

**DATE**

9/9/22

**PRESENTING CLINICAL SIGNS****PATIENT**

Tiger Robertson

History: Tiger is a diabetic cat whose diabetes control is very brittle. He also has episodes of vomiting and bloody diarrhea. I am concerned that he potentially has intestinal neoplasia but might have IBD + pancreatitis causing all of his issues. He also has a grade 2/6 murmur. There is a chance he may need sedation/anesthesia for an eye problem so would like to have a recommendations for anesthesia if there are any concerns. Tiger also has stage 2 ckd.

**SPECIES**

Feline

Current Medications: Vetsulin 1-2 units bid, Mirataz sid, Cidofovir + erythromycin for his OD with herpes.  
 Date of Previous IntraPet Ultrasound: No previous.

**BREED**

DMH

Sedation: Not required to complete full diagnostic ultrasound.

**SEX**

Neutered Male

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX****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.

**AGE**

9/12/07

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The kidneys were mildly enlarged, likely owing to diabetic state. Cortical collapse was noted at the dorsal cortex of the left kidney, likely owing to infarct. Minor pyelectasia was noted in the left kidney. Blood flow to the left kidney was subnormal. The right kidney measured 4.2 cm. Minor pyelectasia was noted in the right kidney.

**WEIGHT**

10.5 Pounds

**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 left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.53 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
 DABVP, Cert. IVUSS

**HOSPITAL NAME**

Cat Sense Feline  
 Hospital

**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.

**REFERRING VET**

Dr. Sinclair

**INVOICE**

17241

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver contour and structure. The liver was slightly enlarged. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially

normal contour. The cystic and common bile ducts were normal. A microcystic nodule was noted in the liver, measuring 1.06 cm.

### ***Gastrointestinal***

The **stomach** itself was unremarkable. The colon was slightly hypertrophied, not clinically significant.

### ***Pancreas***

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery.

### ***Free Abdomen***

The mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph nodes size measured 1.06 cm x 0.5 cm.

A sublumbar **lymph node** (0.77 cm x 0.4 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## **ULTRASONOGRAPHIC FINDINGS**

- Dystrophic left kidney with infarcts, cortical collapse and moderate degenerative changes
- Minor degenerative right renal changes
- Hypoechoic pancreas
- Minor colonic thickening, possible emerging stricture
- Enlarged liver with microcystic nodule
- Reactive mesenteric lymph nodes- FNA would be ideal with cytology and culture

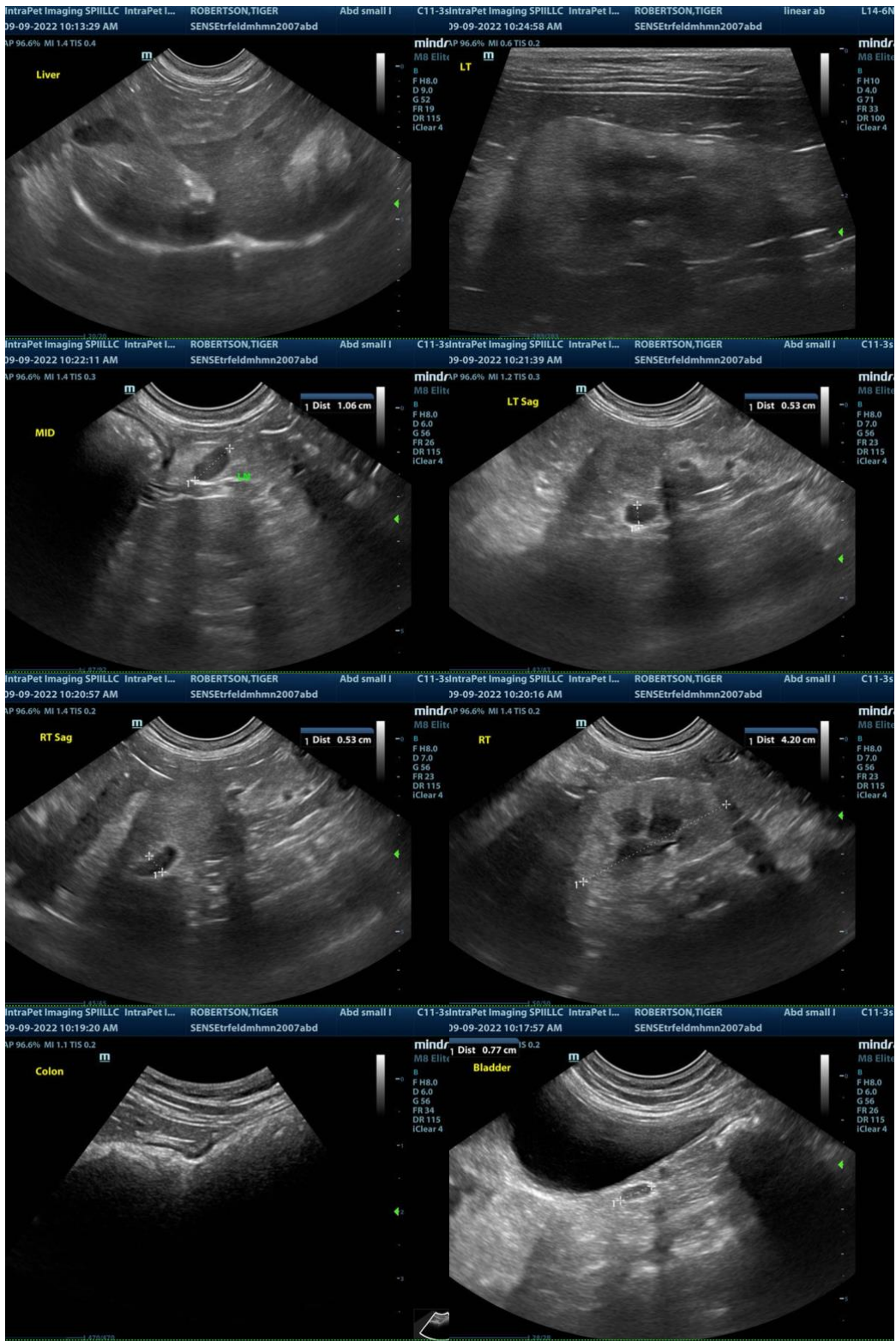
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

