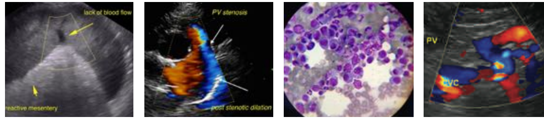


PATIENT

Lexi Cargile

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

12 years

WEIGHT

14.63 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

DATE

8/26/21

Invoice

91536

PRESENTING CLINICAL SIGNS

History: History of diabetes - went into diabetic remission in 2017 and has been stable. Prior concern of chronic intermittent vomiting which resolved, per owner after diet change made in April 2021 to Royal Canin Satiety. History of elevated liver enzymes first noted in April 2021. Enzymes have remained persistently elevated despite use of Denamarin. Recheck blood work performed on August 14, 2021 - see lab findings. Current Medications Denamarin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 and no evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 4.2 cm.

Adrenal Glands

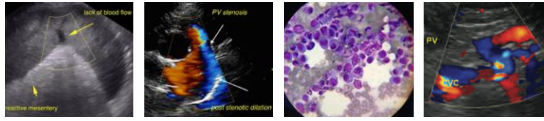
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was normal in size with slight, scalloping contour. The spleen measured 0.9 cm with hyperechoic, lipogranulomatous changes. This is not pathological and common for a diabetic state.

Liver

The **liver** was mildly hyperechoic to the falciform fat. This is likely owing to excessive body score and not overtly lipidotic unless ALKP elevations are occurring. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured 0.25 cm. The mesenteric lymph nodes were reactive and measured up to 1.0 x 0.5 cm.

Pancreas

The **pancreas** was uniform and there was no evidence of active inflammation or masses.

ULTRASONOGRAPHIC FINDINGS

Diffuse, minor intestinal thickening, likely underlying inflammatory bowel.

Lipogranulomatous splenic changes.

Age related renal changes.

Largely unremarkable abdomen.

Hyperechoic liver, possible emerging lipidosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

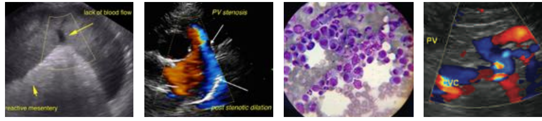
Exogenous steroids (including topical eye meds)

Cushing’s

Acromegaly

Owner compliance

Insulin quality issues



Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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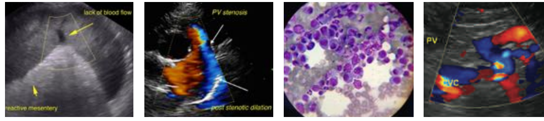

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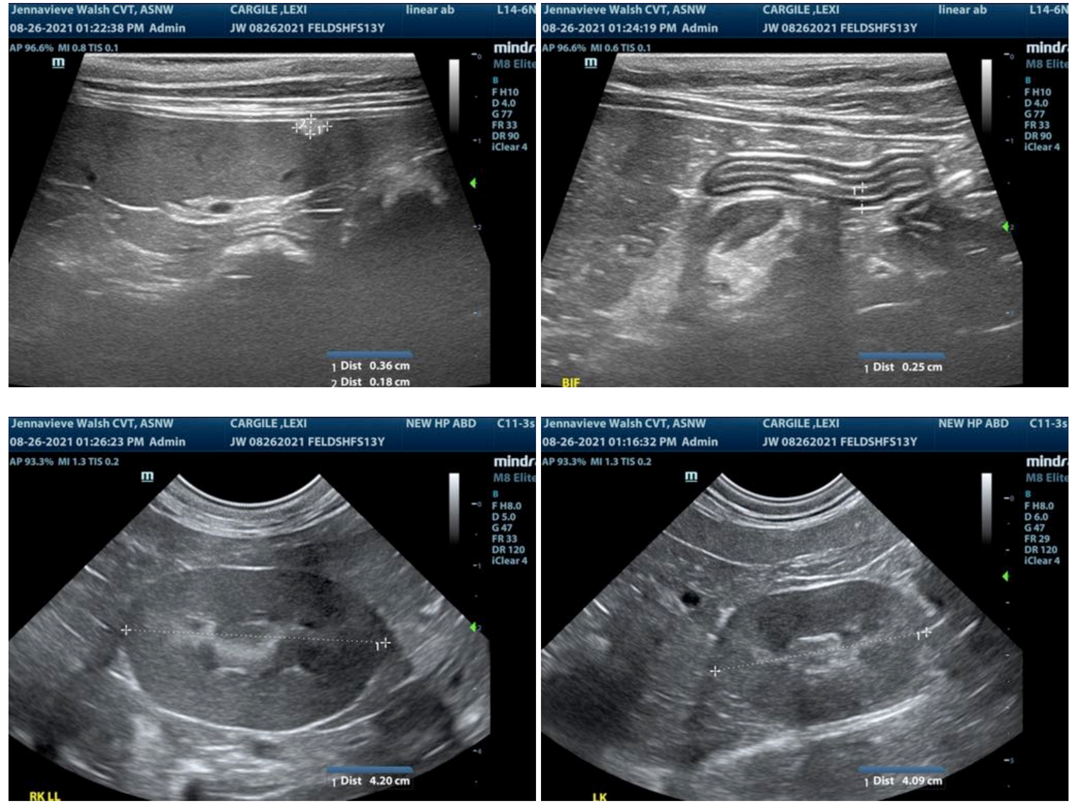

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com