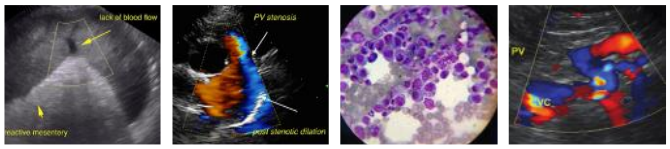
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lucky Licari

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
10+yr

WEIGHT
7.5lb

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

IMAGING PERFORMED BY
Dr Tudor Suciu

HOSPITAL NAME
Animal Clinic of Queens

REFERRING VET
Dr Tudor Suciu

INVOICE
13609ag

DATE
04/25/2023

PRESENTING CLINICAL SIGNS

Recently surrendered to a shelter , history of Dm, patient was lately on 3 units Lantus BID. Presented for ADR, weight loss/poor body condition despite good appetite. BG at presentation (on 4/24) was 265, there was also glucose in the urine (++), but no ketones. today the glucose varied between 165 to 69 (no insulin given, patient ate well), checked with intradermal sensor (FreeStyle Libre 14).

Abnormal PE/Chem/CBC/UA Results: Poor body condition (2/9), 7-8% dehydration Bloodwork (4/24) low sodium 145 (148-163) low potassim 2.9 (3.6-5.6) low ionized calcium 1.15 (1.21-1.51) high lactate 4.15 (0.5-3.2) low hematocrit 24.3% (26-47), normal RBC, normal hemoglobin (8.8) high WBC 40.41 (5.50-19.5), with neutrophilia (35.99). high BUN (85), normal creatinine 1.89 (0.5-1.90)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder initially exhibited mild distention, normal tone and anechoic urine with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. Subjective urination during the ultrasound. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. No urinary bladder tumors.

Bilateral mild renomegaly was present. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral mild pyelectasia was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were subjectively mildly prominent in size with symmetrical contour and homogenous parenchyma. The left adrenal gland measured 0.45 cm width at the caudal pole. The right adrenal gland measured 0.52 cm width at the caudal pole.

Spleen

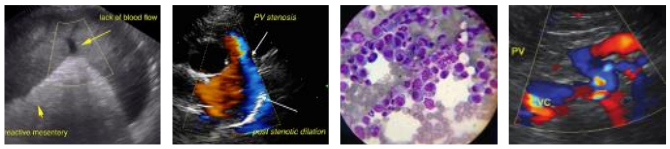
The spleen was visualized without overt pathology. Possible splenic volume contraction.

Liver/Gallbladder

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 primarily anechoic luminal content and mild hyperechoic non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained variably echogenic chyme/fluid with no signs of ileus, obstruction or foreign material.



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The small intestine presented intact prominent to thickened wall layering. No visualized loss of wall layering or intestinal masses. The intestinal wall measured up to 0.45 cm in width.

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

Pancreas

The pancreas was variably enlarged, asymmetrical and non-homogeneously hypoechoic.

Free Abdomen

Scant to mild volume peritoneal free fluid with generalized mild uniform increased omental echogenicity was present.

Intermittent to several variably enlarged non-homogenous mesenteric lymph nodes were present. An example measured 2.6 cm x 0.89 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment.
- Mild bilateral renomegaly with non-specific chronic changes and mild pyelectasia.
- Bilateral borderline adrenomegaly.
- Non-specific hepatomegaly with mild gallbladder debris.
- Prominent non-homogenous hypoechoic pancreas-suspect chronic/chronic active pancreatitis.
- Hypomotile stomach.
- Intact generalized prominent to thickened small bowel walls-potential chronic inflammatory enteropathy.
- Mid abdominal variable enlarged irregular mesenteric lymph nodes, scant to minor volume peritoneal free fluid-lymph nodes may indicate lymphadenitis, neoplastic lymphatic criteria thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystocentesis for UA +/- C/S given glucosuria recommended if not done. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a hepatic and mid abdominal lymph node FNA for screening cytology could be considered for further assessment.

Empirically, hospitalization with rehydration, electrolyte supplementation, as needed supportive care and stabilization of serum BG level with assessment of clinical response is recommended.

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

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

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis

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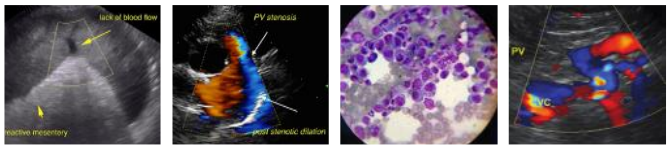

