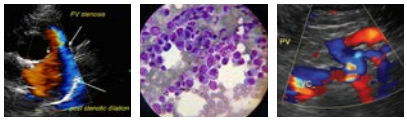
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

8/30/22

PATIENT

Lenny Shiel

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8/29/11

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. King

INVOICE

40875

PRESENTING CLINICAL SIGNS

Known Diabetic 2017, off insulin in 2018, then had severe relapse and was having seizures in 2021, Very difficult to regulate, recently went from 3 to 2 units of lantus vomited 8/27, seems lethargic 8/28 now not eating, ate some ham and possible pieces of packing on 8/26

Current Medications: None listed.
Lab Results: Suspcious bates bodies. Labwork WNL, UA in active ketones negative.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 were noted. Ureteral papillae were normal.

The **kidneys** were mildly enlarged, slightly swollen. Corticomedullary definition was maintained. Minor increased cortical thickness, typical for diabetic nephropathy. The left kidney measured 4.15 cm. The right kidney measured 4.4 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was mildly enlarged (1.2 cm) 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.

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.

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

Pancreas

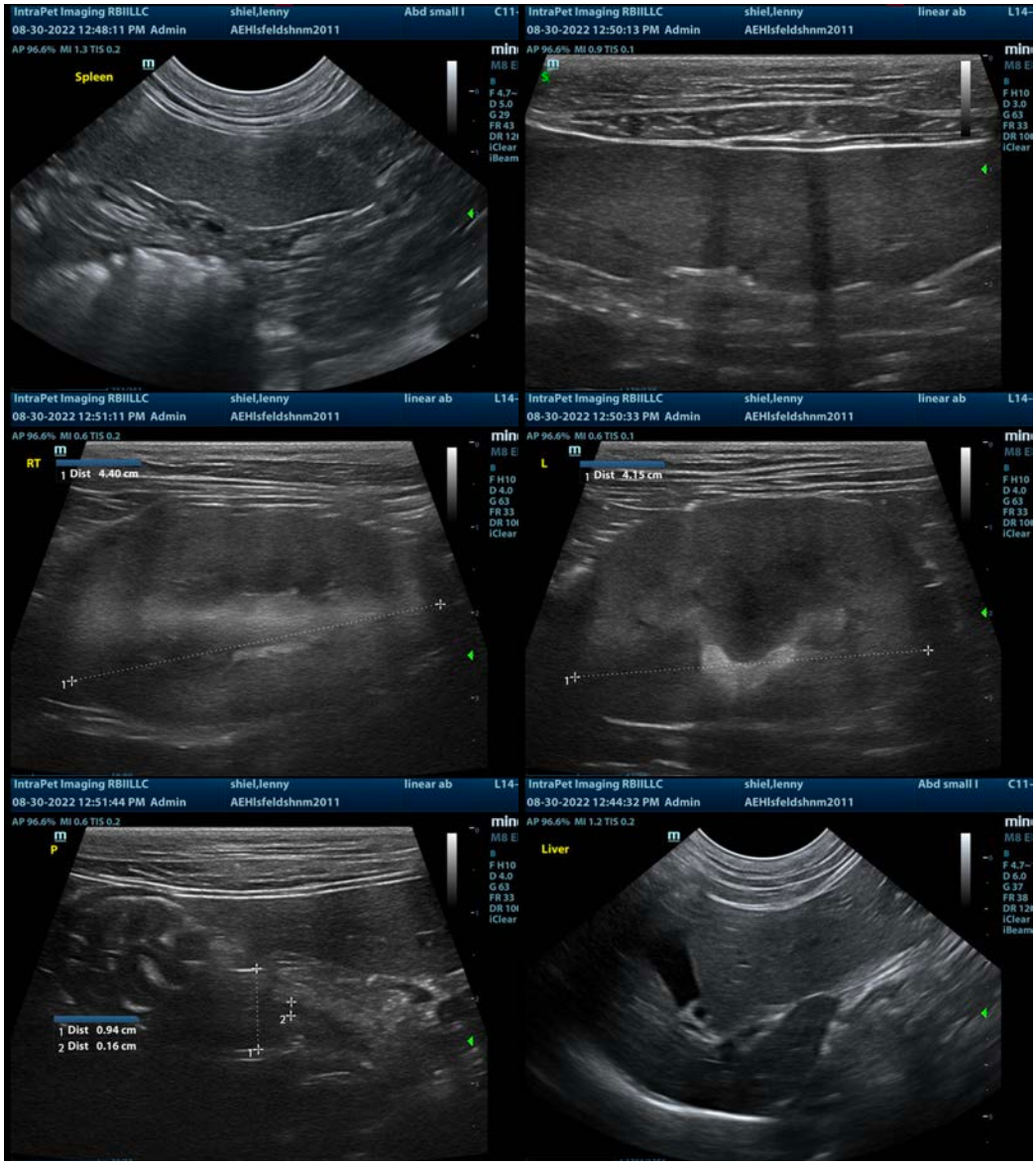
The **pancreas** was prominent and hypoechoic in right limb, measuring 0.94 cm. Minor duct dilation noted at 0.16 cm.

ULTRASONOGRAPHIC FINDINGS

- Splenic enlargement – reactive spleen versus splenitis.
- Prominent pancreas – underlying pancreatic suspected.
- Diabetic nephropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen indicated +/- culture in case of splenitis. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.



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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