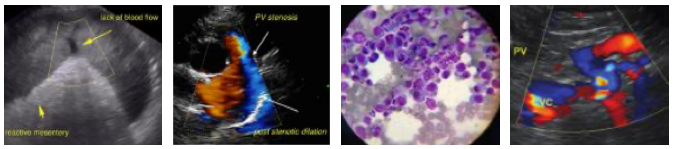
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Galivant Watson

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
9 years

WEIGHT
4.96 kg

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Dr. Singh

HOSPITAL NAME
Balmy Beach PH

REFERRING VET
Dr. Singh

INVOICE
12595

DATE
3.30.23

PRESENTING CLINICAL SIGNS

History: Cat was diagnosed with diabetes about 6-8 months ago, and has been on insulin (Lantus) since then. He's been well controlled, however owner noticed that in the last few weeks, he's starting to exhibit PU/PD and polyphagia.

Abnormal PE/Chem/CBC/UA Results: CBC showed thrombocytosis and mild hemoconcentration BG 19mmol/L Fructosamine 362 (in good glycemia control range) T4 <6 (10-60) Hypokalemia 2.9mm/L, confirmed on another blood draw at 2.9 Started on potassium supplement and now at 3.3 after 4 days of supplementation BP readings initially at 220 and above Retook on a front limb and all values consistent at 180mmHg (values taken with Doppler) Urine - no ketones, concentration 1.023, 4+ glucose, no protein, ketones, bilirubin, urobilinogen

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is moderately distended with anechoic urine and bladder thickness is considered normal for volume of urine. A small amount of suspended echogenic speckling is observed within the lumen, consistent with lipids typically seen in cats.
No masses, inflammatory changes or calculi are observed.

The left kidney measures at the higher end of normal (4.20 cm) with a smooth shape and architecture and some undulation to the contour. The cortices are slightly thickened (consistent with prior renal infarct). There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney measures at the higher end of normal (4.15 cm) with a smooth shape and architecture and some undulation to the contour. The cortices are slightly thickened (consistent with prior renal infarct). There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The cranial pole at the left adrenal gland is bulbous and enlarged (cranial pole 0.54 cm / caudal pole 0.46 cm). There is some mineralization within the adrenal gland which can be clinically insignificant in older cats. The left adrenal gland is normal in appearance and echogenicity.

The right adrenal gland is normal in size (cranial pole 0.38 cm / caudal pole 0.38 cm). There is some mineralization within the adrenal gland which can be clinically insignificant in older cats. The right adrenal gland has normal shape and is normal in appearance and echogenicity.

Spleen

The spleen measures in the upper limits of normal (1.10 cm) with homogeneous echotexture and parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively enlarged with normal contours, structure, with smooth peripheral margins. The echogenicity appears hyperechoic with decreased portal markings. No overt evidence of inflammatory, infiltrative, or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is mildly distended with anechoic bile. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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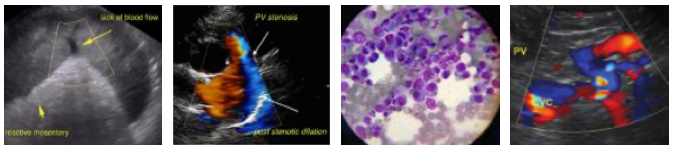

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Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum all measured mildly thickened. The duodenum measured 0.25 cm and the jejunum measured 0.28 cm, with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with formed fecal material and gas shadowing distally.

Pancreas

The left pancreas is diffusely enlarged (1.13 cm thick). It extends back to the level of the kidney and left adrenal. It is significantly hypoechoic, though the fat around the pancreas is normal and not particularly hyperechoic. The pancreas does appear to have irregular margins. A peripancreatic lymph node is enlarged (0.24 cm x 0.50 cm) is considered likely reactive. This lymph node is hypoechoic with surrounding hyperechoic fat.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Pancreatitis
- Thickened intestines
- Left adrenomegaly

Secondary Findings

- Chronic degenerative kidney changes and changes typical of diabetes
- Hyperechoic hepatomegaly, typical of diabetes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal gland is enlarged cranially, which could be secondary to chronic physiologic stress or adrenal gland hyperfunction, given the reported hypokinemia and hypertension. Testing for hyperaldosteronism should be considered. The most abnormal finding on this ultrasound is that the left pancreas is severely hypoechoic and the borders are regular. The fat around the pancreas is not particularly inflamed. This likely represents pancreatitis, but given that the patient is eating very well, and there is not a significant amount of inflammation around the pancreas, inflammatory disease cannot be ruled out. Fine-needle aspirate of the pancreas should be considered if there are ongoing concerns.

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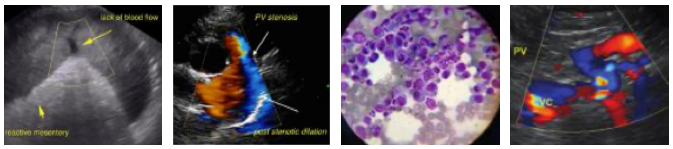