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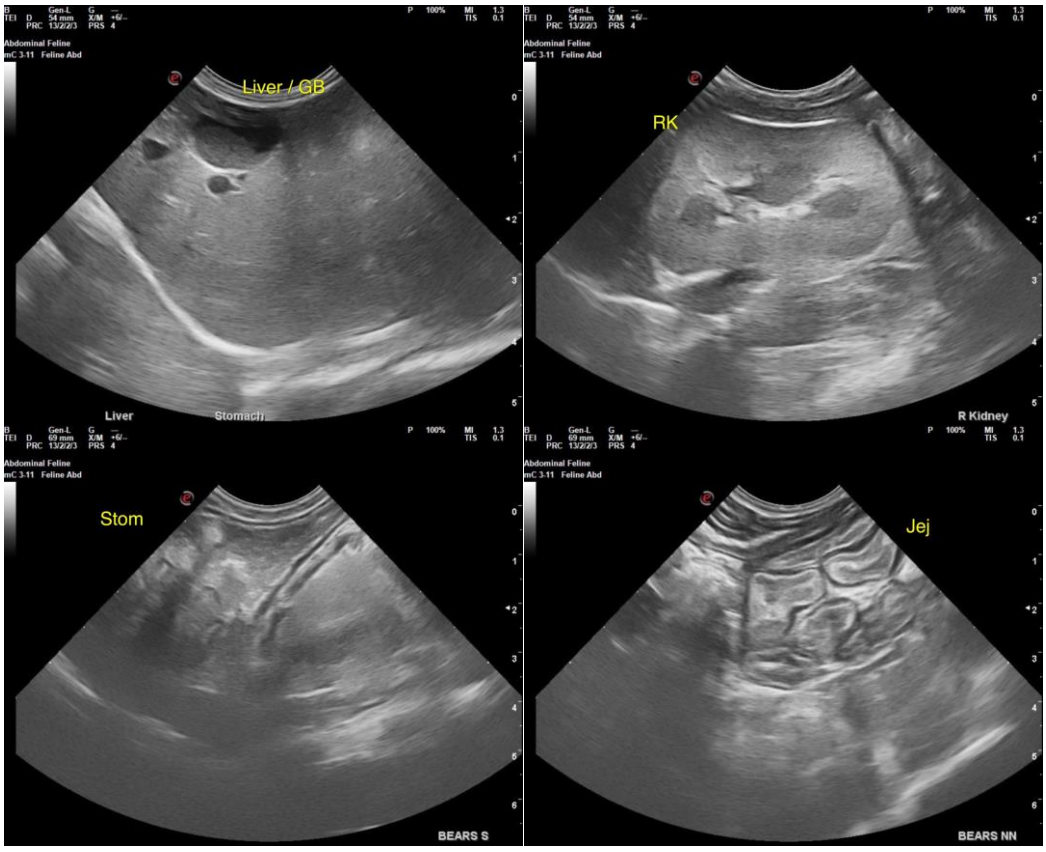
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease



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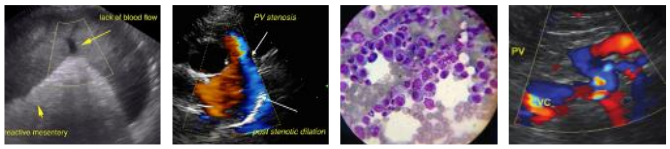

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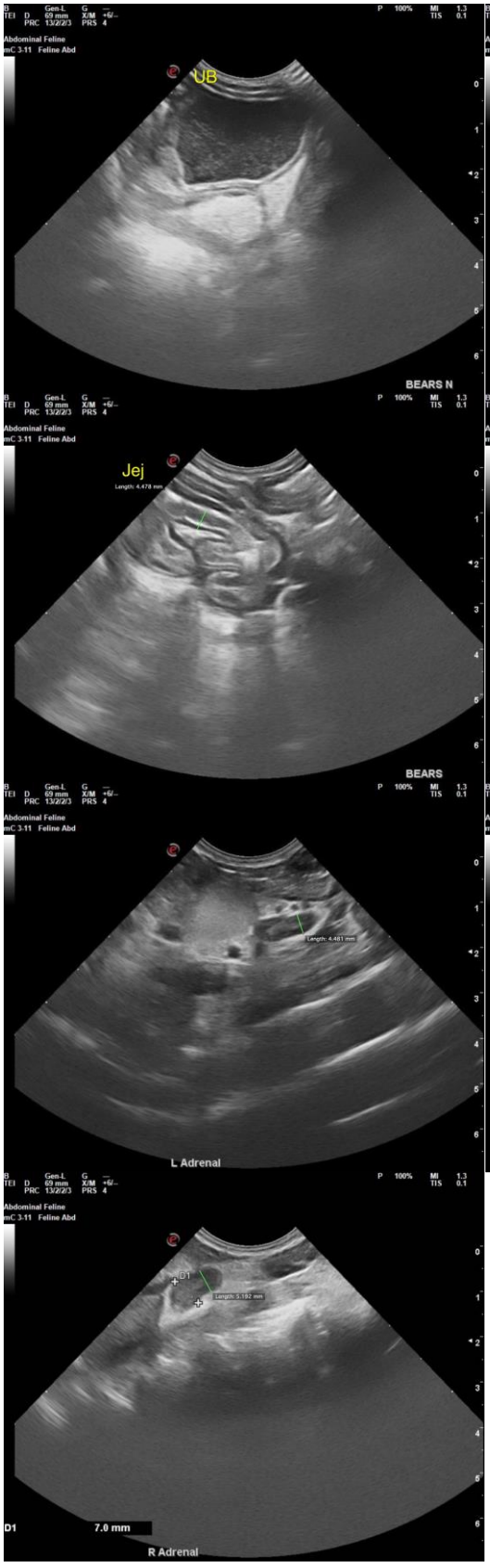

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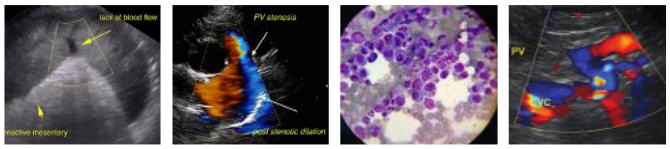

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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