



PATIENT

Nizmo Weeks

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14

WEIGHT

11.1

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME
STANGLEIN
VETERINARY CLINIC

REFERRING VET

Dr. Erin Rothbrock

INVOICE

14154

DATE

6/28/22

PRESENTING CLINICAL SIGNS

diabetic, on 6/15/22 o reported he was not himself but had been eating well and was not PUPD, but owners noted dark urine. He had vomited once, his BG was 94 at that time, o had decreased his insulin from 3 units to 2 units prior to his check. Recommended glucose curve and full bloodwork. Rec AUS at that time, started denamarin... 6/26/22 p was taken to ER for being disoriented and not right, had decreased appetite at that time. O also reported that he had been "head bobbing". Further diagnostics were performed at that time and AUS was recommended. BG at ER was 109. Abnormal PE/Chem/CBC/UA Results: Increased ALT, AST, ALKP and bilirubin (total, unconjugated and conjugated), hyperbilirubinuria. No rads obtained. Current meds: azithromycin, denamarin, vetsulin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor particulate sediment, which may indicate minor cellular or crystalline debris, or possible mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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. No evidence of pyelectasia was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

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 0.22 cm width.

Spleen

The spleen exhibited mild subjective enlargement with maintained finely textured homogeneous parenchyma. Subtle asymmetrical medial capsule contour was present. The spleen measured up to 1.4 cm width. No masses or nodules were noted.

Liver/ Gallbladder

The liver presented mildly 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 mildly thickened isoechoic to pinpoint hyperechoic gallbladder walls. The gallbladder wall measured 0.3 cm width. Anechoic content was present in the



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gallbladder with very minor luminal debris. No evidence of post hepatic obstruction was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained gastric fluid was present primarily in the antrum and pylorus.

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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.

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

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Pancreas

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.

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Free Abdomen

Intermittent, mildly prominent colic lymph 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 of a lymph node measured 0.43 cm width. No free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Hepatopathy - subjectively benign, metabolic, reactive, or vacuolar (diabetic) hepatopathy, cholangiohepatitis, or other hepatopathy possible
- Mild cholecystitis pattern - possible acute on chronic cholecystitis
- Active to chronic active pancreatitis
- Overtly normal gastrointestinal tract with mild retained pyloric fluid
- Mild nonspecific splenomegaly - nonspecific, patient variant, benign hyperplasia, hematopoiesis, incidental splenitis suspected, minor potential for early neoplastic infiltration especially if evidence of weight loss

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Secondary Findings

- Minor urinary bladder sediment
- Mild chronic renal changes

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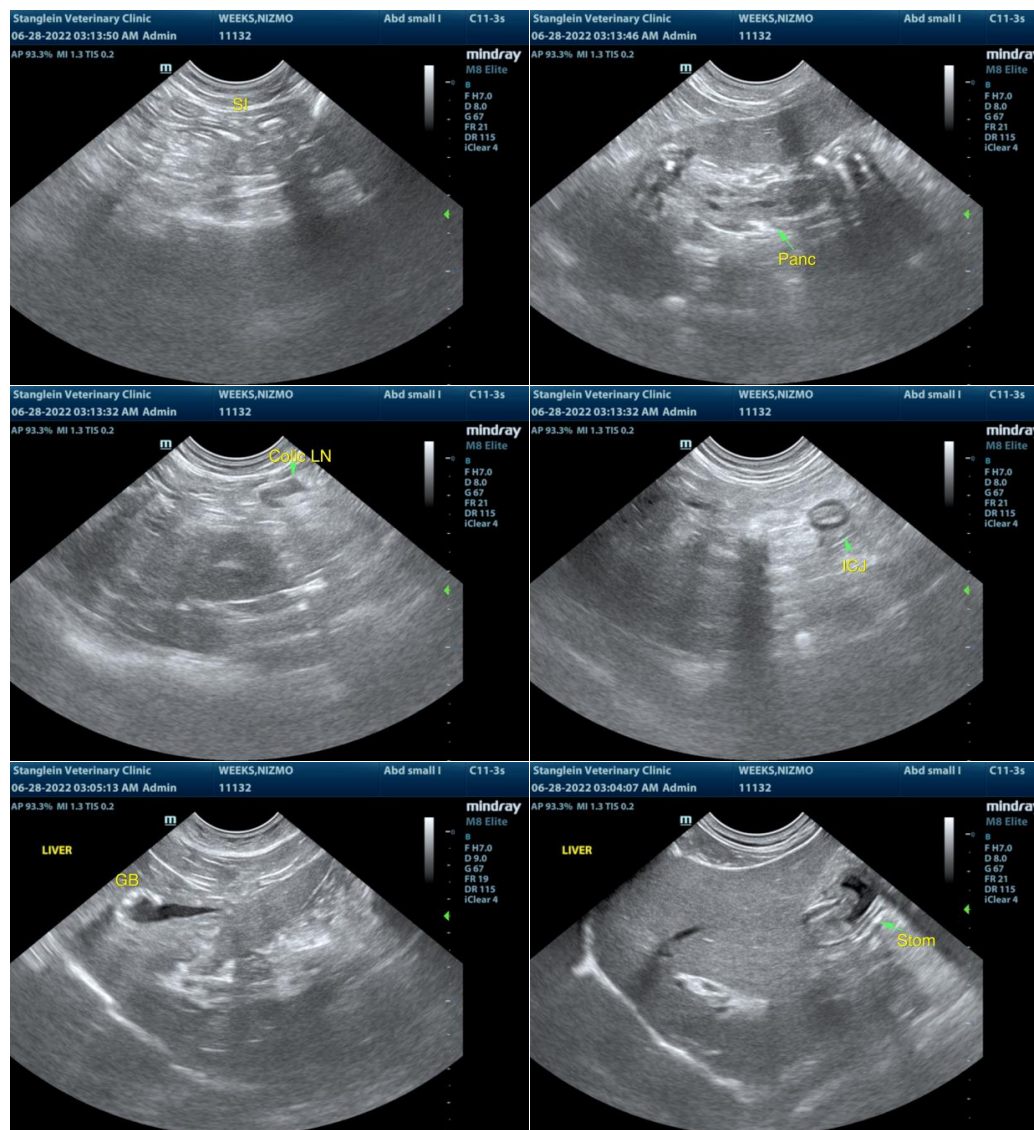
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, urinalysis +/- urine culture and sensitivity is recommended if evidence of inflammatory cells.

