

**PATIENT PRESENTING CLINICAL SIGNS**

Tucker Wold History: Ravenous appetite, lethargic, clinging to owner.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: CDC chem T4 and UA Blood glucose-455 2 hours post injection, 486 5 hours post injection, 418 six hours post injection. Current Medications prednisolone 5mg 2.5 mg daily glargine 6 units every 12 hours. Radiographic Findings no rads taken. Labs: normal Feline BUN/creatinine, SDMA 18, glucose 448, Sodium to potassium ratio 28, globulin 6.0, normal liver parameters, spec fPL 11.4, Urine Spec Grav 1.027, 2+ protein, 3+ glucose, T4 2.1

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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 uroliths or sediment. 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.

**AGE**

12 Years

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 the left kidney. The left kidney measured 4.4 cm in length. The right kidney measured 4.3 cm in length.

**WEIGHT**

12.3 Pounds

**INTERPRETED BY**

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

**Adrenal Glands**

Both adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.29 cm. The right adrenal gland measured 0.41 cm. No evidence of adrenomegaly or tumors.

**IMAGING PERFORMED BY**

Sara Hansen

**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. The spleen measured 1.0 cm in width at the level of the hilus.

**HOSPITAL NAME**

Countryside AC

**Liver**

**REFERRING VET**

Dr. Cox

The liver was mildly enlarged with symmetrical capsule contour. Generalized mild uniform increased hepatic parenchyma echogenicity was noted, exhibiting mild coarse echotexture. No masses or nodules were noted.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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 0.25 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. No overt significant intestinal mural hypertrophy, altered or loss of wall layering or intestinal masses. The jejunum wall measured 0.26 cm. The duodenum wall measured 0.29 cm. No overt pathology at the level of the ileocolic junction.
Tucker Wold	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered Male	No omental masses, lymphadenopathy or peritoneal free fluid was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12 Years	<ul style="list-style-type: none"> <li>• Bilateral nonspecific nephrosis with mild left kidney pyelectasia</li> <li>• Pancreatitis</li> <li>• Mild hepatomegaly, exhibiting mild uniform parenchyma hyperechogenicity- suspect diabetic hepatopathy. Potential for inflammatory parenchymal disease or emerging lipidosis. Occult infiltrative neoplasia is thought less likely.</li> <li>• Overtly normal gastrointestinal tract</li> </ul>
<b>WEIGHT</b>	
12.3 Pounds	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urine culture and sensitivity, as well as baseline urine protein to creatinine ratio, given the evidence of proteinuria in the face of quiet urinary bladder sediment, is suggested. Screening hepatic FNA cytology, assuming normal clotting status, using a 25-gauge needle, and with vitamin K pretreatment, could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further assessment of the pancreas in conjunction with assessment for nonobvious or occult intestinal disease as a contributing factor to the patients clinical signs.
<b>IMAGING PERFORMED BY</b>	Some or all of the following protocol may be considered if evidence of diabetic dysregulation.
Sara Hansen	
<b>HOSPITAL NAME</b>	<b>Potential Causes of Diabetic Dysregulation</b>
Countryside AC	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>REFERRING VET</b>	UTI
Dr. Cox	Dietary indiscretion/intolerance
<b>INVOICE</b>	Pancreatitis
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<b>DATE</b>	Hyperthyroidism/hypothyroidism
1/4/23	Exogenous steroids (including topical eye meds)



**PATIENT** Cushing's  
Tucker Wold Acromegaly  
**SPECIES** Owner compliance  
Feline Insulin quality issues  
**BREED** Antibodies to insulin  
Underlying Neoplasia

