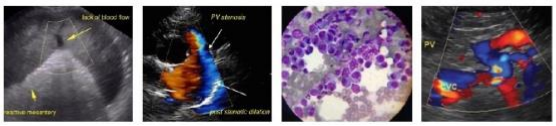

PATIENT

Mia D' Alessandro

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

3.7 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

AH of Stoney Creek

REFERRING VET

Dr. Ozimok

INVOICE

13599

DATE

1/24/22

PRESENTING CLINICAL SIGNS

History: New client Dx'd with Diabetes summer 2021, BCS 2/5, chronic nasal mucoid d/c (? possible polyp?), was initially treated with diet change to Diabetic food but pu/pd worsened and weight loss noted. Started on ProZinc insulin 1 IU q 12 hours, initial curve showed very little to no change. No Hx of obesity or pancreatitis ? underlying cause of Diabetes meds: ProZinc 2 IU q 12 hours

Abnormal PE/Chem/CBC/UA Results: Glucose = 19.6 to 23.3 (partial curve), Urea = 19.6, Glob = 56, Cl = 109 4+ Glucosuria, (-ve ketones), 2+ protein (SpG = 1.030) -ve sediment

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was noted in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet without overt pathology, measuring 0.34 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

No overt evidence of adrenal enlargement or tumors.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size. The gallbladder walls were sonographically unremarkable without evidence of inflammatory changes. Anechoic content was present. The cystic duct and proximal to mid common bile duct were not visualized. Unspecified potential for distal common bile duct dilation or possible pancreatic cystic lesion noted in the area of the duodenum, subjectively adjacent to the duodenal papilla. The cystic lesion measured approximately 1.9 cm x 1.2 cm.

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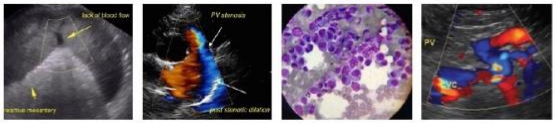

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.29 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm. The jejunum wall measured 0.26 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas exhibited mild prominent size with non-homogeneous to subtle to indistinct nodular parenchyma. The nodules were essentially isoechoic compared to adjacent pancreatic parenchyma. No effusion was present. Potential subtle evidence of peripancreatic reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic interstitial nephrosis renal pattern with mild bilateral pyelectasia
- Non-homogeneous to subtly nodular pancreas- chronic to chronic active pancreatitis with suspected areas of nodular hyperplasia, no overt neoplastic criteria, which is considered less likely.
- Mild hepatomegaly- subjectively benign
- Unspecified potential distal common bile duct dilation versus pancreatic cystic lesion adjacent to the duodenum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific given the lack of reported hepatic enzyme elevations. Metabolic/reactive/vacuolar (diabetic) hepatopathy suspected. While potential for cholangitis/cholangiohepatitis given the potential for distal common bile duct dilation cannot be excluded even with lack of reported hepatic enzymes given the short half-life of hepatic enzymes in cats. No overt evidence of hepatic or hepatobiliary neoplastic criteria, which is considered unlikely.

Sonographic monitoring of the unspecified distal common bile duct dilation or unspecified pancreatic cystic lesions recommended. Urine culture and sensitivity, on sterile urine sample, given glucosuria, while baseline renal staging to include UPC would be appropriate given the 2+ proteinuria. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted given the weight loss, to rule out concurrent structurally insignificant occult gastrointestinal disease.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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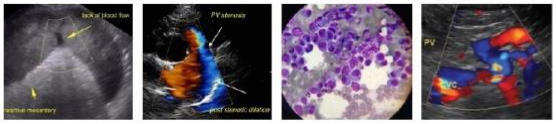

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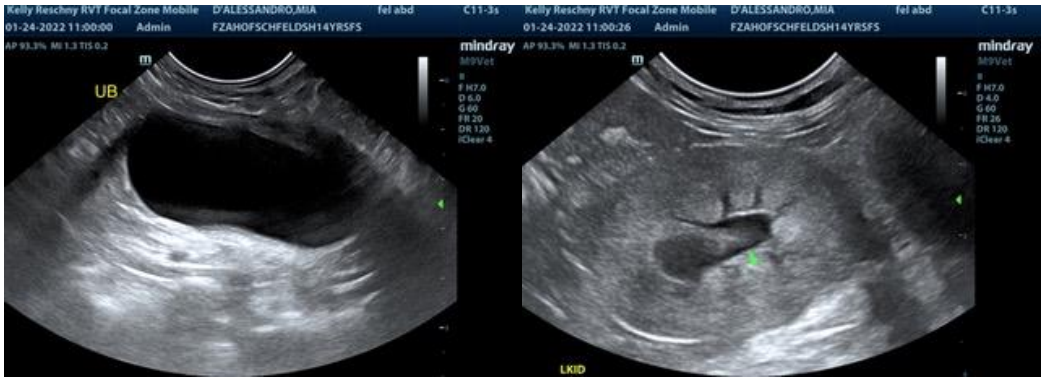

