



PATIENT

Luke Latzer

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

10 years

WEIGHT

7.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Moser

INVOICE

17193

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Presented to our hospital for AUS. Was hospitalized here over the weekend, had been vomiting off and on for approx 6mo. Last weekend he started vomiting every time he ate. Dx diabetic with a UTI, sent home on Lantus 2u SID, Metro, Cerenia, Verafloxx. Doing much better now, following up on AUS that was recommended during his previous stay in the hospital.

Abnormal PE/Chem/CBC/UA Results: Rossmoyne dx: Chem: ALP 204, ALT 1774, Chol 367, Glob 4.9, Glu 454, Tbili 0.9 DX at time of admit to hosp: fPL abnormal (strong) CBC: HCT 36.8%, WBC 13k (WNL) EPOC: Glu 407, Na 155, K 4.0, Cl 119, BUN 20, creat 0.94, HCT 40% UA (cysto): > 1.050, pH 7.0, TNTC Cocci, WBC 0-1/hpf, RBC 0-1/hpf, bilirubin noted, no ketones, glucose (1000)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

Both kidneys were mildly enlarged in size yet maintained a 1:3 cortex/medulla ratio. Mild loss of corticomedullary border demarcation was noted. A caudal right kidney cortical infarct was present. No evidence of pyelectasia was noted. The left kidney measured 5.0 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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. The spleen measured 0.78 cm width at the level of the mid spleen.

Liver/ Gallbladder

The liver was enlarged yet maintained a symmetrical to rounded hepatic capsule contour. Normal to mildly reduced hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture was present. Normal hepatic vascular volume was noted. Areas of biliary tree mineralization were noted. A solitary, well-demarcated, nonhomogeneous, microcystic intraparenchymal mass was noted in the subjective ventral mid to left liver measuring ~3.0 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.32 cm width. No overtly visualized common bile duct obstructive pathology noted.



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Gastrointestinal

Luke Latzer

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.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.36 cm width.

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Normal visible colon wall layers were present with generalized soft fecal matter.

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Pancreas

The left limb 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

No obvious or significant omental lymphadenopathy, omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Intact thickened small bowel walls - consistent with infiltrative enteropathy, suspect IBD / eosinophilic enteritis, potential for neoplastic infiltrative enteropathy with round cells i.e., lymphoma or similar
- Left limb pancreatitis
- Hepatomegaly exhibiting lobar biliary tree mineralization and probable benign biliary cyst adenoma
- Nonobstructive common bile duct dilation - suspect cholangitis
- Bilateral mild renomegaly with caudal right kidney infarct - benign
- Soft fecal matter in colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA cytology is warranted primarily to assess for evidence of inflammatory criteria and rule out potential for occult hepatic neoplasia. Triad Disease is a potential consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Urine C/S on a sterile urine sample is recommended if not done.

Empirically, pancreatitis / Triaditis protocol with as-needed hepato-gastrointestinal support would be reasonable.



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

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UTI

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Dietary indiscretion/intolerance
Pancreatitis

Feline

Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)

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Cushing's
Acromegaly

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Owner compliance

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Insulin quality issues

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Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

