

**DATE**

9/9/22

PRESENTING CLINICAL SIGNS

History: Known diabetic - Currently on Prozac 6 units. Given at 8am & 8pm. Tuesday seen at rDVM - lethargic and vomiting. Per owner diagnostics performed and concern for pancreatitis. Also concerning was not urinating, rDVM able to express bladder. BW rDVM 9/6 Glucose 403 T-Bili 1.0 Lipase 5697 fPL - abnormal X-ray - large urinary bladder, no visible stones Given SQ fluids Cerenia injection Famotidine Dispensed Cerenia Since going home Tuesday owner has not seen him - has been missing. Reappeared this morning - very lethargic. Owner gave 6 units of insulin this morning.

PATIENT

Mickey Griffith

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4/7/13

WEIGHT

13.7 Pounds

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

Dr. Saubier

INVOICE

17227

Current Medications: Convenia, Protonix, Cerenia, Buprenorphine, Ondansetron.

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** was empty with urinary catheter in proper placement.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. This is a mild change. Slight pyelectasia was noted in the left kidney, measuring 0.77 cm. The left kidney measured 5.13 cm. Echogenic debris was noted within the right renal pelvis. Underlying UTI may be an issue.

Adrenal Glands

The **left adrenal gland** was 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 left adrenal gland measured 0.59 cm.

The region of the **right adrenal gland** revealed no evident pathology.

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 enlarged with mild attenuating sound beam. The gallbladder and common bile duct were unremarkable. Hepatic lipidosis or possibility of emerging hepatic neoplasia- FNA indicated.

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 enlarged, hypoechoic and irregular. Enhanced surrounding mesentery was noted. The right limb of the pancreas measured 2.37 cm. Dilated duct was noted. Ultrasound guided FNA of the pancreas is strongly recommended to assess inflammatory cell type and rule out underlying potential neoplasia.

ULTRASONOGRAPHIC FINDINGS

- Significantly enlarged irregular pancreas
- Renal pyelectasia and diabetic nephropathy
- Hepatic lipidosis or possibility of emerging hepatic neoplasia- FNA indicated

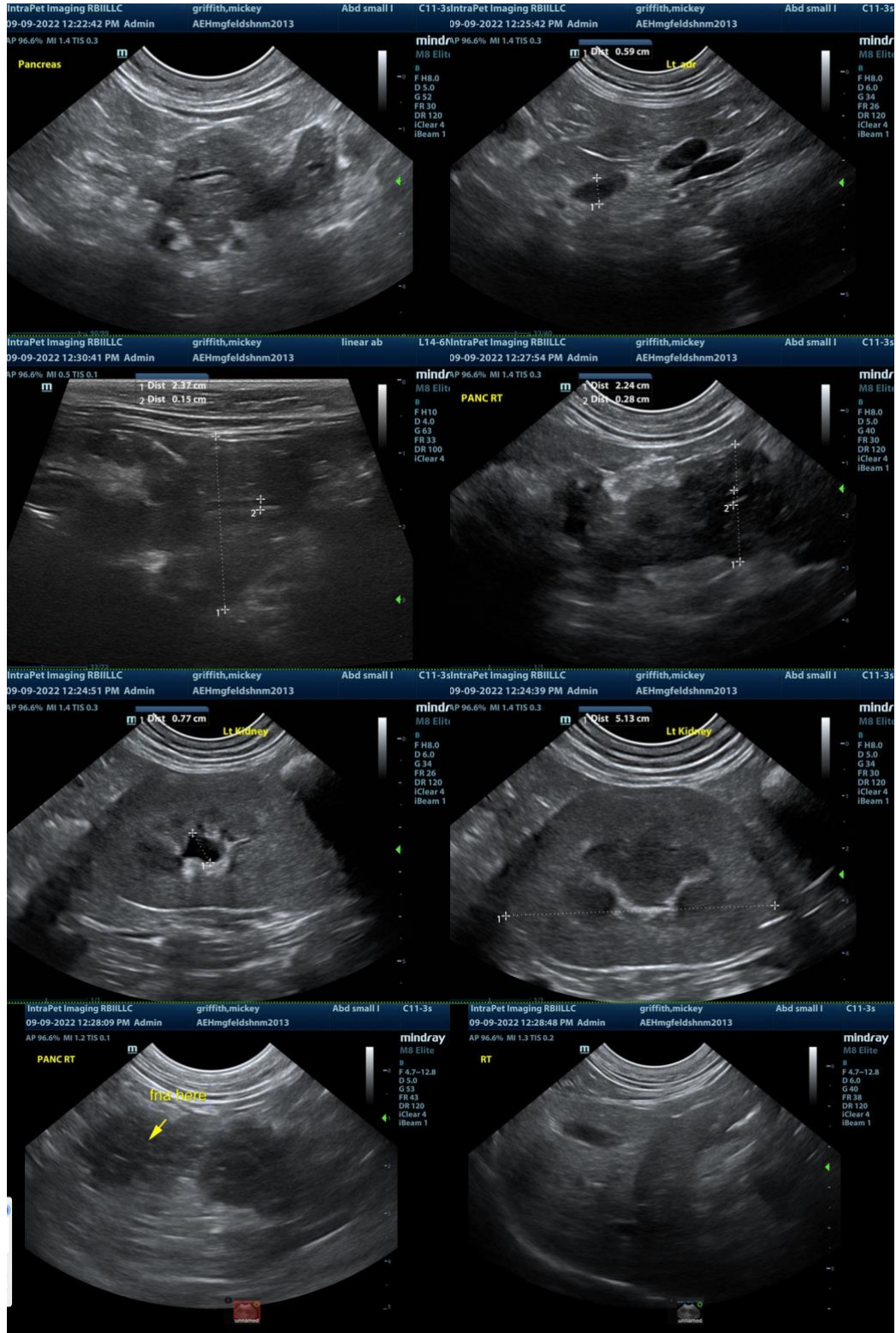
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both pancreatic pathology and potential UTI may be playing a role in this patient. I strongly recommend FNA of the pancreas to assess inflammatory cell type for management and to rule out emerging neoplasia. Urine culture and sensitivity warranted if any inflammatory sediment is present.

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



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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