



**PATIENT PRESENTING CLINICAL SIGNS**

Amanda Buchvalt Unregulated diabetic, PU/PD, history of pancreatitis Prozac 7u BID

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

The bladder was normal yet mildly distended exhibiting subjective normal tone. The 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.

**BREED**

DSH

**SEX**

FS

**AGE**

2009

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. Mild pyelectasia was noted in the left kidney with mild increased echogenicity of the left kidney renal sinus. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

**WEIGHT**

9.6

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

**INTERPRETED BY Spleen**

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, nondisruptive, well-demarcated, uniform hyperechoic parenchymal nodule was noted in the mid-lateral spleen, measuring 0.2 cm in diameter. 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 1.0 cm width at the level of the hilus.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME Liver/ Gallbladder**

Lehigh Valley AH  
 (Bath)

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. 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. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Tan

**INVOICE 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 width measured 0.25 cm.

**DATE**

4/14/22



**PATIENT**

Amanda Buchvalt

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted. The duodenum wall width measured 0.26 cm. The jejunum wall width measured up to 0.29 cm.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

DSH

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.

**SEX**

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***Free Abdomen***

**AGE**

2009

Intermittent mesenteric 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 0.45 cm diameter. Small pockets of scant peritoneal primarily perihepatic free fluid were present. The omentum exhibited normal echogenicity.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.6

***Primary Findings***

- Hepatomegaly - subjectively benign
- Chronic active pancreatitis
- Possible segmental mild inflammatory enteropathy
- Static mild chronic renal changes with mild left kidney pyelectasia
- Intermittent mildly prominent subjectively benign mesenteric lymph node and scant peritoneal, primarily perihepatic free fluid

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 (Canine and Feline)

***Secondary Findings***

- Solitary subjectively benign splenic nodule - consistent with probable myelolipoma

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Lehigh Valley AH  
 (Bath)

The pyelectasia in the left kidney is nonspecific and may indicate mild pelvic scarring while the possibility of mild left kidney pyelonephritis cannot be excluded. Pending recheck lab work, urine culture and sensitivity on a sterile urine sample and hepatic FNA, assuming normal clotting status and using a 25-gauge needle, could be considered.

**REFERRING VET**

Dr. Tan

Pending fPL, assessment of serum cobalamin and folate levels for further assessment of the small intestine could be considered.

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Potential Causes of Diabetic Dysregulation

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

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**PATIENT**

UTI  
Dietary indiscretion/intolerance  
Pancreatitis  
Hyperthyroidism/hypothyroidism

Amanda Buchvalt

**SPECIES**

Exogenous steroids (including topical eye meds)  
Cushing's

Feline

Acromegaly  
Owner compliance  
Insulin quality issues

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Antibodies to insulin  
Underlying Neoplasia  
Diffuse liver disease

