

**DATE PRESENTING CLINICAL SIGNS**

8.9.2023

Recently diagnosed diabetes mellitus, suspect primary intestinal disease, suspect hepatic lipidosis, suspected pancreatitis, and possible pyelonephritis. The owner reports he exhibited increased drinking/urination for 4-6 months and GI signs likely for longer. The GI signs included intermittent vomiting and constipation which the owner would manage with pumpkin. He had been losing weight over 6-9 months as well. Abdomen: Somewhat gas-distended, hepatomegaly, prominent kidneys bilaterally, difficult to palpate SI due to gas-distention. Musculoskeletal: MCS 3/3, very subtle muscle atrophy alone topline Integument: Shaved areas from prior IVC, Libre sensor in place L shoulder.

**PATIENT**

Teddy Long

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

6/25/2013

**WEIGHT**

7.49 kg

**INTERPRETED BY**

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

**HOSPITAL NAME**

Nexus Vet Spec

**REFERRING VET**

Dr. Steele

**INVOICE**

14014

Current Medications: Prozac 2u BID, Denamarin Advanced once daily, Metronidazole 0.6mL BID (just completed).

Lab Results: Hyperglycemia, Elevated ALP (improved), Hyperbilirubinemia, Hypercholesterolemia. History of: Elevated ALT, Elevated GGT, Low normal albumin, Mild hyperglobulinemia, Mild anemia.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**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 2 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (4.88 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Pyelectasia is noted (0.60 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.82 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. Pyelectasia is noted (0.46 cm). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.53 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 right adrenal gland is normal in size (0.46 cm at the caudal pole). It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

**Spleen**

The spleen is borderline large (1.10 cm) This is likely within normal limits in this large cat. The 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 large/normal in size with smooth peripheral margins. The parenchyma is hyperechoic and heterogenous in echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach contains mild ingesta. It measures at a normal thickness of <0.70 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.30-0.50 cm in wall thickness) and the jejunum measured as normal (0.22 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 hypoechoic as 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **Findings**

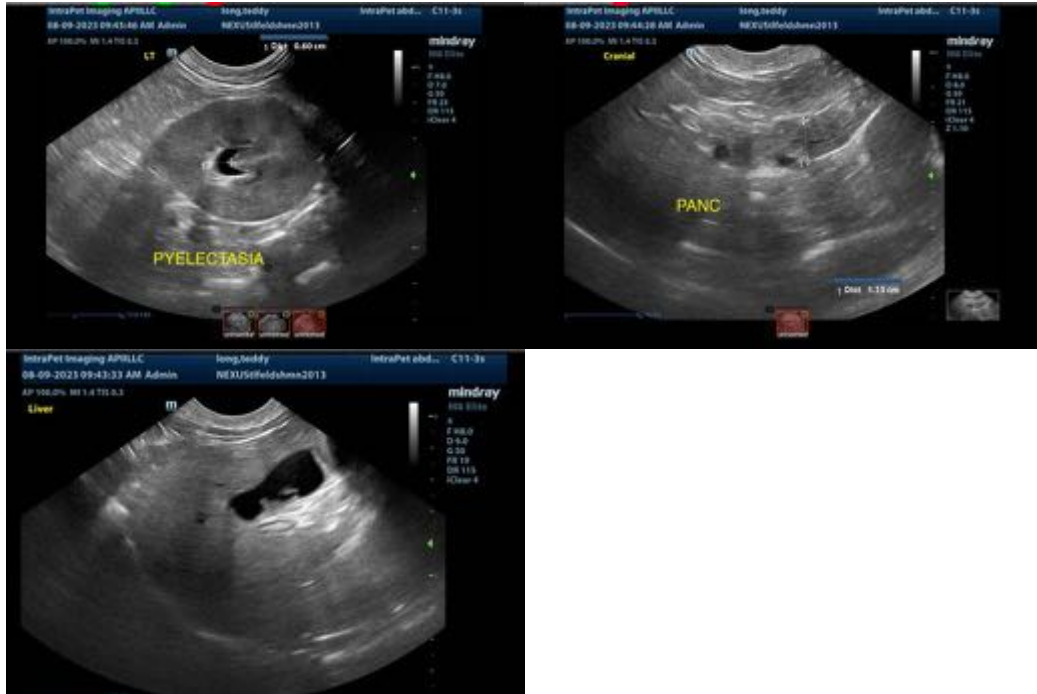
- Bilateral pyelectasia and decreased corticomedullary distinction in both kidneys with bilateral pyelectasia
- Hypoechoic prominent pancreas with minimal surrounding inflammation - The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogenous hyperechoic liver - Hepatic changes are non-specific and could be consistent with hepatic lipidosis, inflammatory/infectious disease, infiltrative neoplasia, or other hepatopathy.

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

Ultrasonographic findings on today's examination include decreased corticomedullary distinction in both kidneys with significant pyelectasia, a prominent hypoechoic pancreas, and a heterogenous/hyperechoic liver.

Further diagnostic and therapeutic recommendations regarding this exam to be made by Dr. Cara Steele.





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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