



**PATIENT**

Vasca Malyuta

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

MN

**AGE**

8y 10 mo

**WEIGHT**

15.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Rhode Island Animal  
 Medical Center

**REFERRING VET**

Rachel Rogoff, DVM

**INVOICE**

15162

**DATE**

10/7/22

**PRESENTING CLINICAL SIGNS**

Diabetes, not well controlled. Neuropathy x4 limbs. Weight loss. Ataxia. Grade I-II/VI heart murmur. Current meds: Gabapentin 100 mg, 1/2-1 capsule every 8-12 hrs. Lantus insulin 4 units BID. BP: 113 mmHg x2  
 Abnormal PE/Chem/CBC/UA Results: Retic 71.7, GLU 530, Ca 11.5, Chol 231, K 3.4.

**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 uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Mild prominent renal size, which is likely a normal patient variant given the patient's size and breed, with symmetrical capsule contour were present in both kidneys. Mild uniform cortex hypertrophy was noted in both kidneys. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size, yet without overt evidence of neoplastic criteria. The left adrenal gland measured 0.48 cm width. right adrenal gland measured 0.56 cm width.

**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 0.91 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver presented mild to moderately enlarged in size with normal hepatic parenchyma echogenicity exhibiting moderately coarse echotexture and evidence of potential minor parenchymal remodeling. 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. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with mild, mildly congealed, yet nonorganized gallbladder debris primarily in the cranial lumen. The cystic and common bile ducts were normal.

**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.



**PATIENT**

Vasca Malyuta

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with mildly prominent small intestinal walls. The jejunum wall measured 0.31 cm width.

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

**SPECIES**

Feline

***Pancreas***

The pancreas was enlarged with asymmetrical contour and nonhomogeneous hypoechoic to discretely nodular parenchyma. Surrounding, mildly hyperechoic, peripancreatic mesentery was present.

**BREED**

Maine Coon Cat

***Free Abdomen***

Solitary to intermittent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width:length ratio (<0.5). An example lymph node measured 0.58 cm width. No free fluid was noted. No omental masses were evident.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8y 10 mo

- Pancreatitis - minor potential for pancreatic neoplasia which may present in a similar sonographic manner yet considered a less likely differential diagnosis
- Intact yet mildly prominent small bowel walls - suspect patient variant, potential for underlying inflammatory enteropathy possible
- Bilateral mild choric interstitial nephrosis renal pattern
- Bilateral mildly prominent adrenal glands - nonspecific with potential for patient variant and stress hyperplasia, although the possibility of underlying adrenal disease, given the presence of underlying diabetes, cannot be excluded.
- Mild hepatomegaly - subjectively benign, probable metabolic reactive or vacuolar hepatomegaly
- Mild gallbladder debris

**WEIGHT**

15.4 lbs

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDMS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Rhode Island Animal  
 Medical Center

Urine culture and sensitivity is suggested on a sterile urine sample if evidence of glucose urea.

**REFERRING VET**

Rachel Rogoff, DVM

A GI panel to include PLI/TLI/Cobalamin/Folate is suggested to assess for occult intestinal disease, as well as correlation with the pancreatic presentation, given the patient's uncontrolled diabetes and weight loss. Potential FNA cytology of the pancreas could be considered. Pending additional diagnostics, adrenal workup +/- IGF - 1 assay may be considered in this patient if clinical concern for underlying adrenal disease or acromegaly.

**INVOICE**

15162

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/>.

