



PATIENT

Ginger Fox

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5 years

WEIGHT

4.93

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

INVOICE

16339

DATE

3/11/23

PRESENTING CLINICAL SIGNS

5yr FS DSH presented to clinic for DKA. Anorexia past 3 days, vomiting, and lethargy. Diagnosed in January with diabetes. Moderate ketones upon arrival, BG 342.

Abnormal PE/Chem/CBC/UA Results: UA showed glucose/ketones

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.

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 mild bilateral pyelectasia. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was not definitively visualized, yet no overt pathology was noted. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.48 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 0.83 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective mild 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact yet prominent wall layering most notable in the area of the antrum and pylorus with mild to moderate retained anechoic gastric fluid. No evidence of mechanical pyloric



PATIENT	outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.50 cm.
Ginger Fox	
SPECIES	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The small intestinal wall width measured 0.20 cm.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	Pancreas The left pancreatic limb exhibited prominent to asymmetrical enlargement with heterogeneous parenchyma including hypoechoic striations.
FS	
AGE	Free Abdomen Intermittent scant peritoneal free fluid was noted. Regional peripancreatic to generalized mild hyperechoic omentum was noted.
5 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
4.93	<ul style="list-style-type: none"> • Diabetic hepatopathy pattern • Gastroenteritis pattern with gastric and segmental intestinal hypomotility • Edematous to inflamed pancreas • Bilateral mild pyelectasia • Scant peritoneal free fluid
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Urine C/S on a sterile urine sample, given the glucose urea, is recommended. Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as for occult intestinal disease as a contributing factor is suggested.
IMAGING PERFORMED BY	Empirically, hospitalization with serum glucose stabilization, as-needed gastrointestinal support, and empirical therapy for pancreatitis with an assessment of clinical response are recommended. Abdominal sonographic reassessment may be indicated if persistent / progressive clinical signs and/or lack of glucose stabilization.
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HOSPITAL NAME	
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INVOICE	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
16339	UTI
DATE	Dietary indiscretion/intolerance
3/11/23	Pancreatitis
	Hyperthyroidism/hypothyroidism
	Exogenous steroids (including topical eye meds)
	Cushing's
	Acromegaly
	Owner compliance



PATIENT

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Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

SPECIES

Feline

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/>.

