



Portable Animal Vetscan Sonography, Inc.

PATIENT

Charley Fruetel

PRESENTING CLINICAL SIGNS

SPECIES

Feline

Chief Concern/Provisional Dx: Unregulated Diabetes Mellitus History: Charley has diabetes mellitus and currently is on 5U Vetsulin bid. Senior Screen results: unremarkable except for elevated glucose in blood and glucose in urine R/O neoplasia in pancreas and liver. Physical : Dehydrated. Recently had a fever with bilirubinuria Concerns: rule out neoplasia. We are staging Charley. If he has a normal abdominal ultrasound additional diagnostics will be done to rule out growth hormone abnormality.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 were noted.

AGE

10 Years 2 Months

Normal size and margination was 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 to moderate pyelectasia present in both kidneys without evidence of concurrent left or right ureter dilation. Both kidneys exhibited cortical infarcts. The left kidney measured 4.7 cm. The right kidney measured 4.4 cm.

WEIGHT

11.72 Pounds

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were overtly normal without evidence of adrenal enlargement or neoplastic criteria. The left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.47 cm.

Spleen

The spleen exhibited borderline enlargement (measuring 1.1-1.2 cm in width at the level of the hilus) with 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 BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Marysville Veterinary

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. Minor non-obstructive common bile duct dilation was present.

REFERRING VET

Dr. Grace Berg

Gastrointestinal

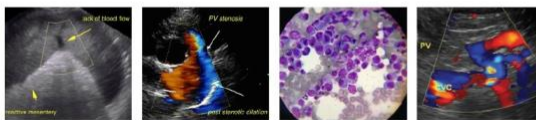
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.26 cm.

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Portable Animal Veterinary Sonography, Inc.

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Charley Fruetel

SPECIES

Feline Normal visible colon wall layers were present with semiformed feces.

BREED

DSH

Pancreas
The pancreas exhibited variable prominent size with areas of capsule asymmetry. Heterogeneous to mildly hypoechoic parenchyma noted along with left limb pancreatic duct dilation. No overt evidence of pancreatic tumors.

SEX

Neutered Male

Free Abdomen

Multiple mesenteric (jejunocolic and pancreaticoduodenal) lymph nodes were present. Example measured 2.9 cm x 1.0 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. Some of the lymph nodes exhibited possible abnormal width to length ratio greater than or equal to 0.5. Example measured 1.0 cm x 0.9 cm. Evidence of perilymphatic inflammation was evident.

AGE

10 Years 2 Months

No peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.72 Pounds

- Moderate chronic renal changes exhibiting mild to moderate bilateral pyelectasia and cortical infarcts.

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- Borderline non-specific splenomegaly – patient variant, benign hyperplasia, hematopoiesis, incidental splenitis. Neoplastic criteria considered less likely yet cannot be definitively excluded.

IMAGING BY

Loetitia Saint-Jacques,
LVT

- Chronic to chronic active pancreatitis pattern.

- Mesenteric lymphadenopathy – hyperplasia, reactive lymphadenitis, early neoplastic lymphadenopathy possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Potential for chronic unilateral or bilateral pyelonephritis, given the potential for glucosuria. However, no overt evidence of inflammatory parenchymal changes noted around the pelvis or in the renal sinus. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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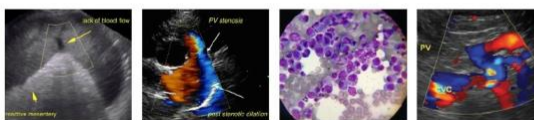
Assuming normal clotting status, ultrasound guided FNA of the spleen and enlarged mesenteric lymph node using 25-gauge needle warranted for screening cytology, primarily to ensure only benign splenic changes are present and to rule out potential for emerging lymphatic neoplastic criteria. Concurrent hepatic FNA could be considered, given recent bilirubinuria and short half life of hepatic enzymes in cats, if clinical concern for hepatopathy.

