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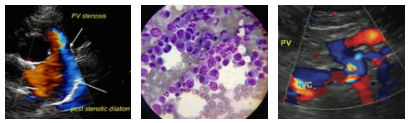

SonoPath
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DATE
8/12/21

PATIENT
Lollipop DeLawder

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
2005

WEIGHT
14 lbs

INTERPRETED BY
Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

HOSPITAL NAME
Happy Tails VH

REFERRING VET
Dr. Calpeno

INVOICE
91184

PRESENTING CLINICAL SIGNS

Patient presented on 8/11/21 for increased urination, increased drinking, and decreased appetite. Diagnosed with diabetes.
Current Medications: Glycobalance diet - starting asap. Vetsulin Insulin 1.5 units sid - started 8/11/21. Cerenia 16mg - 1/4T sid. Orbax 1.6ml sid.
Lab Results: 8/11/21 - in house urinalysis showed infection and glucose in the urine. blood sent out, results pending. Last labs in Sept 2020 - Chem: inc sdma 15, NOSF. CBC: inc MCH 16.6, NOSF, normal.
T4: 2.0 WNL. UPC: Not indicated. UA, via cystocentesis: uspg 1.015, pH 6.0, WBC 10-15, RBC 0-2, 1+ epi, rod and cocci >40 bacteria, amorph debris, non crystaline debris, NOSF. FeLV/FIV test: All Neg.
Date of Previous IntraPet Ultrasound: No previous
Sedation: not needed
Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities or masses. There is a small accumulation of shadowing material in the dependent portion of the bladder. This is most consistent with small stones and shadowing, sandy debris. An isolated stone was visualized at 0.28 cm. Correlate these findings with abdominal radiographs.

The right kidney has a normal shape and size (3.67 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is mild pyelectasia measuring 0.16 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (3.91 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Mild pyelectasia was noted and measured 0.2 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively (normal, large, small, normal/large, normal/small) in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic

lesions are observed. The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall thickness is normal to slightly increased. Bowel loops follow a typical curvilinear path with distinct wall layering, but some areas display a prominent muscularis layer which does not display the typical 1:3 muscularis:mucosa layer ratio. The small intestines measured 0.23 cm and 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenomegaly (0.26 cm and 0.24 cm) present. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Decreased corticomedullary distinction with mild pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

- Small amount of mineralized debris in the dependent portion of the urinary bladder. The findings are most consistent with sand debris or small stones. Correlate with radiographs. I recommend urinalysis and culture (already done per history).

- Prominent muscularis layer of the small intestine. The small intestinal wall changes are most consistent with an inflammatory process (i.e., inflammatory bowel disease) with a low possibility of emerging lymphoma. This can be a normal finding in some older cats.

SECONDARY FINDINGS:

- Prominent, mottled pancreas with minimal surrounding inflammation. The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- Heterogenous liver. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This can be a common finding in diabetic cats. This should be correlated with current blood work.

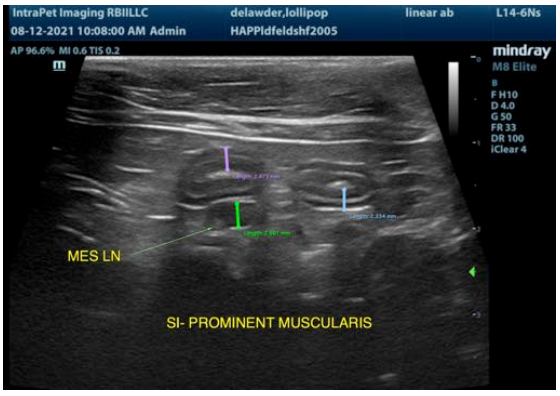
- Shadowing material in the stomach. Correlate with feeding history. If the patient was fasted then correlate with abdominal radiographs. The stomach does not appear obstructed at this time.

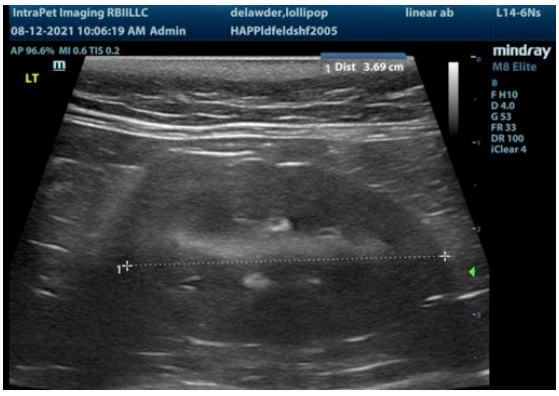
- Mild, mesenteric lymphadenopathy. The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