DSH

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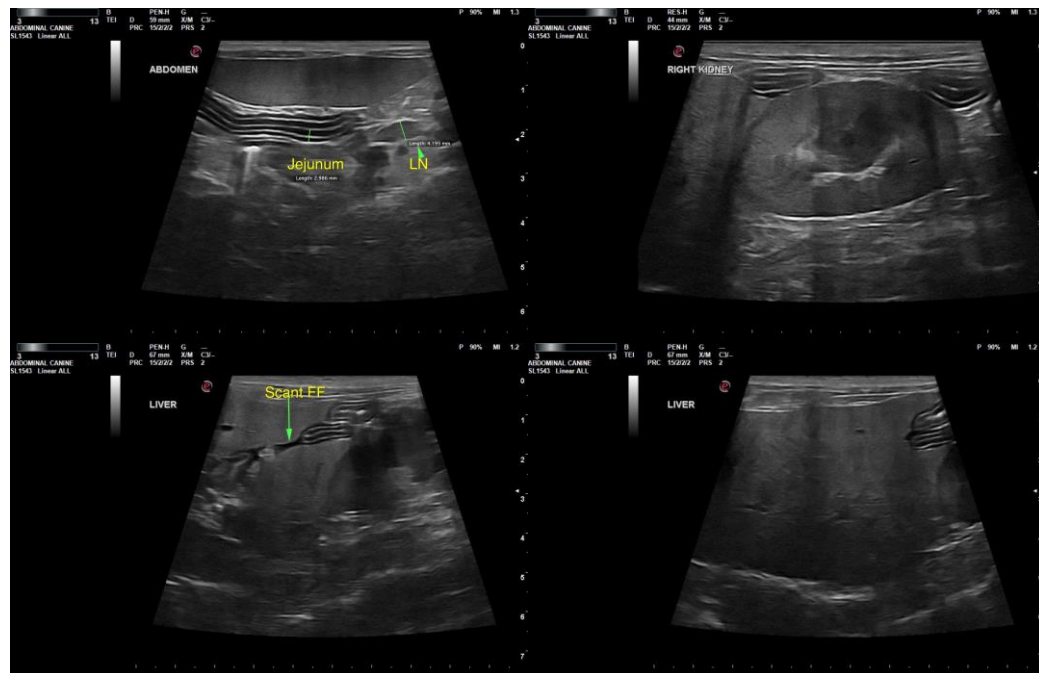
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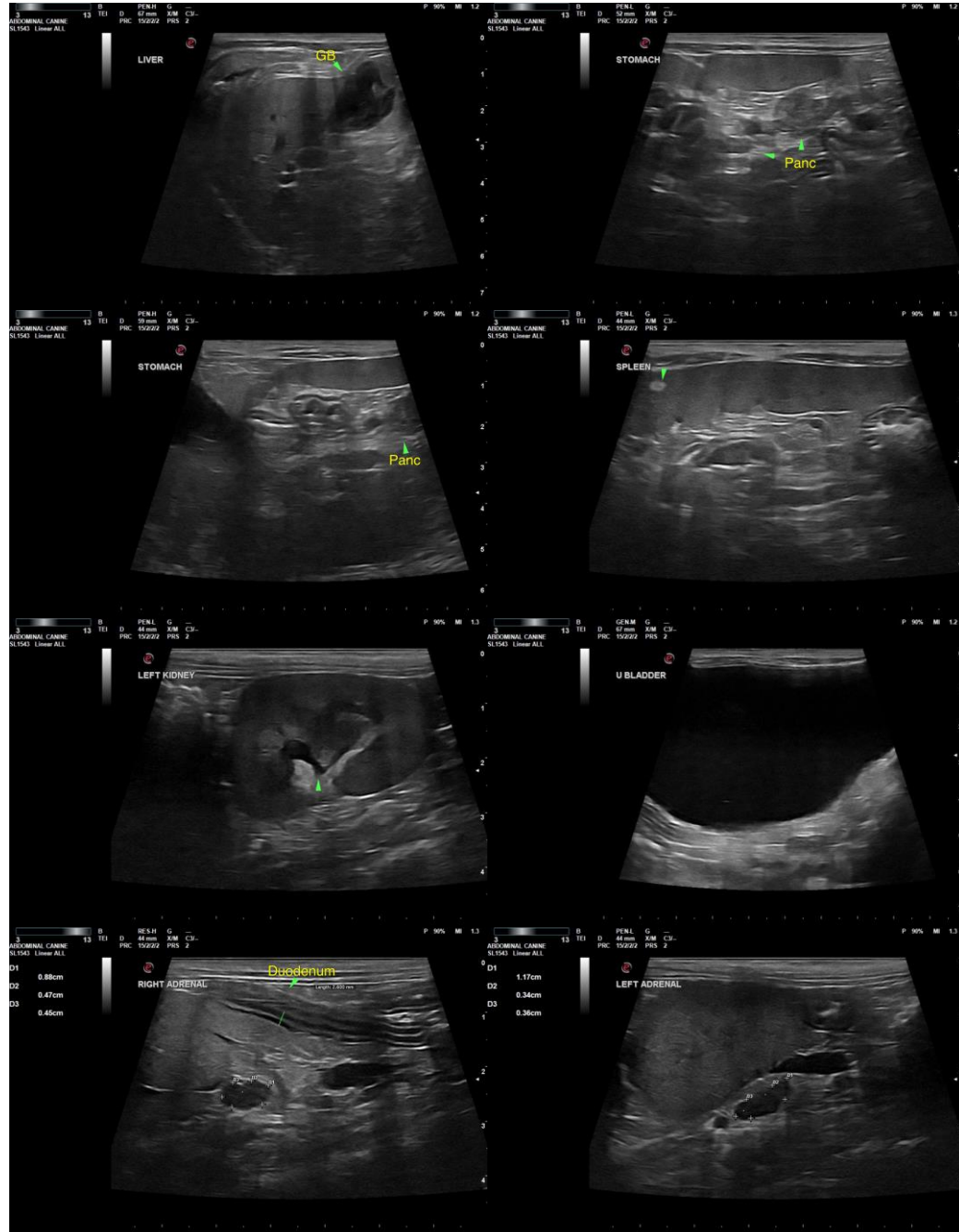
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)