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Charley Fruetel Potential Causes of Diabetic Dysregulation
This is a suggestive checkoff list when faced with an unregulated diabetic patient:

SPECIES

UTI

Feline

Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)

BREED

DSH

Cushing's
Acromegaly
Owner compliance
Insulin quality issues

SEX

Underlying Neoplasia

Neutered Male

AGE

10 Years 2 Months

WEIGHT

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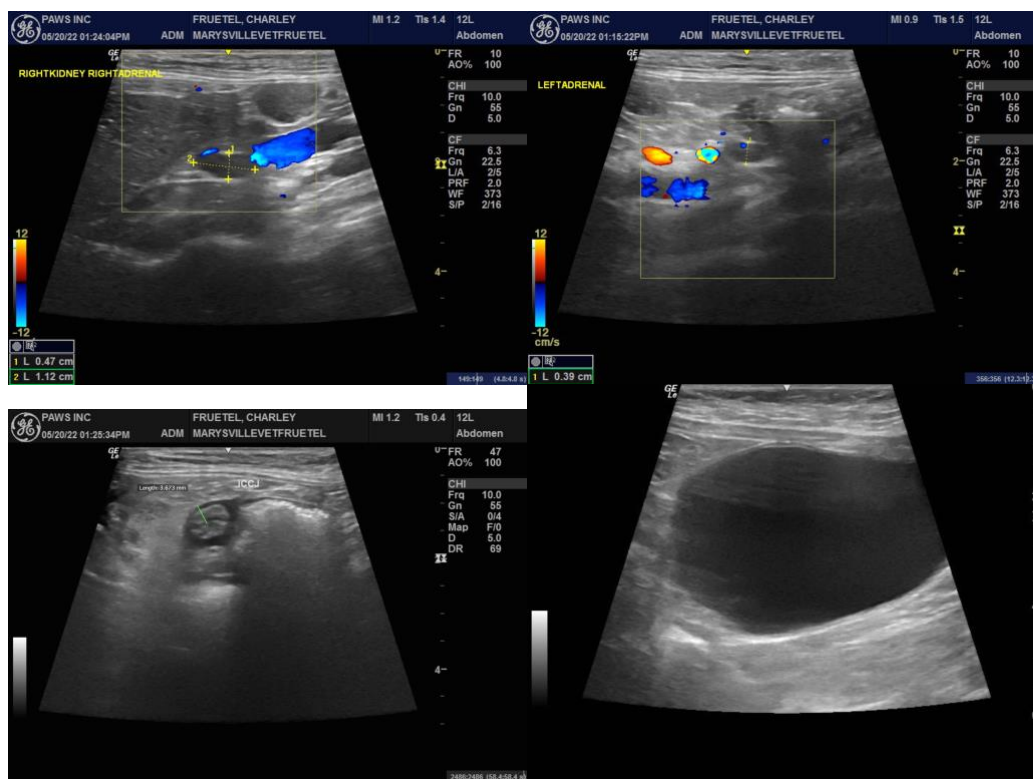