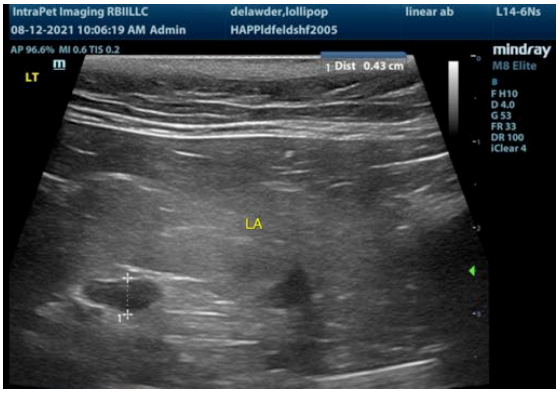
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

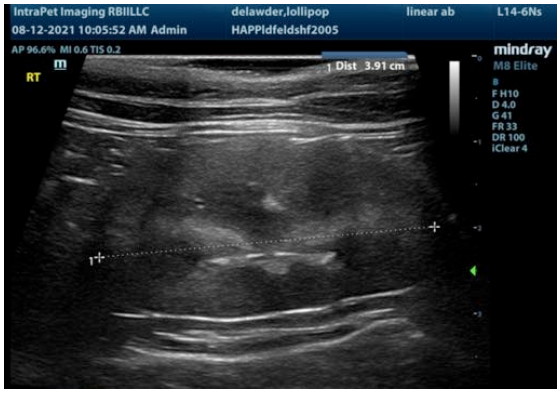
Many of the changes observed on today's scan are consistent with a diagnosis of diabetes in an older cat. The mineralized debris in the urinary bladder and the mild pyelectasia present along with your history of a urinary tract infection increase the concern for possible pyelonephritis. Treatment should be based on culture and sensitivity results and antibiotic treatment for 2-4 weeks is recommended with a recheck culture approximately 1 week after discontinuing antibiotics.

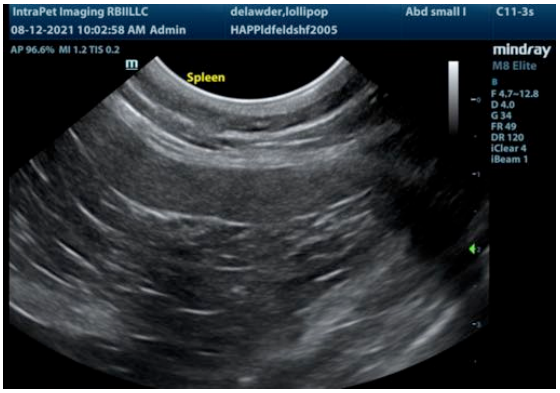
Consider a GI panel to Texas A&M for a quantitative FPLI and B12 folate level to further evaluate this patient for concurrent pancreatitis and small intestinal disease.

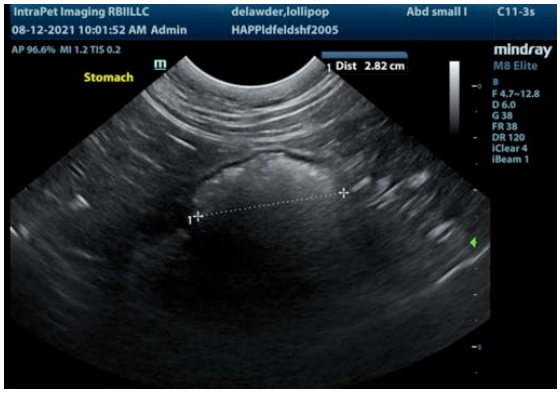


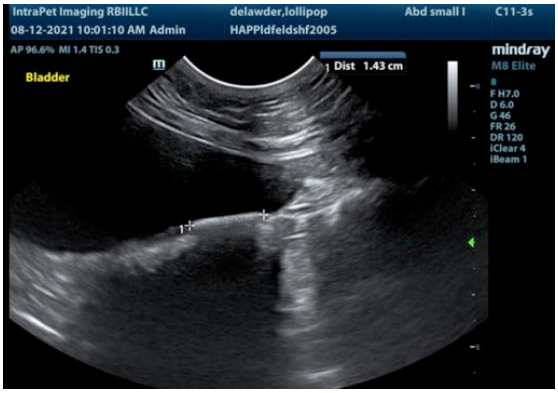












The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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