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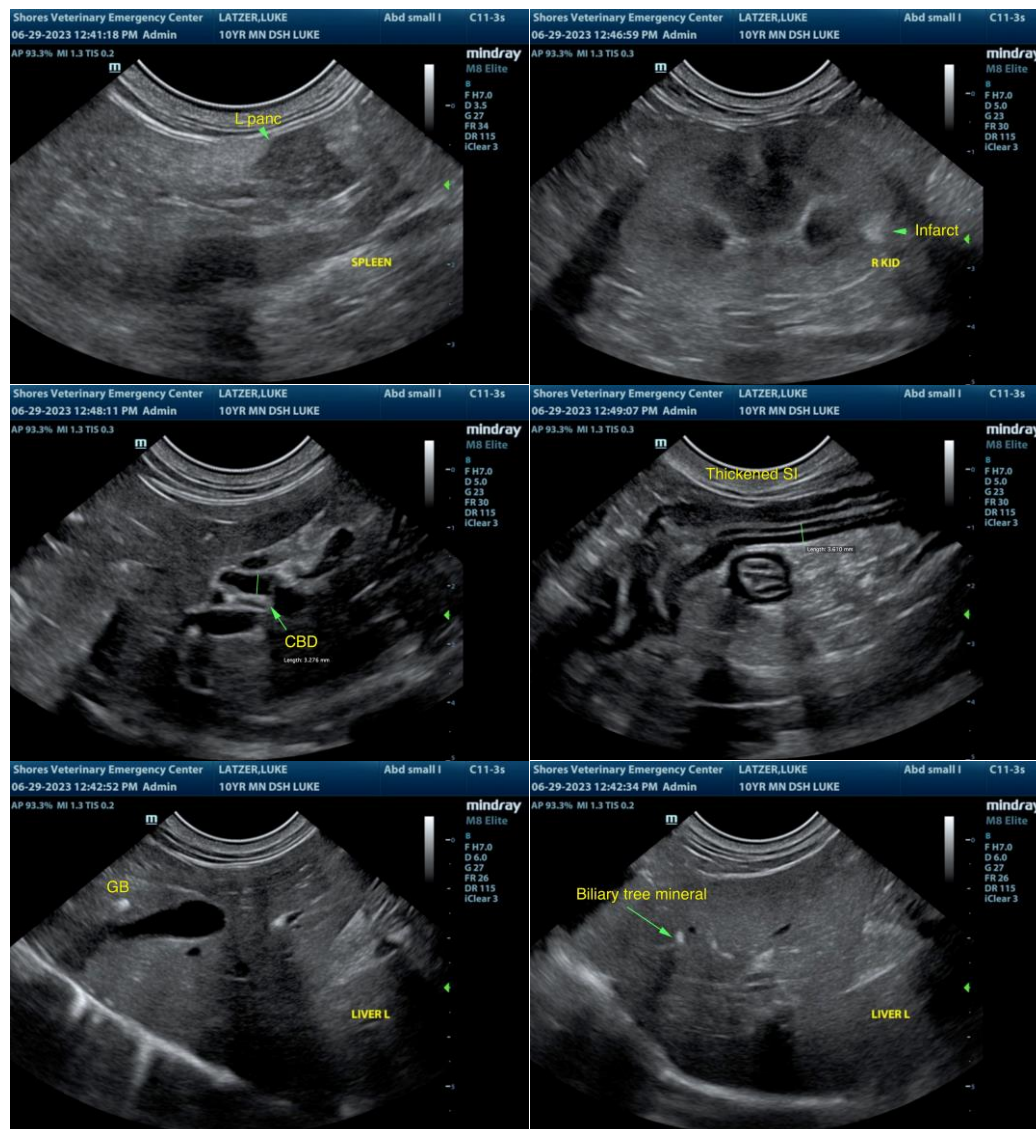
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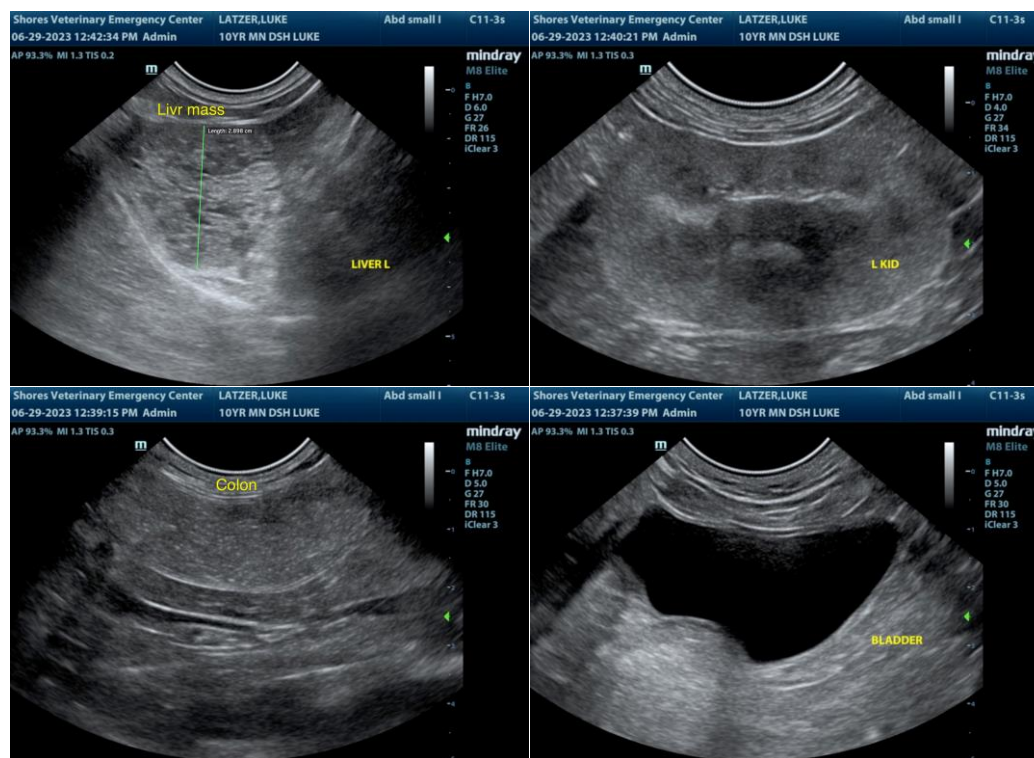
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com