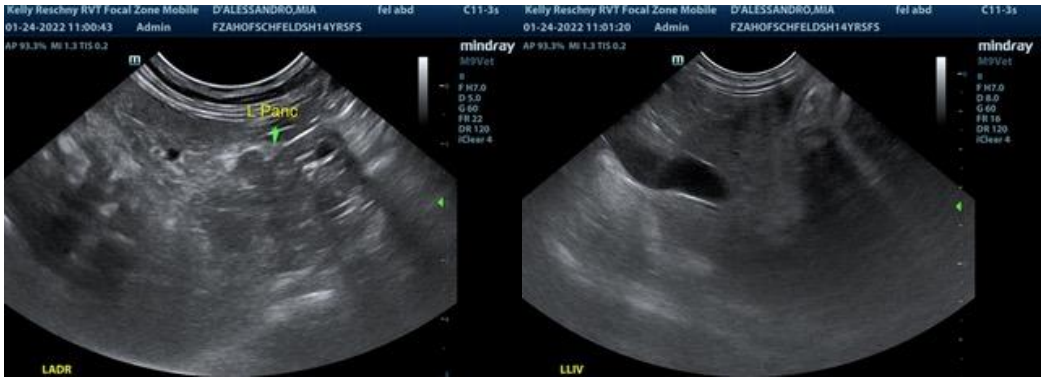

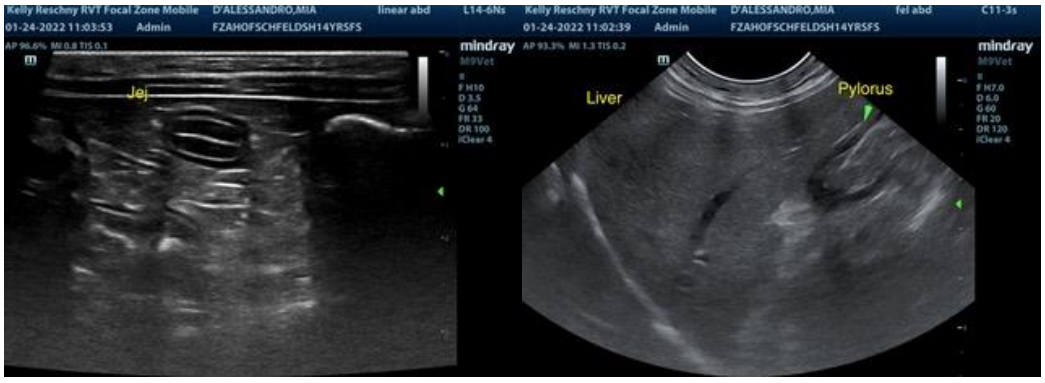

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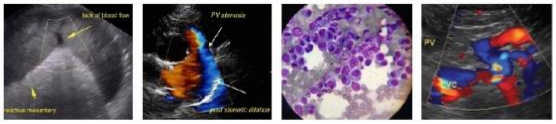

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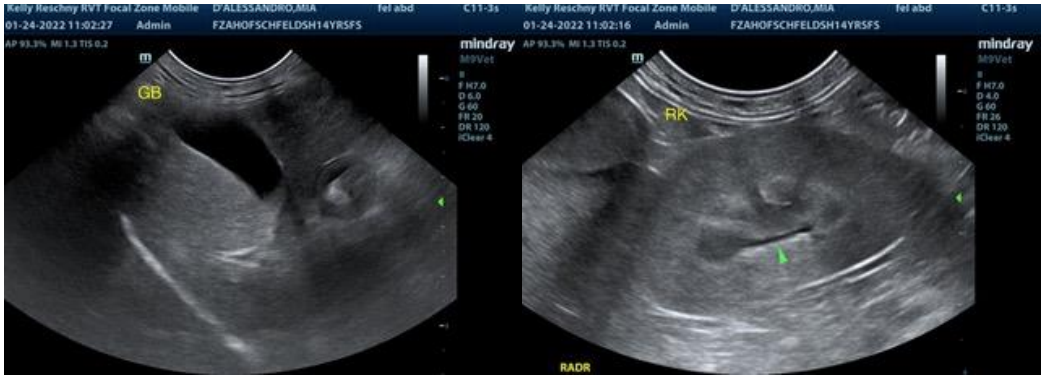

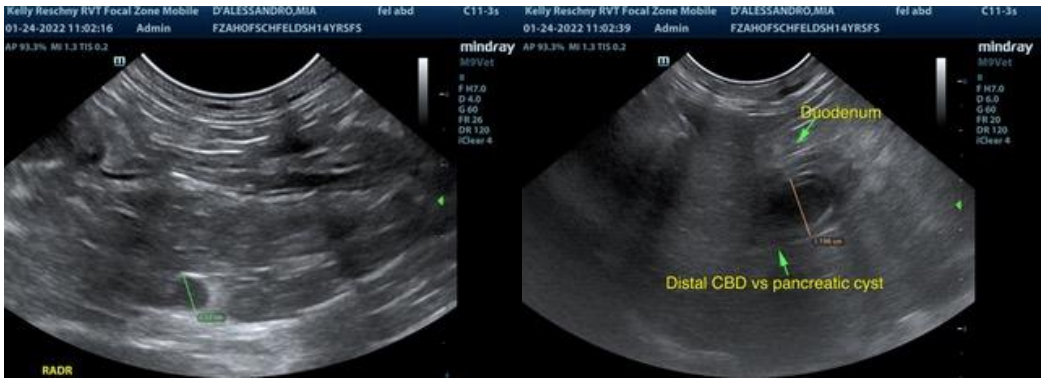

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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