**DATE**

10/7/22

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>



**PATIENT**

Vasca Malyuta

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

MN

**AGE**

8y 10 mo

**WEIGHT**

15.4 lbs

**INTERPRETED BY**

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

**IMAGING**

**PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Rhode Island Animal  
 Medical Center

**REFERRING VET**

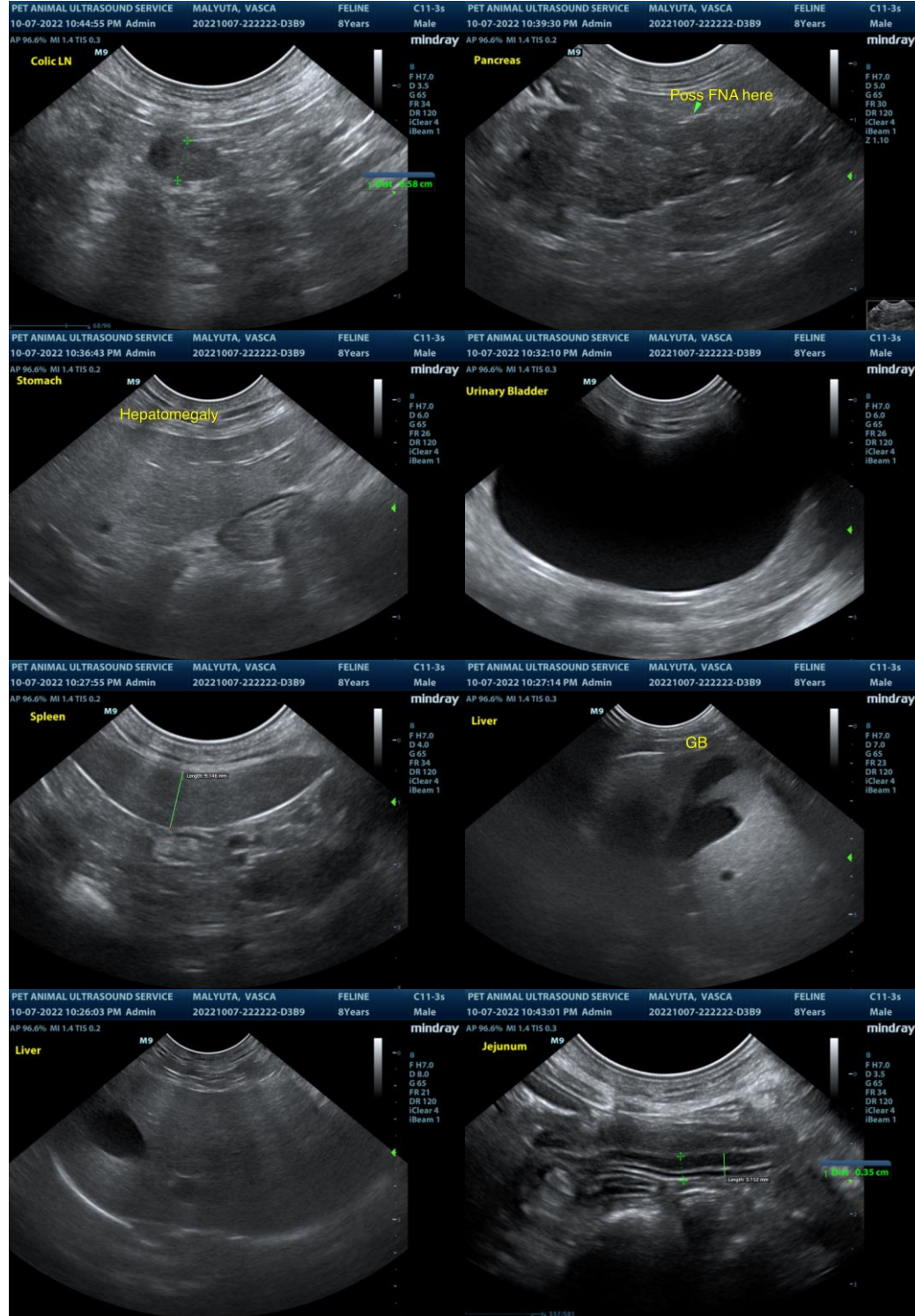
Rachel Rogoff, DVM

**INVOICE**

15162

**DATE**

10/7/22





**PATIENT**

Vasca Malyuta

**SPECIES**

Feline

**BREED**

Maine Coon Cat

**SEX**

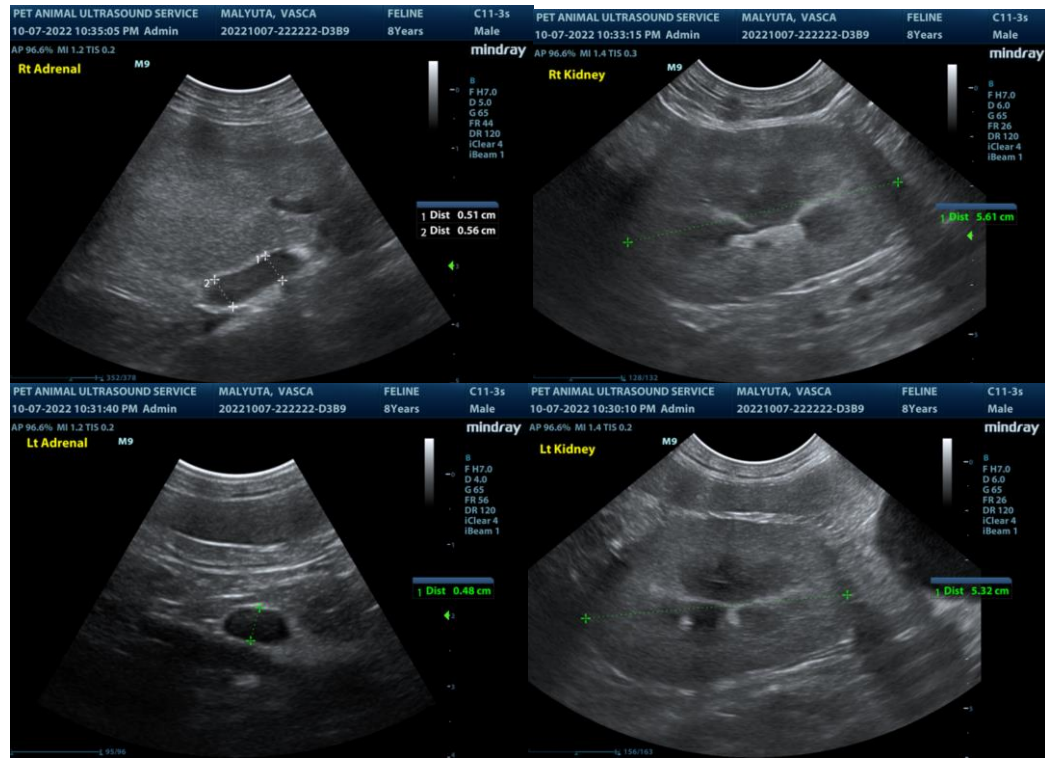
MN

**AGE**

8y 10 mo

**WEIGHT**

15.4 lbs



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Rhode Island Animal Medical Center

**REFERRING VET**

Rachel Rogoff, DVM

**INVOICE**

15162

**DATE**

10/7/22

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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)  
 info@SonoPath.com