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

12.3 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Countryside AC

**REFERRING VET**

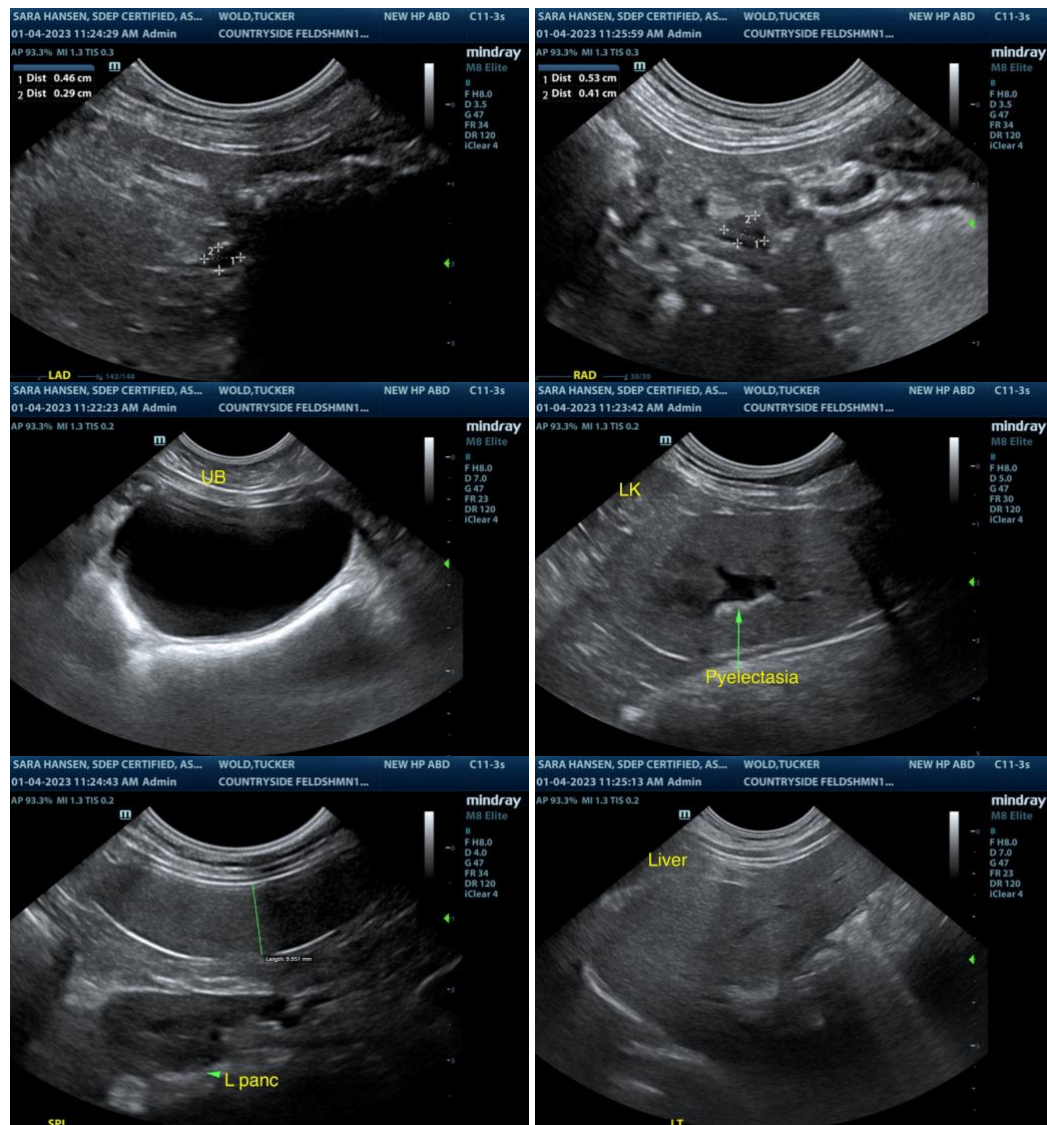
Dr. Cox

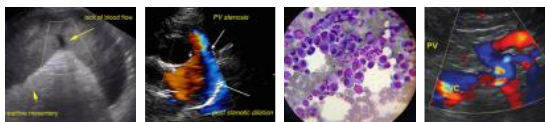
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**DATE**

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## PATIENT

Tucker Wold

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

12.3 Pounds

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 (Canine and Feline)

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Countryside AC

## REFERRING VET

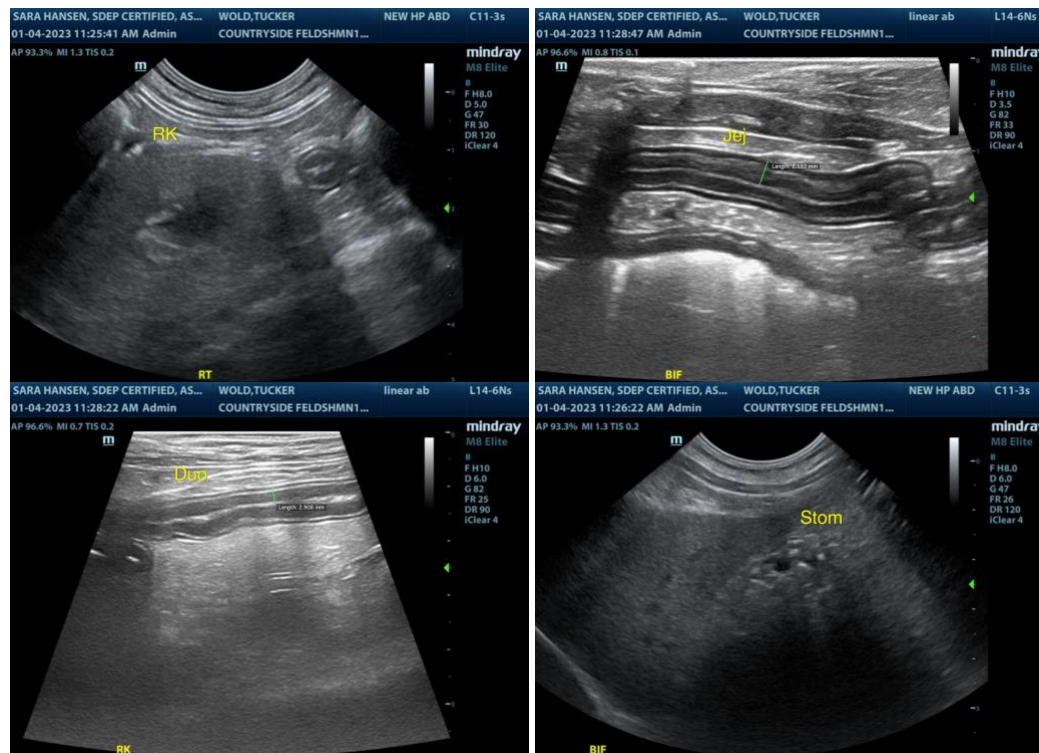
Dr. Cox

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## DATE

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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.

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 info@SonoPath.com