



PATIENT

Rondo Eller

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

12.8 lb.

INTERPRETED BY

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

IMAGING

PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Emily McCabe, DVM

INVOICE

14340

DATE

3/17/22

PRESENTING CLINICAL SIGNS

History diabetes mellitus, which is difficult to regulate. Started on Prozac, then changed to Lantus (still not regulated on 0.7U/kg BID. History pancreatitis and diarrhea, resolved, and Horner's syndrome. Repeat BW on day of ultrasound

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.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present in both kidneys. The left kidney measured 4.7 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 0.37 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm.

No overt evidence of adrenal hyperplasia or tumors.

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.

Liver/ Gallbladder

The liver exhibited subjective mild 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. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with primarily anechoic with mild nondependent gallbladder debris. The gallbladder was otherwise normal. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.23 cm diameter.

Gastrointestinal



PATIENT
 Rondo Eller
 The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.35 cm width. Mild gastric distension with mild retained anechoic fluid, primarily in the antrum and pylorus.

SPECIES
 Feline
 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 0.25 cm. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.30 cm.

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

SEX
 MN
Pancreas
 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.

AGE
 10 years
Free Abdomen
 No overt lymphadenopathy or peritoneal effusion was present.

- WEIGHT**
 12.8 lb.
- ULTRASONOGRAPHIC FINDINGS**
- Echogenic liver
 - Low-grade to chronic active pancreatitis
 - Possible concurrent mild gastroduodenitis
 - Mild chronic renal changes with minor pyelectasia

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic pancreatic presentation is consistent with previous history of pancreatitis and suggestive of persistent low-grade to chronic active inflammation. Evidence of significant small intestinal mural changes was not present, yet if recurrent diarrhea, structurally insignificant enteropathy cannot be excluded. Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate. Urine culture and sensitivity to rule out underlying urinary tract infection, if evidence of glucosuria, is suggested. If elevated liver enzymes, the appearance of the liver is suggestive of metabolic/reactive/vacuolar (diabetic) hepatopathy, while the possibility of primary or concurrent inflammation (i.e., cholangitis/cholangiohepatitis could be possible.

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)
- Cushing's
- Acromegaly

INVOICE
 14340

DATE
 3/17/22

IMAGING PERFORMED BY
 Pamela Harrigan, RDCS

HOSPITAL NAME
 Norfolk County VS

REFERRING VET
 Emily McCabe, DVM



PATIENT Owner compliance
 Rondo Eller Insulin quality issues
 Antibodies to insulin
 Underlying Neoplasia