BREED

DSH

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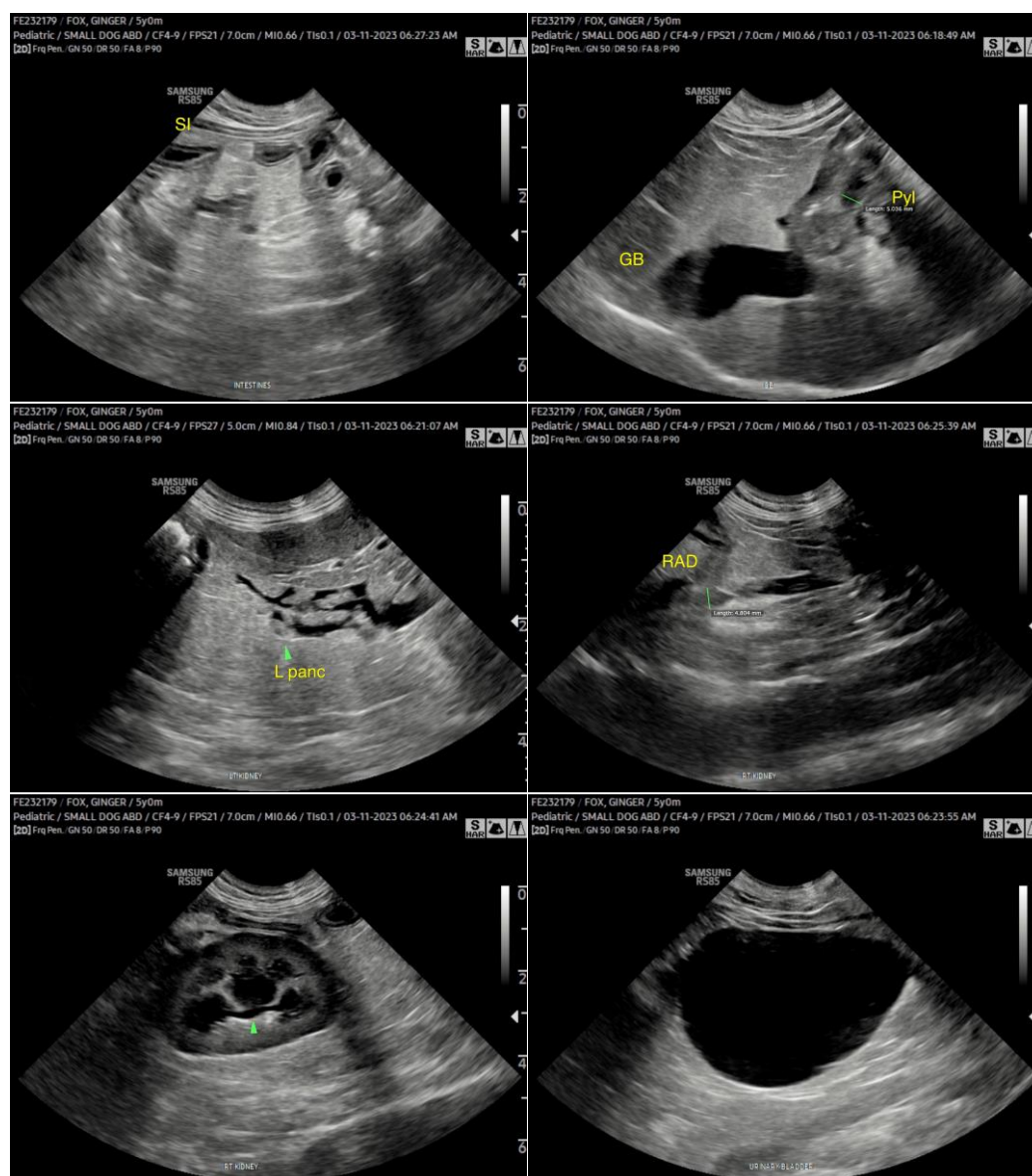
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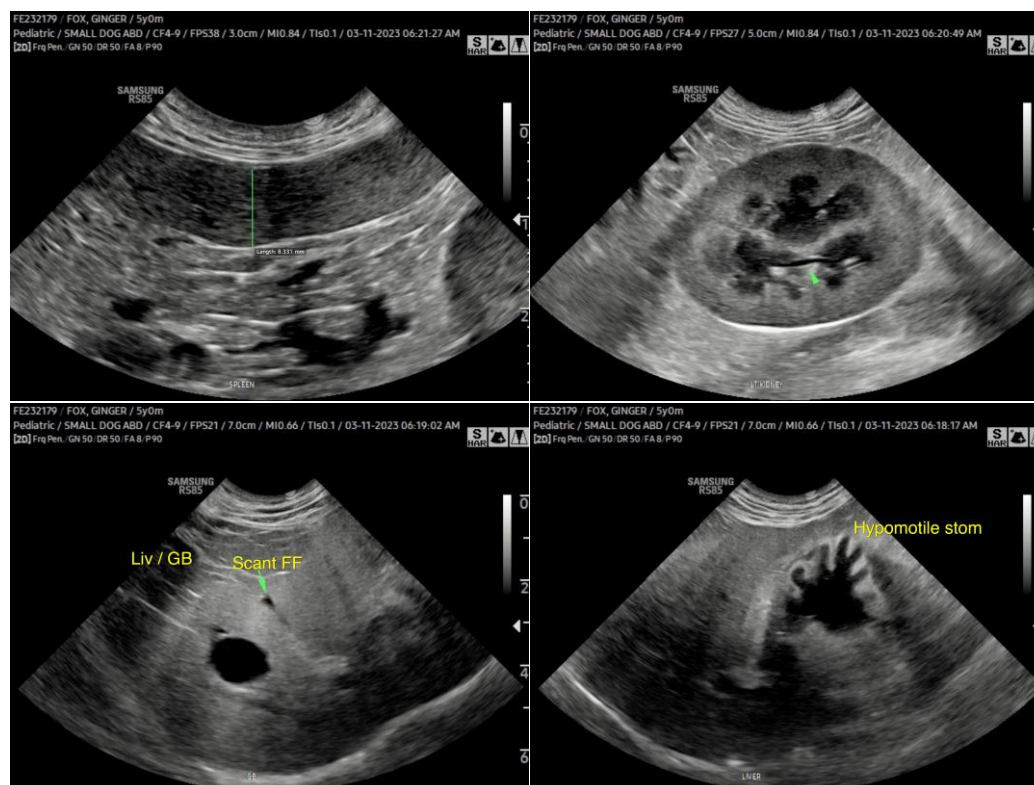
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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