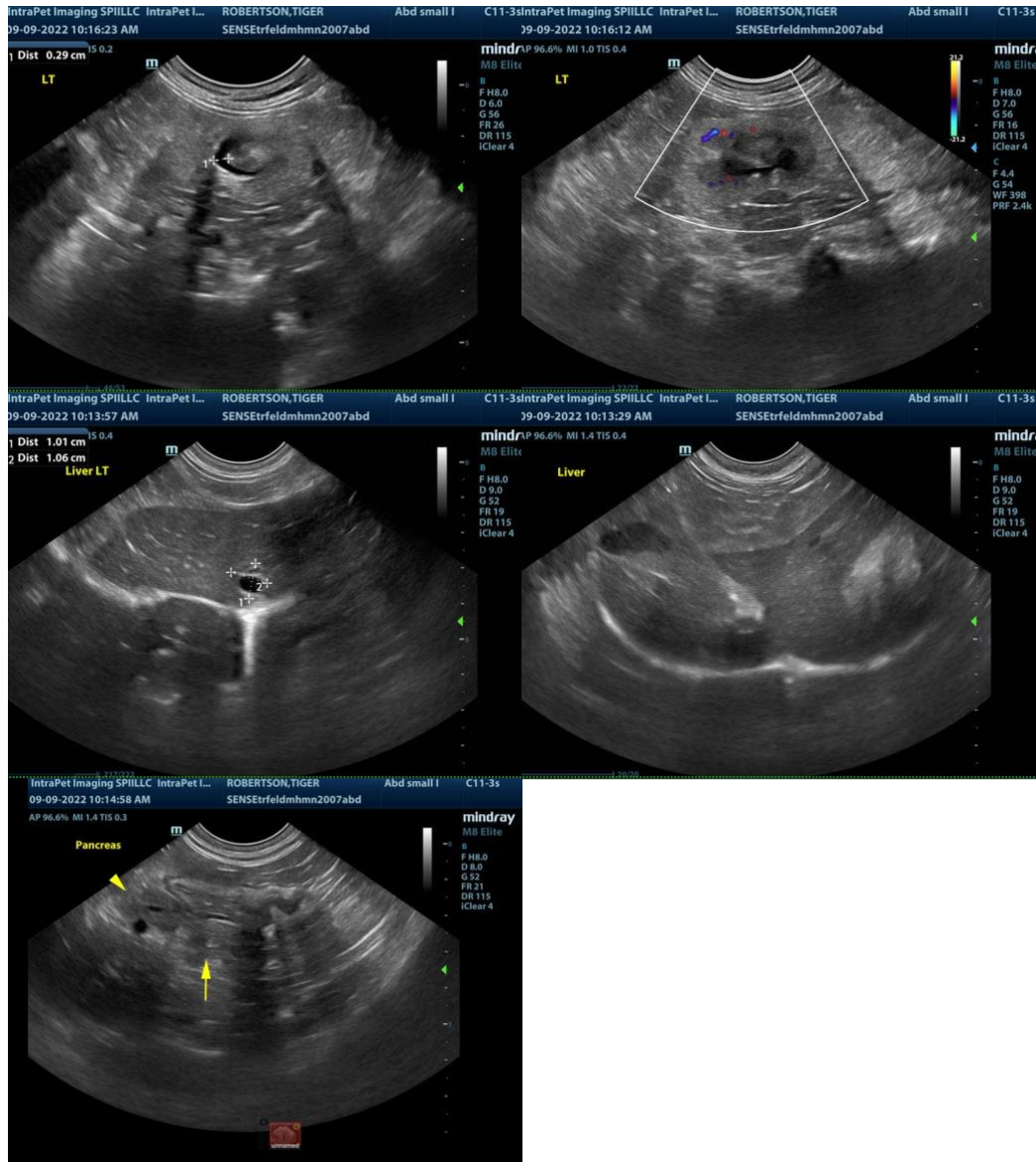
I suspect periodic pancreatitis +/- UTI is causing dysregulation of the diabetic state. Full urinary work up is warranted. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. Consideration for diet change would be indicated.

### **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  
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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 info@SonoPath.com