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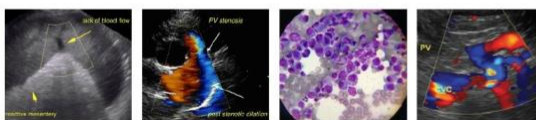
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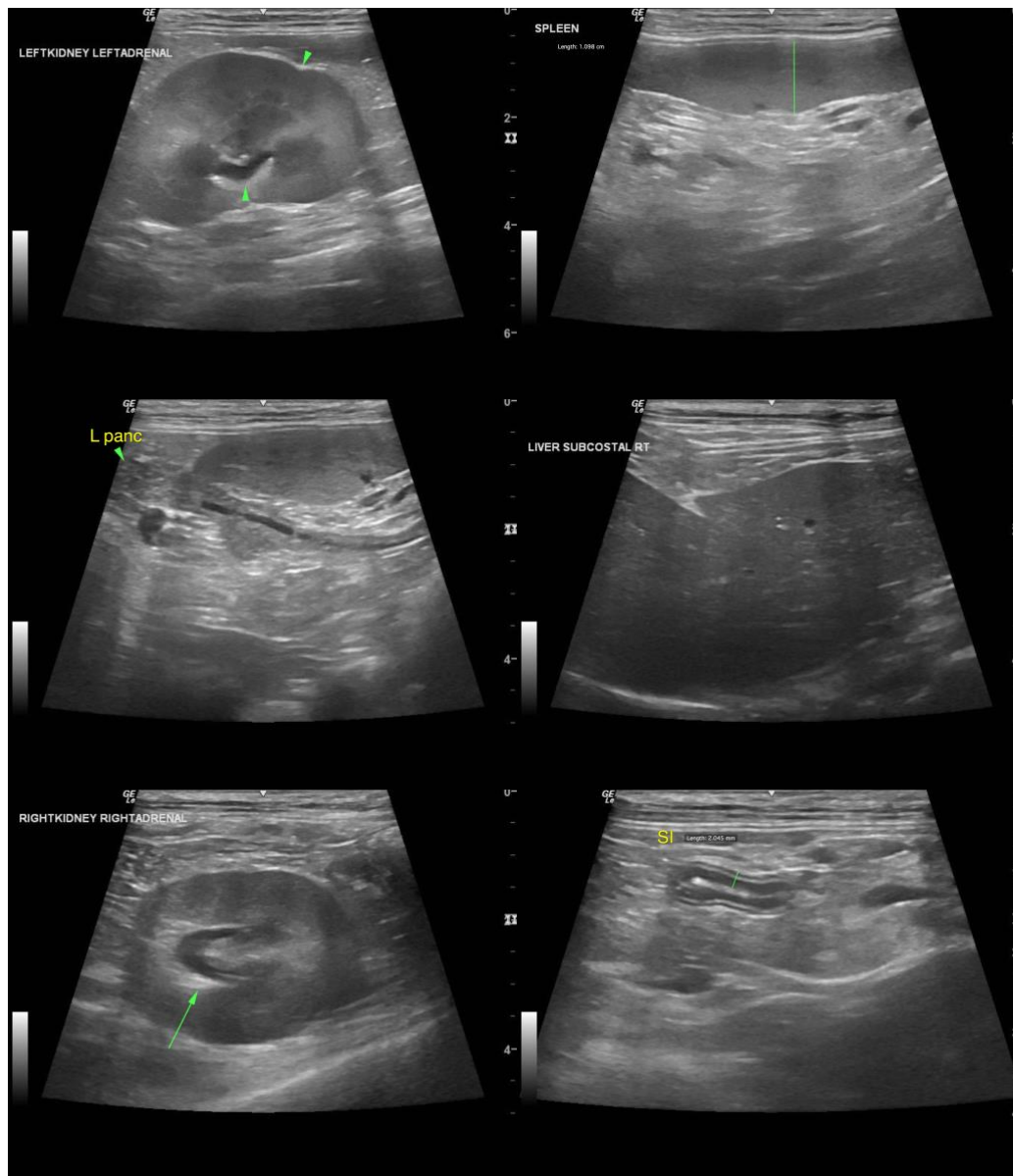
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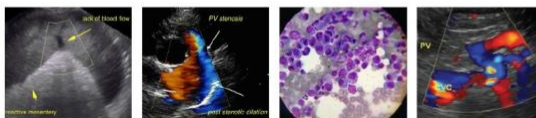
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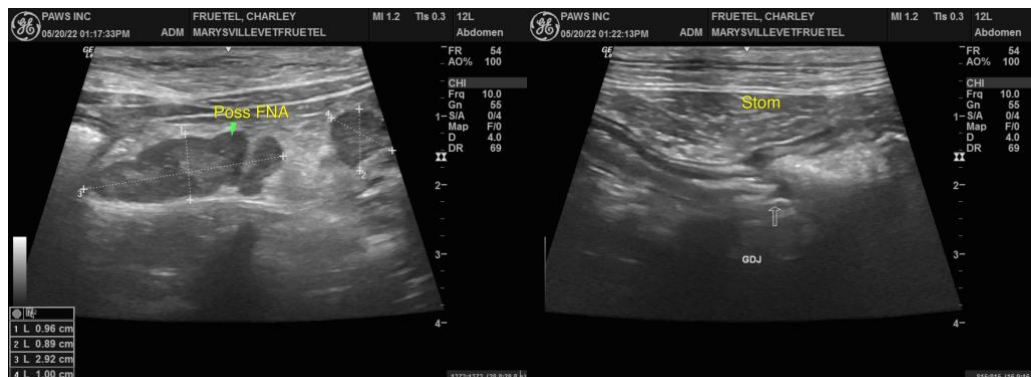
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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