



PATIENT PRESENTING CLINICAL SIGNS

Nick Preston

History: Borderline diabetic for 2 years - diagnosed with clinical diabetes mellitus in late 2019 - responded well initially to insulin therapy, but went into remission and hypoglycemia noted on very low doses of insulin at home. Has been maintained on diabetic diets since. Regular fructosamine checks have been normal since, no clinical symptoms noted at home. Over last 2 weeks, owner concerned that diabetes returning, weight loss (1.5 lbs) and increased water intake noted at home. Appetite has been intermittent to decreased. Currently only taking Dasuquin Advanced capsules.

SPECIES

Feline

BREED

Domestic Shorthair

Abnormal PE/Chem/CBC/UA Results: Weight loss (1.5 lbs) over 2 months BUN 44 (16-36) Glucose 165 (71-159) K+ 3.2 (3.5-5.8) Mild glucosuria Fructosamine 305 (191-349) T4 <0.5 (0.8-4.7) SDMA 16 (0-14)

SEX

Neutered male

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, masses or cystic calculi.

AGE

14 years

The left kidney has a normal shape and size (3.9 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

12.56 lbs

The right kidney has a normal shape and size (4.5 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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.

IMAGING PERFORMED BY

Dr. Reese

The right adrenal gland is normal in size measuring 0.41 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.

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Reese

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.

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DATE

9/8/21



PATIENT

Liver

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The liver is subjectively normal 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 gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm 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.

SEX

Neutered male

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 jejunum measured 0.3 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

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Pancreas

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

IMAGING PERFORMED BY

Free Abdomen

Dr. Reese

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.

HOSPITAL NAME

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

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Dr. Reese

- Mildly heterogenous liver. Hepatic changes are non-specific and could be consistent with inflammation/infection (cholangiohepatitis), infiltrative neoplasia, lipidosis or other hepatopathy.

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- Prominent muscularis layer to the small intestine.

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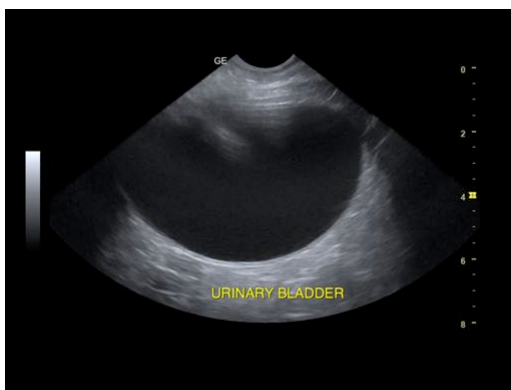
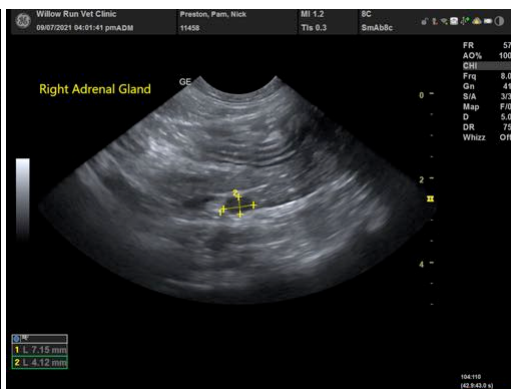
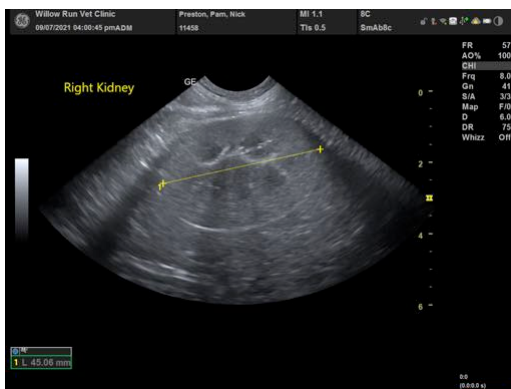
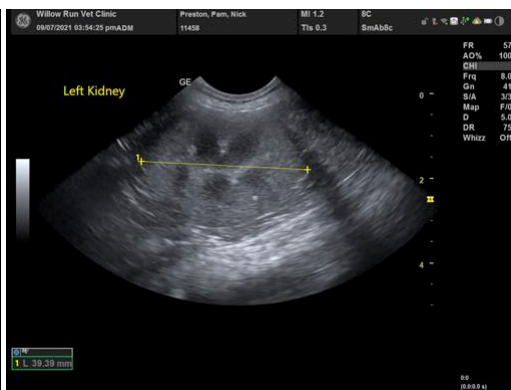
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan was relatively normal. There were some mild changes to the liver, which could very well be age related change. In the absence of elevated liver enzymes further evaluation is likely unnecessary. Additionally, the muscularis layer of the small intestine is prominent. Consider a gastrointestinal panel with a quantitative fPLI, B12 and folate to further evaluate the pancreas and small intestine for any evidence of disease.

The owner could check urine glucose at home to try to determine if this is progressing back towards a diabetic state. A free style libre system is an option, but it can be inaccurate for single measurements, but could be more valuable looking over the general levels over a 2 week period of time. Consider urinalysis and culture as this can sometimes be enough of a stressor to reactivate diabetes.





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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.

IMAGING PERFORMED BY

Dr. Reese

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