



PATIENT

Patty Browne

PRESENTING CLINICAL SIGNS

Presented for inappetence , not acting right , weight loss and urinating and drinking a lot for the past few weeks. Recently dx DKA

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE - HM grade 2-3/6 , dorsal muscle wasting, mild to moderate abdominal distention , liver appears enlarge on palpation and hard stool along the distal colon.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

F

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Mild uniform increased cortex echogenicity was present. No pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.6 cm in length.

AGE

12

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.2lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Lara Cabugawan

Liver/Gallbladder

The liver was enlarged with mildly rounded contour and generalized uniform increased parenchymal echogenicity compared to the spleen and falciform fat. Normal hepatic vascular volume was present. 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.

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

Gastrointestinal

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 measured 0.24 cm in width.

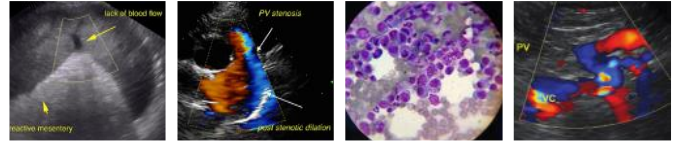
INVOICE

13654ag

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 0.23 cm width. The jejunum wall measured 0.21 cm width.

DATE

05/01/2023



PATIENT

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

Patty Browne

Pancreas

SPECIES

The pancreas was normal in size and contour with non-homogenous hypoechoic parenchyma. Minor pancreatic duct dilation was present.

Feline

Free Abdomen

BREED

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild urinary bladder sediment.
- Diabetic hepatopathy pattern, sonographically unremarkable gallbladder.
- Non-homogenous hypoechoic pancreas.
- Structurally unremarkable GI tract.
- Non-specific mild chronic renal changes.

F

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for urine C/S given glucosuria +/- UPC for further renal staging is suggested.

WEIGHT

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to chronic active pancreatitis is recommended.

8.2lb

Potential for emerging hepatic lipidosis or inflammatory criteria with infiltrative hepatic neoplasia considered less likely is possible. Monitoring of hepatic enzyme levels with therapy for diabetes/DKA is recommended.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13654ag

DATE

05/01/2023

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



PATIENT

Patty Browne

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/>.

