



PATIENT

Hazel Dumas

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Cone

INVOICE

16335

DATE

3/10/23

PRESENTING CLINICAL SIGNS

Presented for shallow, rapid breathing for 1 week along with lethargy. Diagnosed with diabetes earlier this month; started on insulin injections but still PU/PD. Also diagnosed with hyperthyroidism. Exam: overweight (BCS 9/9), tachypnea (RR=50 breaths/min), shallow breaths/chest not expanding fully, normal cardiac auscultation, loud referred upper respiratory snore/wheeze.

Abnormal PE/Chem/CBC/UA Results: Blood glucose today= 366 (4 hours post insulin) Current Medications ProZinc 1.5 units SQ BID, Methimazole 5 mg PO BID Radiographic Findings Abdominal contents appear shifted cranially and to the right. Large amount of intra-abdominal fat. Cardiac silhouette possibly enlarged on V/D; appears normal on lateral. Lung fields WNL.

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. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory urinary bladder criteria, tumors, or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen was normal in size with minor medial capsule asymmetry. Potential for focal medial capsule fibrosis, which is incidental. No evidence of splenic infiltrative neoplastic criteria. The spleen measured 0.54 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. 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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material. The ingesta is sonographically consistent with food. The stomach is otherwise normal.

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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.

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

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Pancreas

The parenchyma of the left limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted. A significant amount of intraabdominal fat was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Urinary bladder sediment
- Mild chronic renal changes
- Sonographically normal gastrointestinal tract with gastric ingesta - likely post-prandial presentation
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of overt or significant intraabdominal visceral pathology was noted. No evidence of intraabdominal neoplastic criteria was visualized.

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Urine C/S on a sterile urine sample is recommended, especially if evidence of inflammatory sediment on urinalysis and/or glucose urea. A Spec fPL could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation is present, potentially associated with the pancreas.

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

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- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's

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Acromegaly
 Owner compliance

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Insulin quality issues
 Antibodies to insulin

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Underlying Neoplasia
 Diffuse liver disease

Feline

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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/>.

