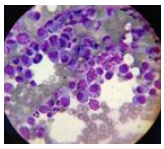
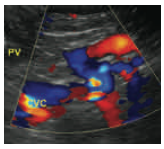

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The mesenteric lymph node was hypoechoic and reactive measuring 0.5 x 1.0 cm.

Pancreas

The **pancreas** was enlarged and irregular particularly at the left limb and left pancreatic base. A focal, hypoechoic area was noted and measured 0.6 x 0.4 cm with hyperechoic, surrounding inflammatory pattern.

ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis with focal area of necrosis, abscessation or minor potential for neoplasia.

Hepatic lipidosis pattern.

Mild chronic renal changes with bilateral pyelectasia. Occult embedded urinary tract infection is possible in the kidneys, yet the pelvic dilation is likely owing to scarring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for chronic active pancreatitis based on FNA results of the pancreatic parenchyma and area of presumed necrosis would be indicated.

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

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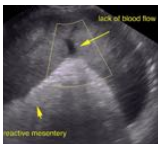
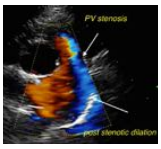
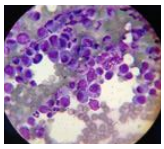
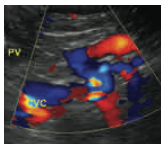

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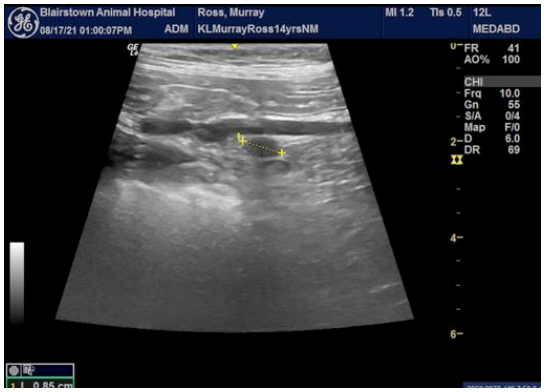
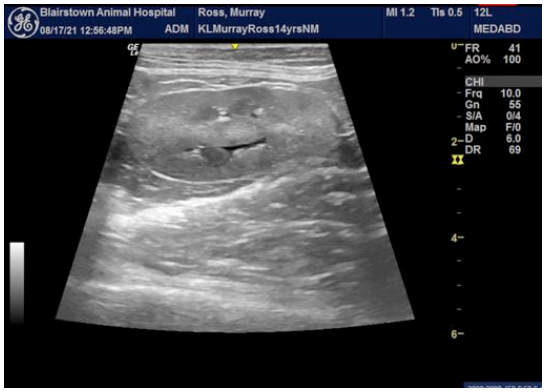
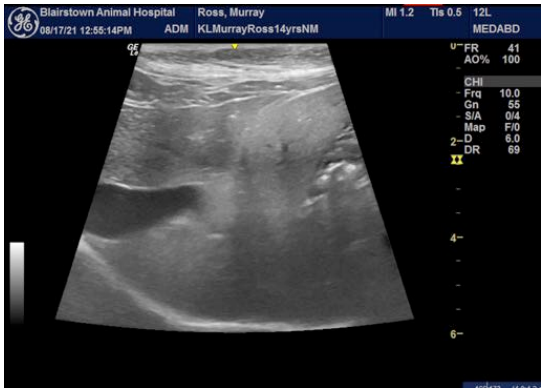
Underlying Neoplasia

Diffuse liver disease







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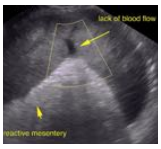
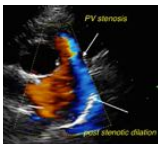
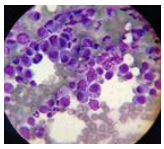
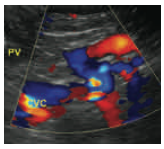

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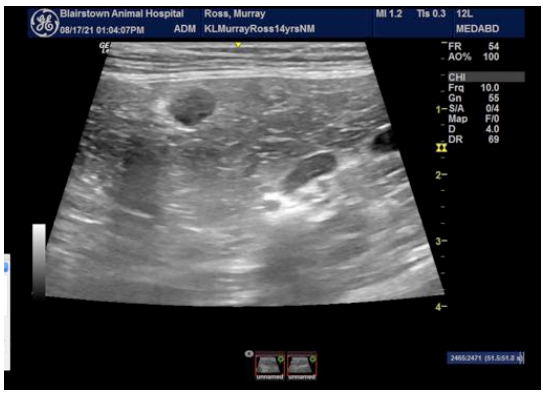

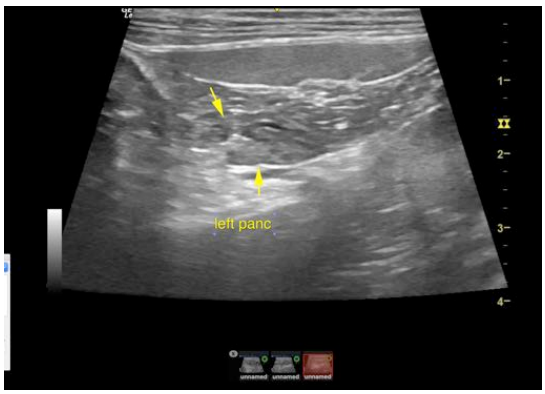

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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