SPECIES Diffuse liver disease

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

12.8 lb.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

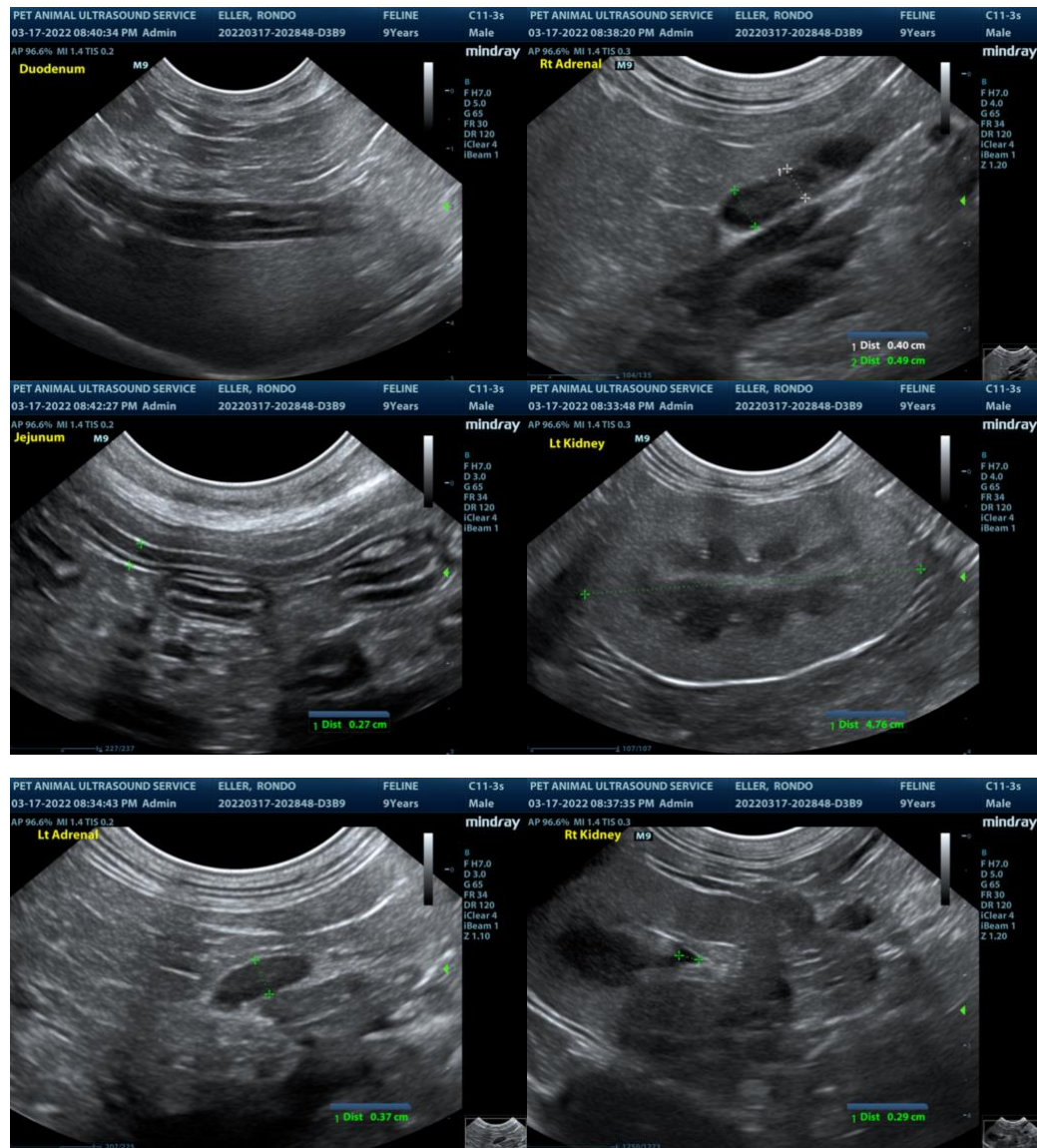
Emily McCabe, DVM

INVOICE

14340

DATE

3/17/22





PATIENT

Rondo Eller

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

10 years

WEIGHT

12.8 lb.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

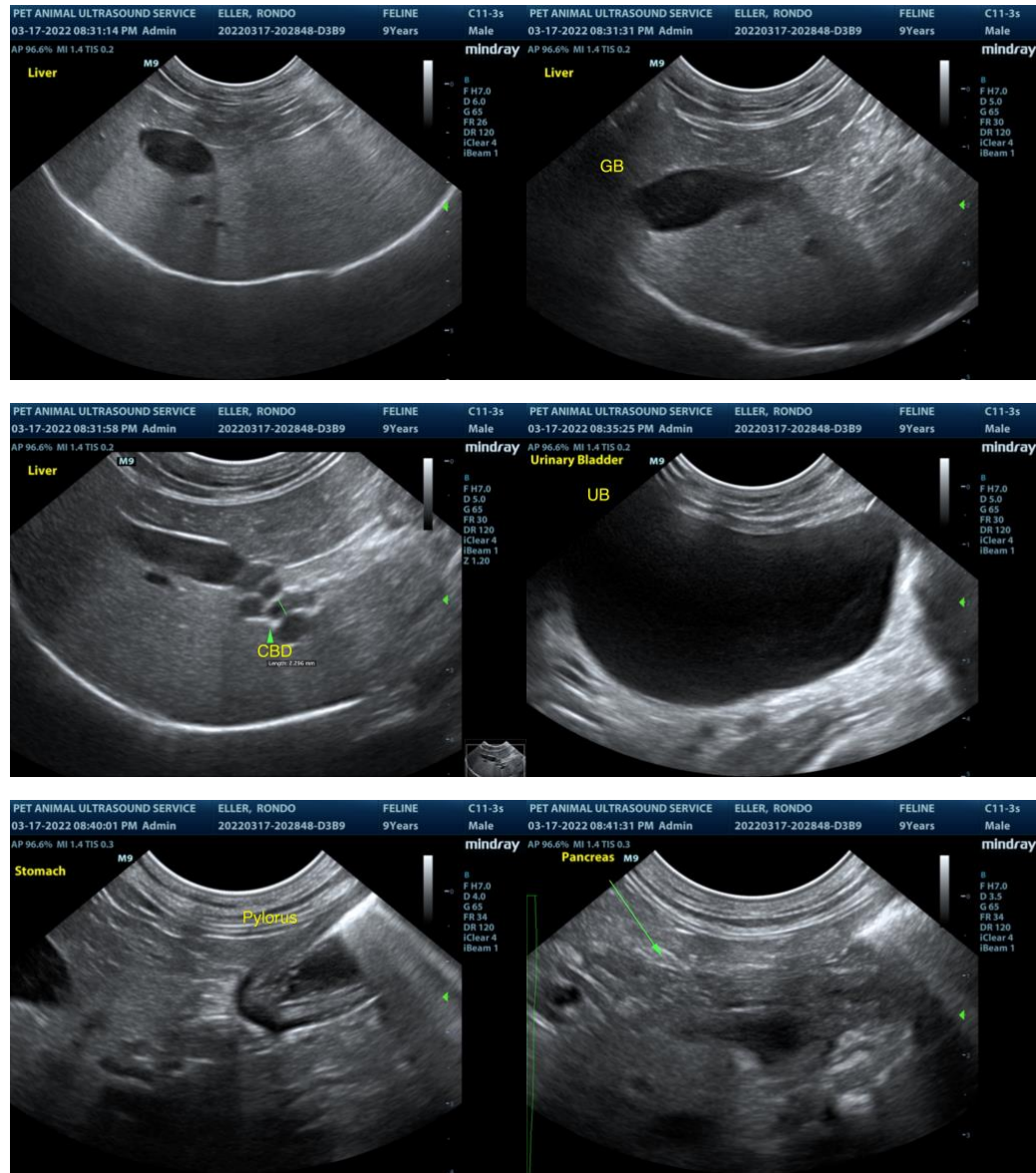
Emily McCabe, DVM

INVOICE

14340

DATE

3/17/22



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