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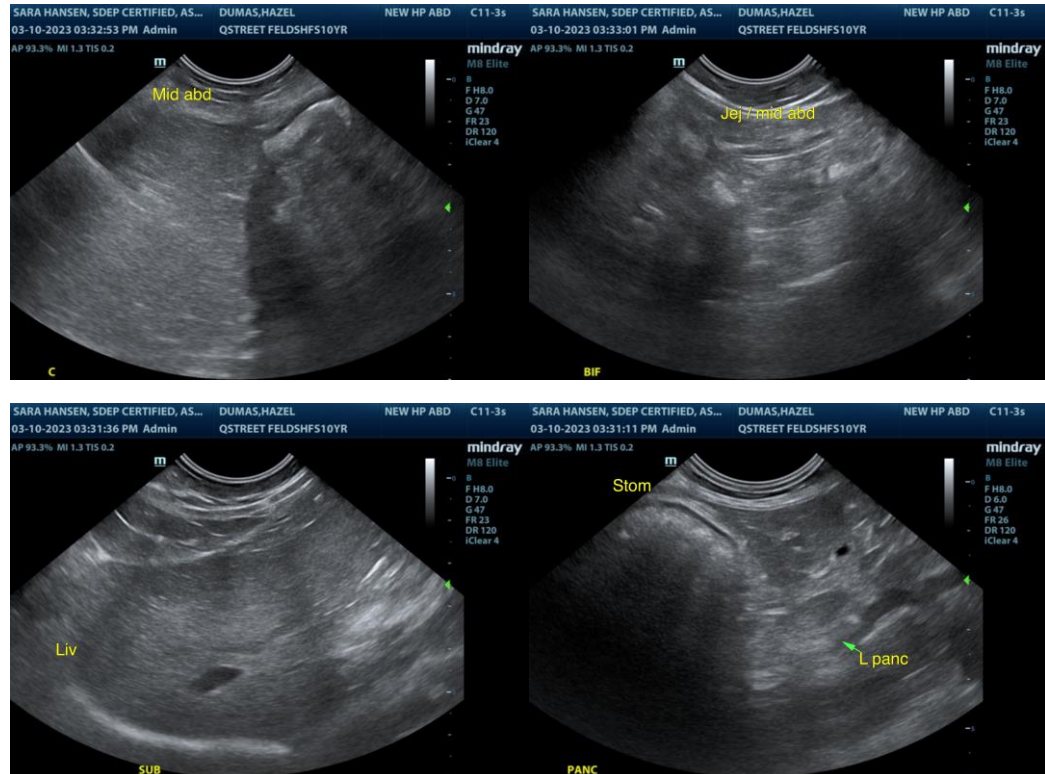
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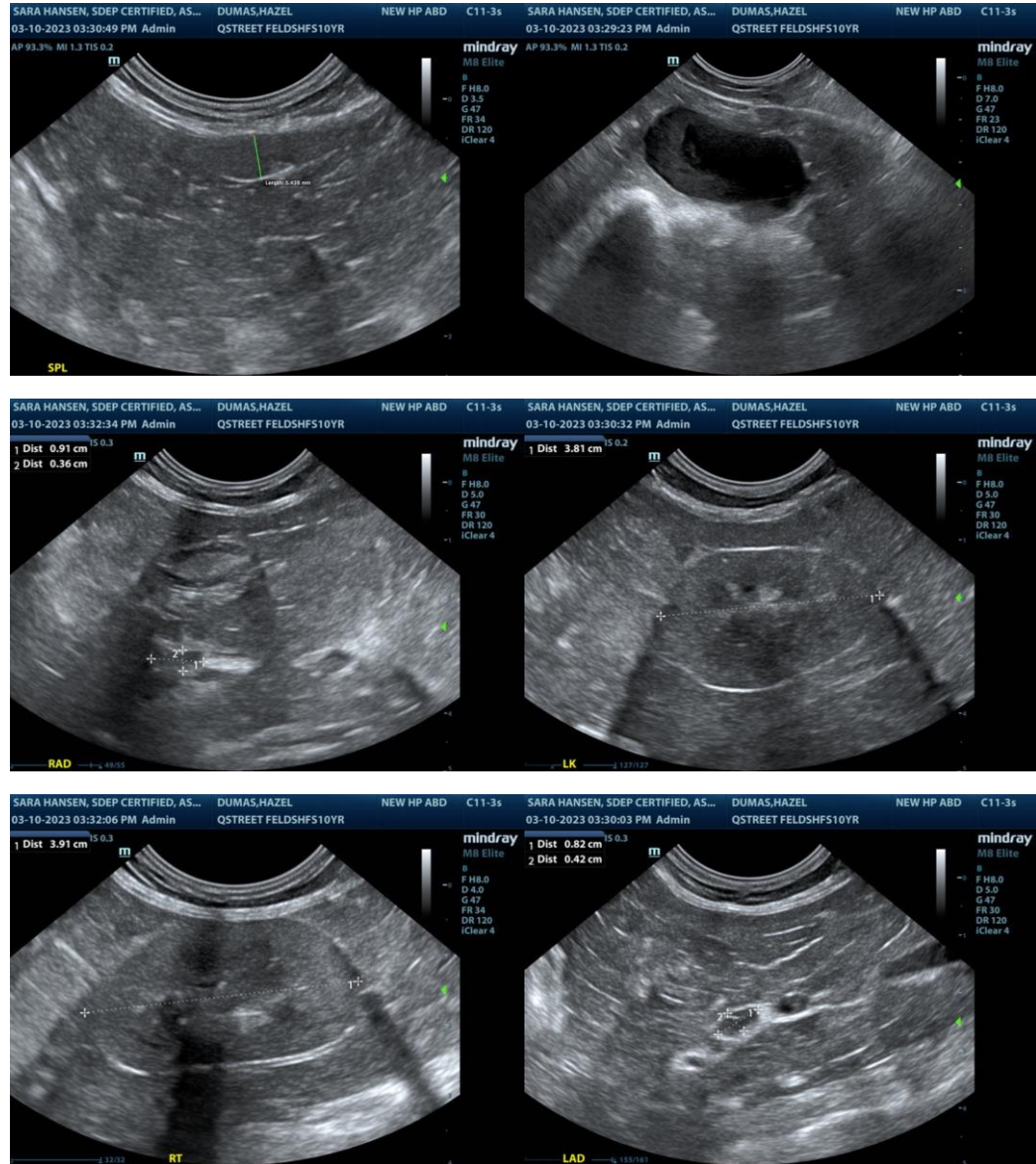
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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