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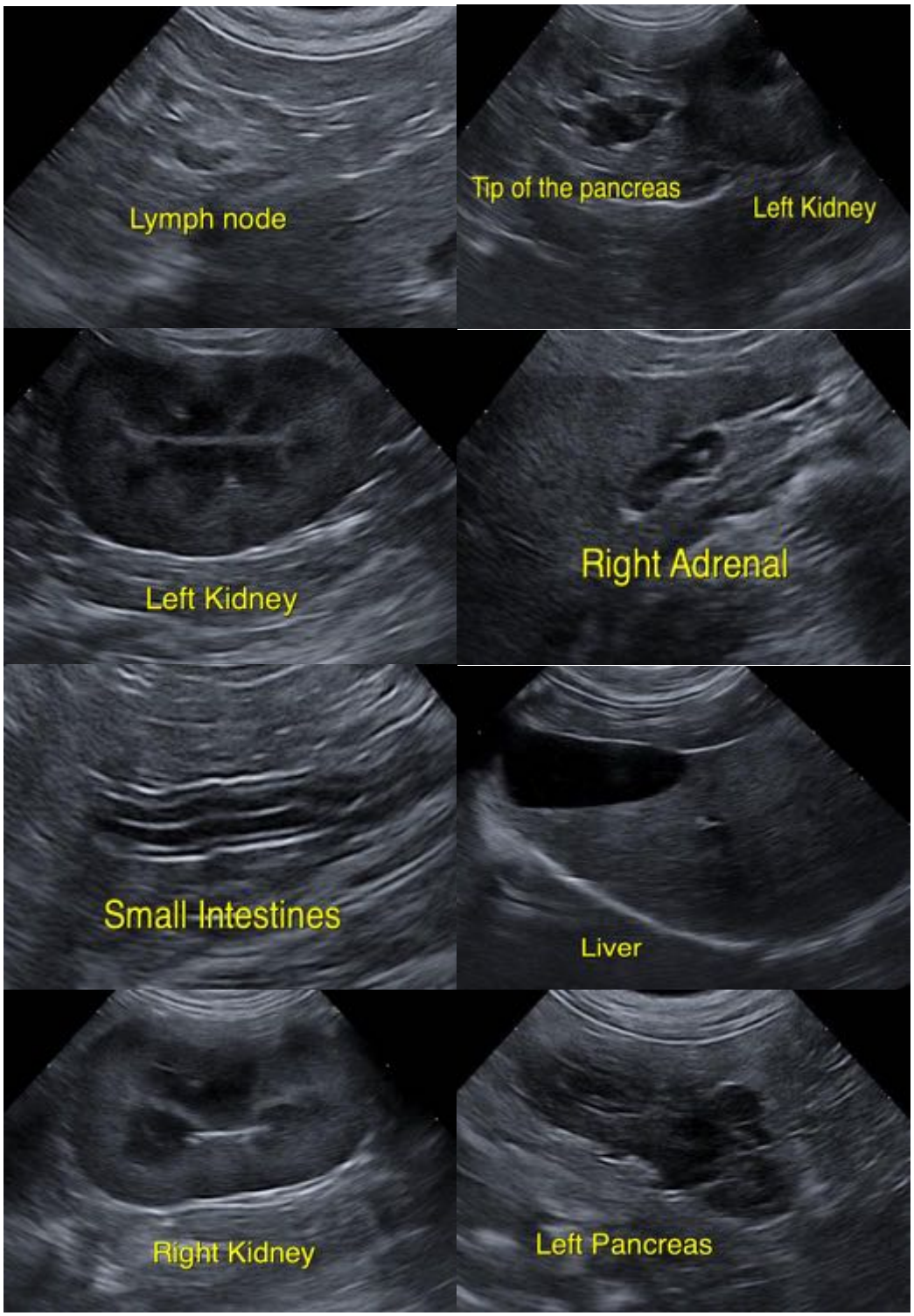
The intestines measured diffusely thickened, though all layers are preserved and appear normal. Along with the appearance of the pancreas, primary GI disease, such as food allergy, inflammatory bowel disease, or small cell lymphoma should be considered. Consider a GI panel or further work-up for chronic intestinal disease. If indicated.



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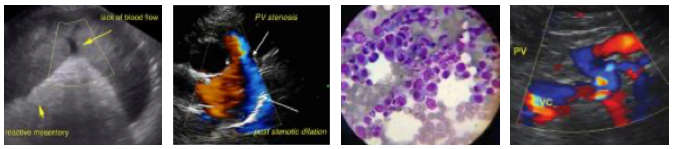

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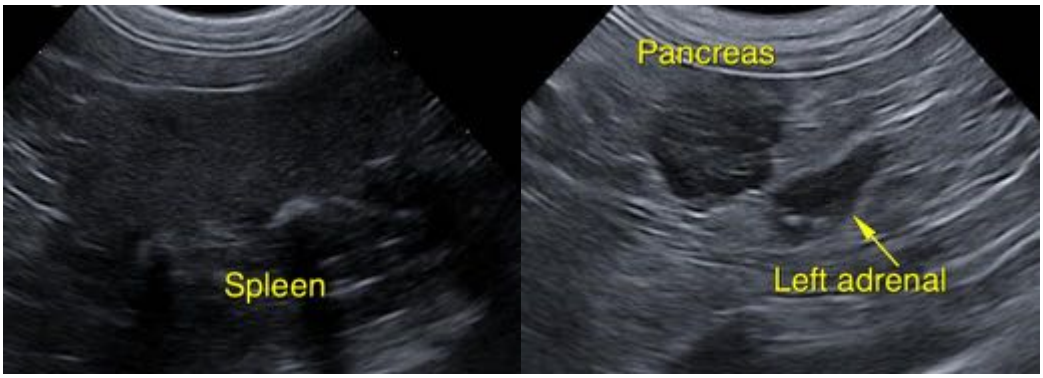

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Jessica Midence, DVM, DACVIM (SAIM)
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