Assuming normal clotting status, ultrasound-guided hepatosplenic FNA using a 25-gauge needle is warranted for screening cytology.

Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out occult gastrointestinal disease and for further assessment of the pancreas could be considered.

Given the reported disorientation with normal BG level, a thorough neurological examination could be indicated if continued disorientation episodes.





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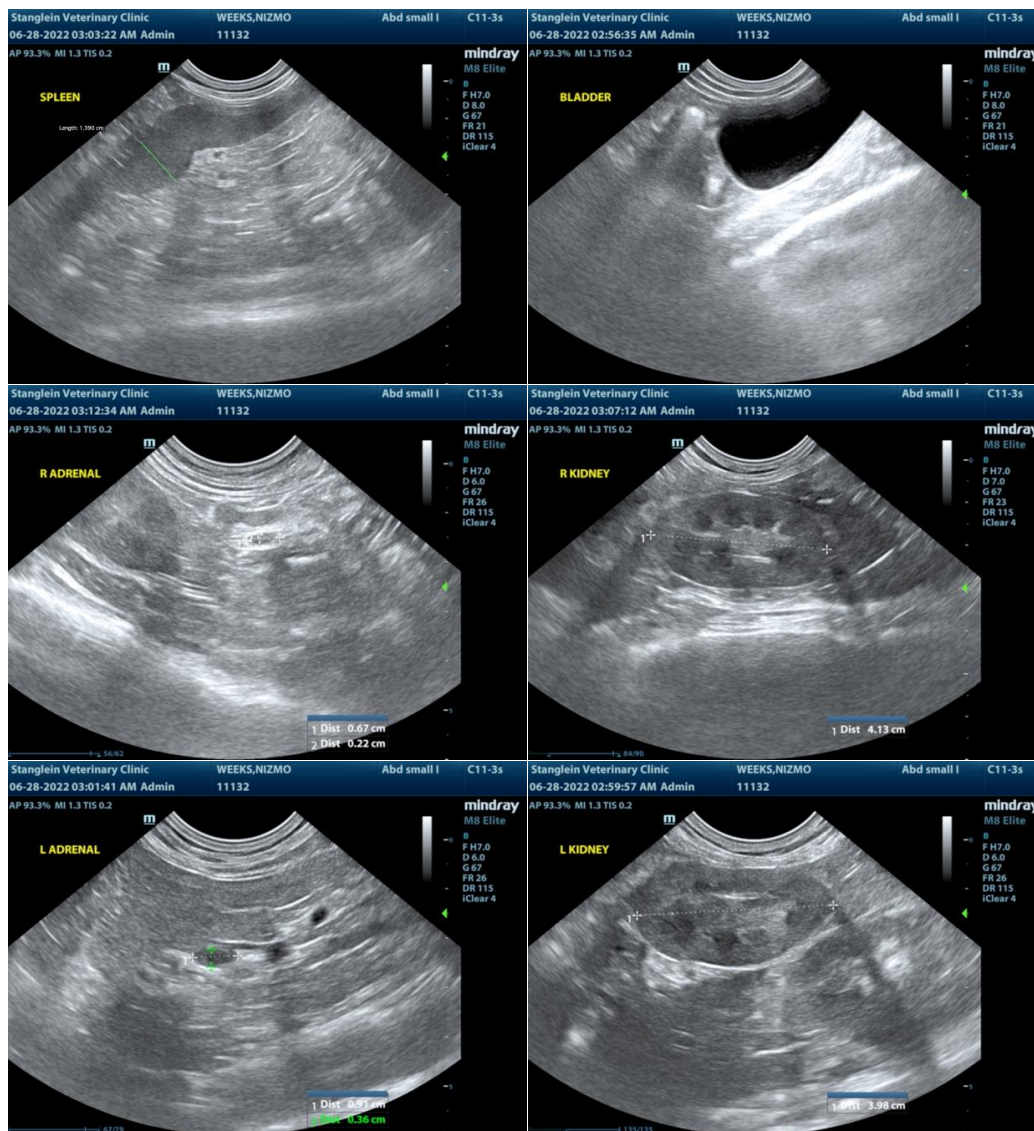
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com