SPECIES

Feline

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>

BREED

DSH

SEX

F

AGE

12

WEIGHT

8.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

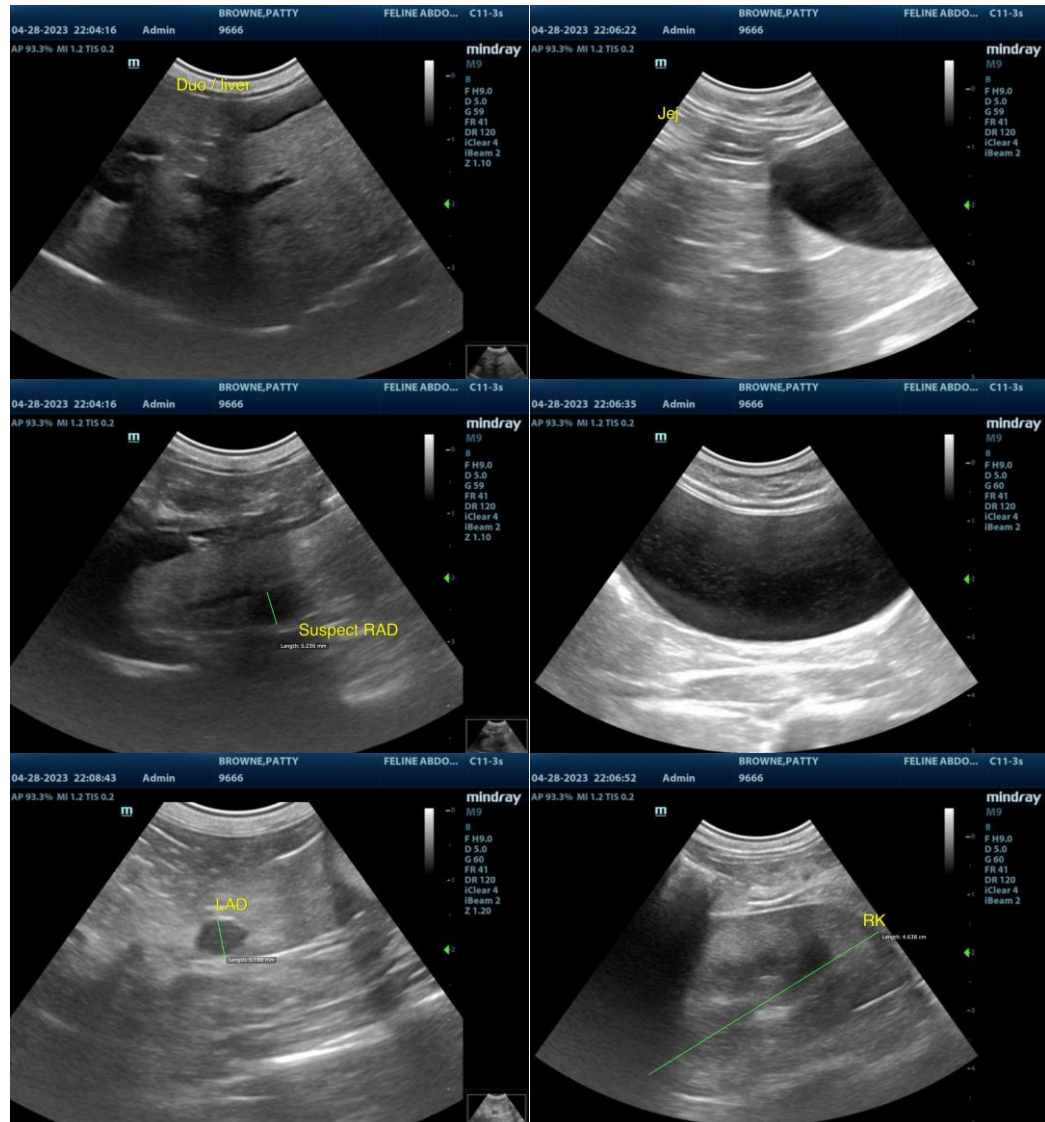
Dr. Lara Cabugawan

INVOICE

13654ag

DATE

05/01/2023





PATIENT

Patty Browne

SPECIES

Feline

BREED

DSH

SEX

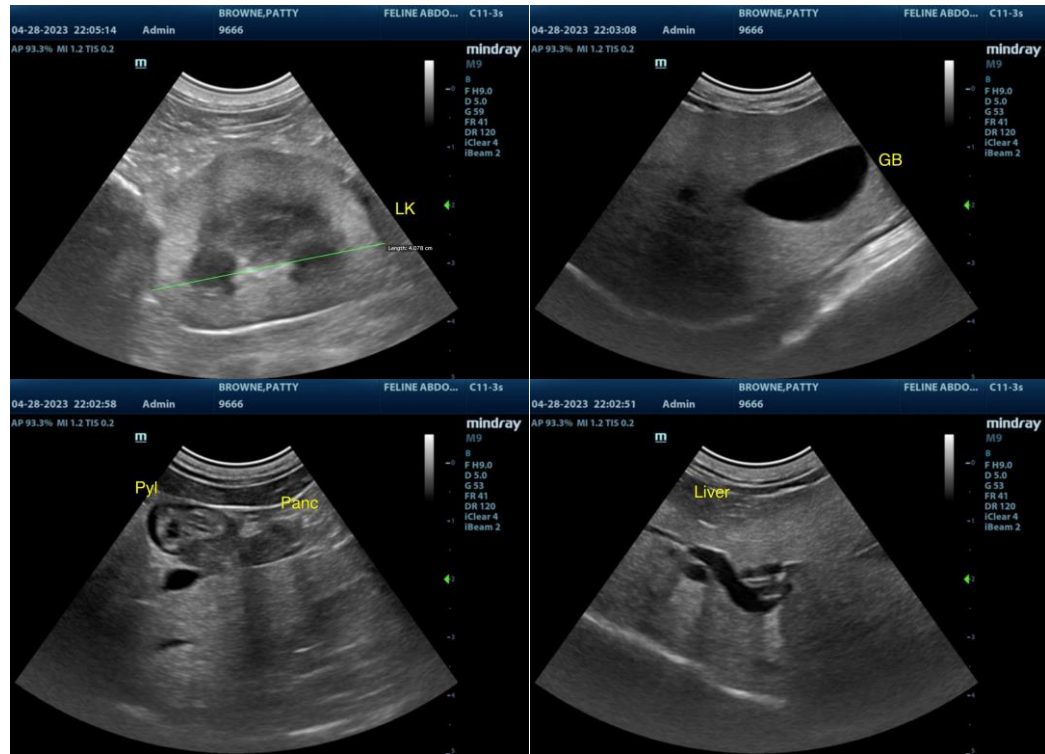
F

AGE

12

WEIGHT

8.2lb



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

13654ag

DATE

05/01/2023

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