



PATIENT

Shook Likvert

PRESENTING CLINICAL SIGNS

Diabetic with poor control. Increased SDMA, BUN, Spec FPL.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended, yet subjective normal tone. Anechoic urine primarily with mild non-dependent particulate sediment. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

BREED

DMH

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm. The right kidney measured 3.9 cm.

SEX

Neutered Male

AGE

13 Years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm at the. The right adrenal gland measured 0.46 cm.

WEIGHT

8.5 kg

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.65 cm. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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

Liver

The liver was mildly enlarged with symmetrical to mildly rounded hepatic contour. Mild uniform increased parenchyma echogenicity noted. 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 content. Mild debris noted. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Vet
Ultrasound Ltd

REFERRING VET

Woodlands Vet
Hospital

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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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.

Normal visible colon wall layers were present with semiformal to nonformed feces in lumen, consistent with potential diarrhea.

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Pancreas

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. An indistinct parenchymal nodule was present, measuring 1.2 cm in width. The visible pancreatic duct was normal.

Free Abdomen

BREED

DMH

A small pocket of scant free fluid was noted around the caudolateral spleen. Evidence of significant peritoneal effusion not noted.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder sediment – suggestive of minor cellular or crystalline debris with potential for mucus.
- Mild to moderate chronic renal changes – no evidence of pyelonephritis.
- Diabetic hepatopathy pattern, minor gallbladder debris
- Enlarged, indistinctly nodular pancreas with regional peripancreatic reactive mesentery – consistent with active pancreatitis, potential for areas of pancreatic nodular hyperplasia. Neoplastic criteria thought less likely, yet cannot be excluded.

AGE

13 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.5 kg

Full urinary workup including urinalysis and culture and sensitivity, given the likelihood of glucosuria, is recommended. Assuming normal clotting status, ultrasound guided hepatopancreatic FNA for screening cytology could be considered using 25-gauge needle.

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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
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia

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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/>.

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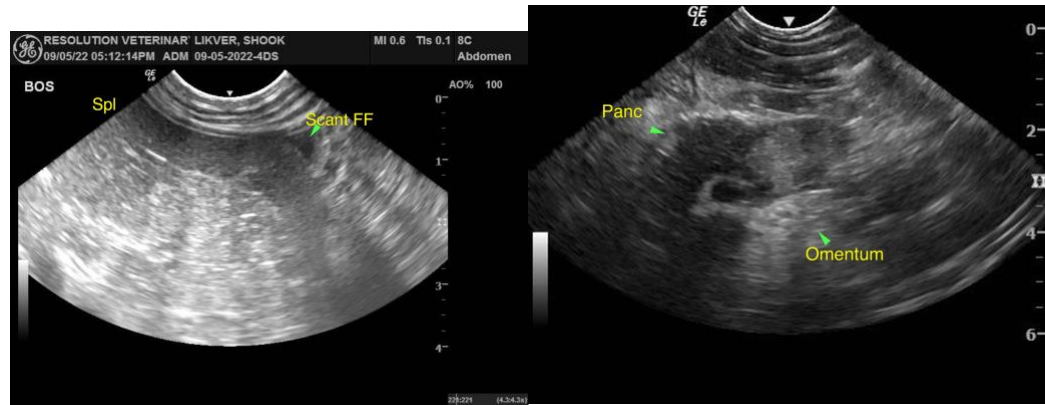
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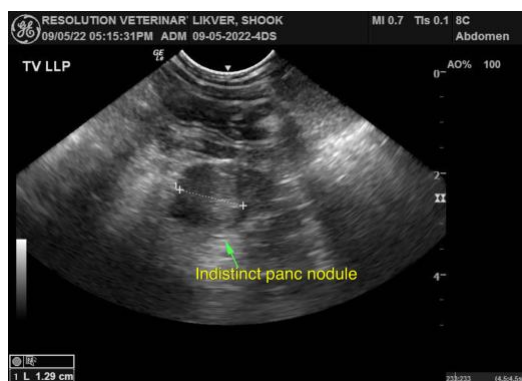
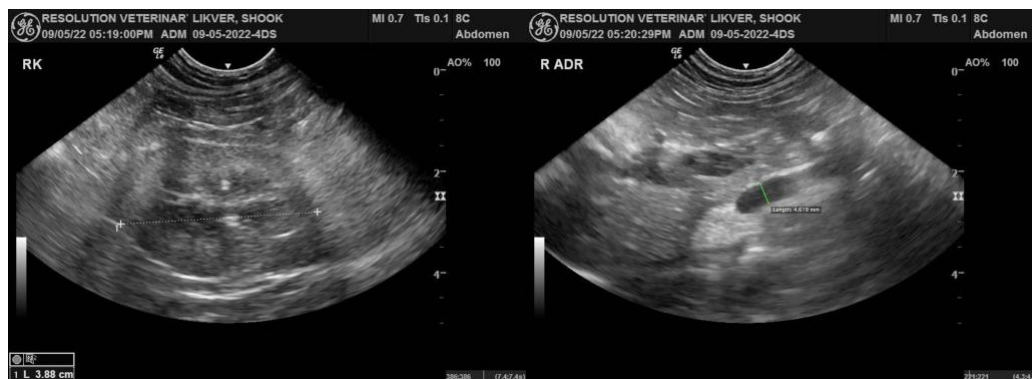
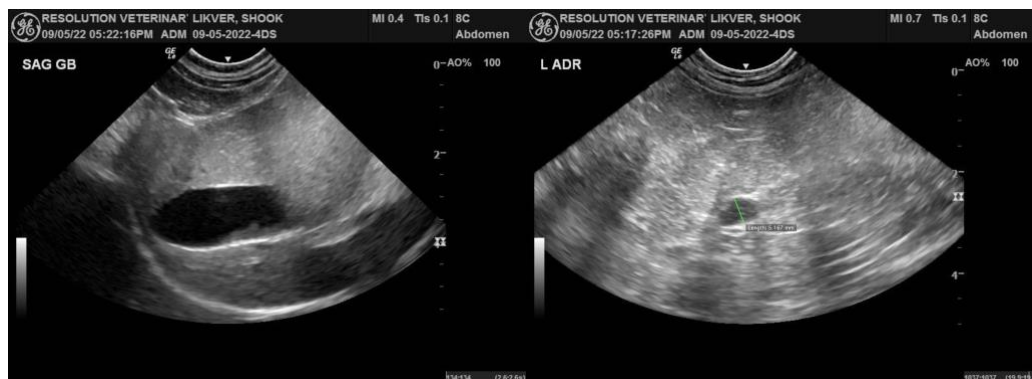
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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