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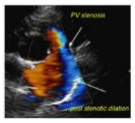
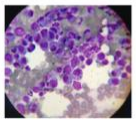
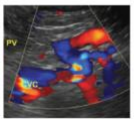

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PATIENT

Dayzi VanOpdorp

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

11 years

WEIGHT

8.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Kimberly L. Stevens

INVOICE

21121

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Uncontrolled diabetic - polyphagia, weight loss Dayzi started on Vetsulin. Switched to ProZinc for a short time in August 2022, then back to Vetsulin, glargine and now back to ProZinc- 3u BID. We have never been able to get her numbers to an acceptable range.

Abnormal PE/Chem/CBC/UA Results: Weight loss. BG - 438 mg/dL, TP - 9.2 g/dL, Lipase - 2046 U/L T4 WNL, CBC Unremarkable, BUN 43, GLU 438, TP 9.2, ALB 4.1, Chol 238, LIP 2046

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia or pyelonephritis. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

No overt adrenal tumors were present.

Spleen

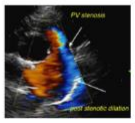
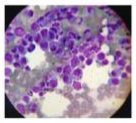
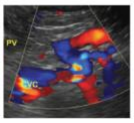
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.8 cm in width.

Liver/ Gallbladder

The liver exhibited generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. Normal hepatic vascular volume was noted.

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

Gastrointestinal

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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.

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 0.29 cm. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.40 cm.

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

Pancreas

The pancreas exhibited generalized variable enlargement, asymmetrical contour and nonuniform to nodular parenchyma.

Free Abdomen

No peritoneal free fluid was present. Subtle peripancreatic hyperechoic omentum was noted. No omental masses were noted.

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were not sonographically consistent with inflammatory or neoplastic criteria. An example of lymph node size measured 0.9 cm length.

ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous to nodular pancreas- chronic to mixed pattern pancreatitis with areas of nodular hyperplasia, potential for neoplastic criteria possible
- Diabetic hepatopathy pattern
- Mild age-related kidneys
- Structurally normal/intact gastrointestinal tract
- Intermittent, minor benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-guage needle, pancreatic FNA cytology could be considered for further assessment. Urinalysis with screening culture and sensitivity is recommended given the likelihood of glucosuria. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to assess for occult intestinal disease and/or thoracic pathology as contributing factors to the patients weight loss is warranted.

Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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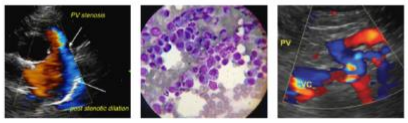

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Cushing's

Acromegaly

Owner compliance

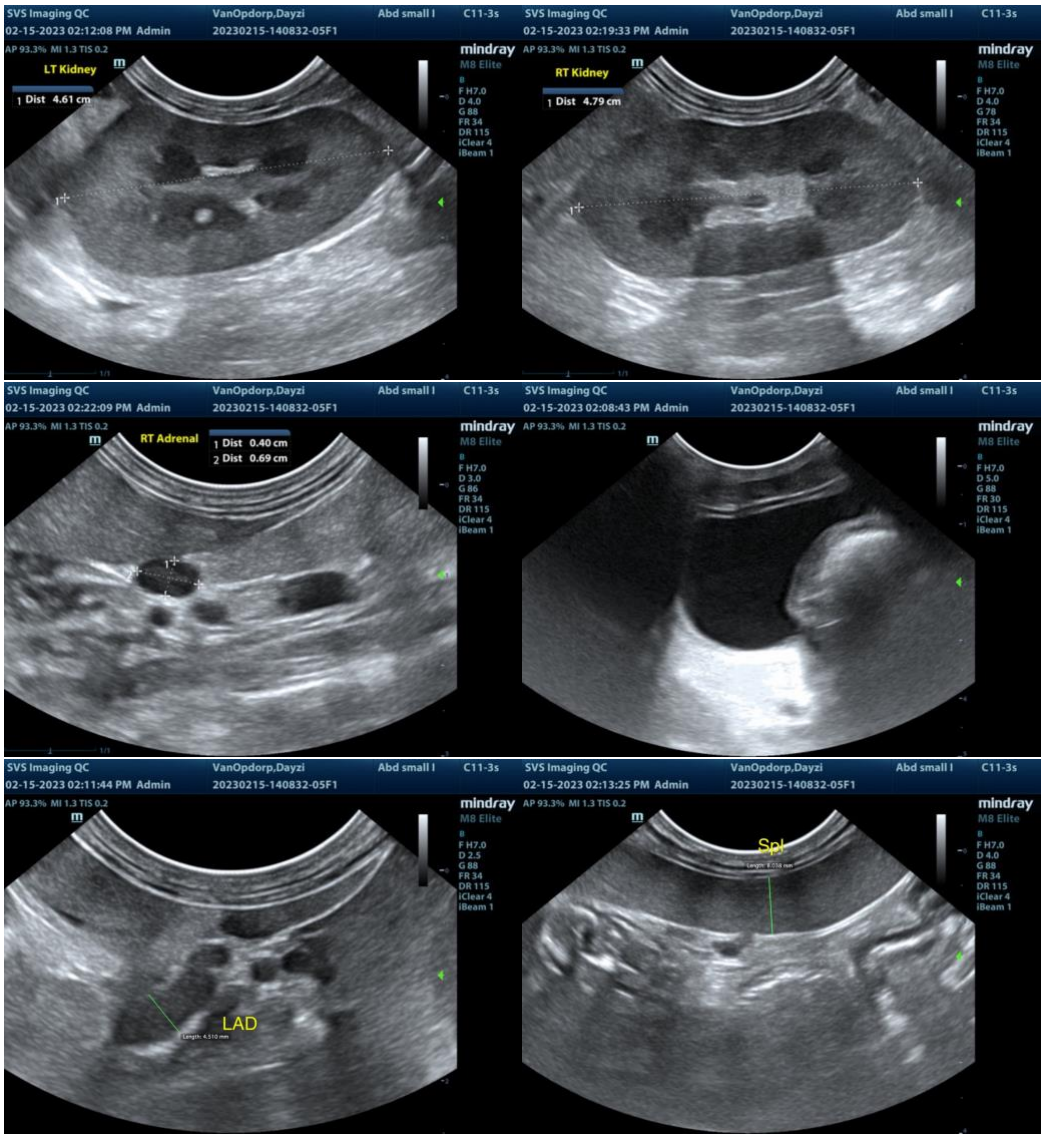
Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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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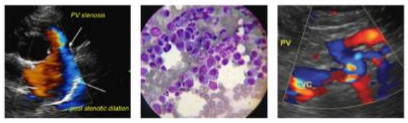

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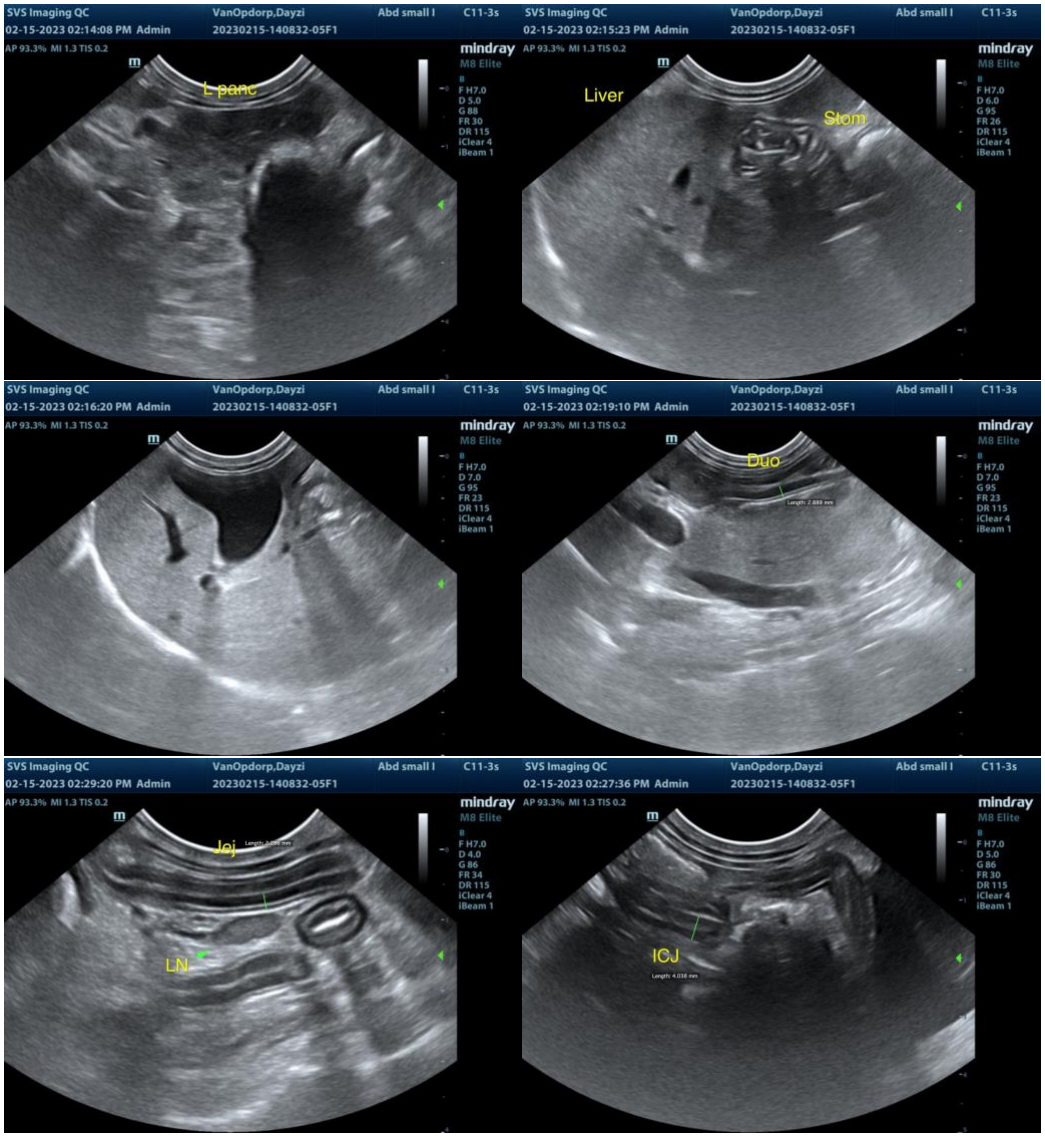

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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