



PATIENT PRESENTING CLINICAL SIGNS

Moulin Bonser Diabetic, distended abdomen, inappropriate defecation, eating/drinking normally.
 Medication: Novolin N .5u BID

SPECIES
 Feline
 BUN 44, Creatinine 2.2, Blood Glucose 512

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent particulate sediment 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.

SEX
 FS

The area of the aortic trifurcation was free of pathology.

AGE

2008 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Moderate bilateral pyelectasia was present. Left kidney mildly increased renal pelvis echogenicity was noted. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

WEIGHT
 10

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size with mild nonhomogeneous parenchyma with subtle adrenal capsule asymmetry. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.51 width and the right adrenal gland measured 0.51 width. There was no evidence of adrenal neoplastic criteria.

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

Rebekah Jakum, CVT
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Liver/ Gallbladder

The liver was normal in size and contour with normal overall hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. Intermittent, nonhomogeneous, cystic, nondisruptive, intraparenchymal nodules were present with an example measuring 1.1 cm diameter. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal. No evidence of inflammatory criteria was noted.

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PATIENT ***Gastrointestinal***

Moulin Bonser 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.

SPECIES The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic ingesta and lumen gas without signs of obstruction or foreign material.
 Feline

BREED The visualized colon exhibited sonographically unremarkable wall layering containing formed to possible semi-formed fecal matter. The ileocolic wall width measured 0.33 cm.
 DSH

SEX ***Pancreas***
 FS The pancreas base and left pancreatic limb exhibited variably enlarged size with capsule asymmetry and nonhomogeneous nodular pancreatic parenchyma. Subtle peripancreatic hyperechoic omentum was present.

AGE ***Free Abdomen***
 2008 No omental masses, significant omental lymphadenopathy, or evidence of peritoneal effusion were noted.

WEIGHT **ULTRASONOGRAPHIC FINDINGS**

- 10
- Mild urinary bladder sediment
 - Moderate chronic renal changes with bilateral pyelectasia
 - Mildly prominent adrenal glands - nonspecific
 - Enlarged irregular nonhomogeneous / nodular pancreas - suspect chronic-chronic active pancreatitis, minor potential for pancreatic neoplastic criteria
 - Intermittent nonhomogeneous cystic liver nodules - suspect benign biliary cyst adenomas
 - Minor gallbladder sediment
 - Sonographically unremarkable gastrointestinal tract / colon

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral renal pyelectasia may be secondary to chronic renal changes, pelvic scarring, IV fluid therapy if applicable, with potential for unilateral or bilateral pyelonephritis. Urine C/S on a sterile urine sample is recommended, especially if evidence of inflammatory sediment on UA. Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the pancreas, as well as occult intestinal disease as a contributing factor to the patient's inappropriate defecation.



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

- Moulin Bonser UTI
- Dietary indiscretion/intolerance
- SPECIES** Pancreatitis
- Hyperthyroidism/hypothyroidism
- Feline Exogenous steroids (including topical eye meds)
- Cushing's
- BREED** Acromegaly
- Owner compliance
- DSH Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- SEX** Diffuse liver disease
- FS

AGE

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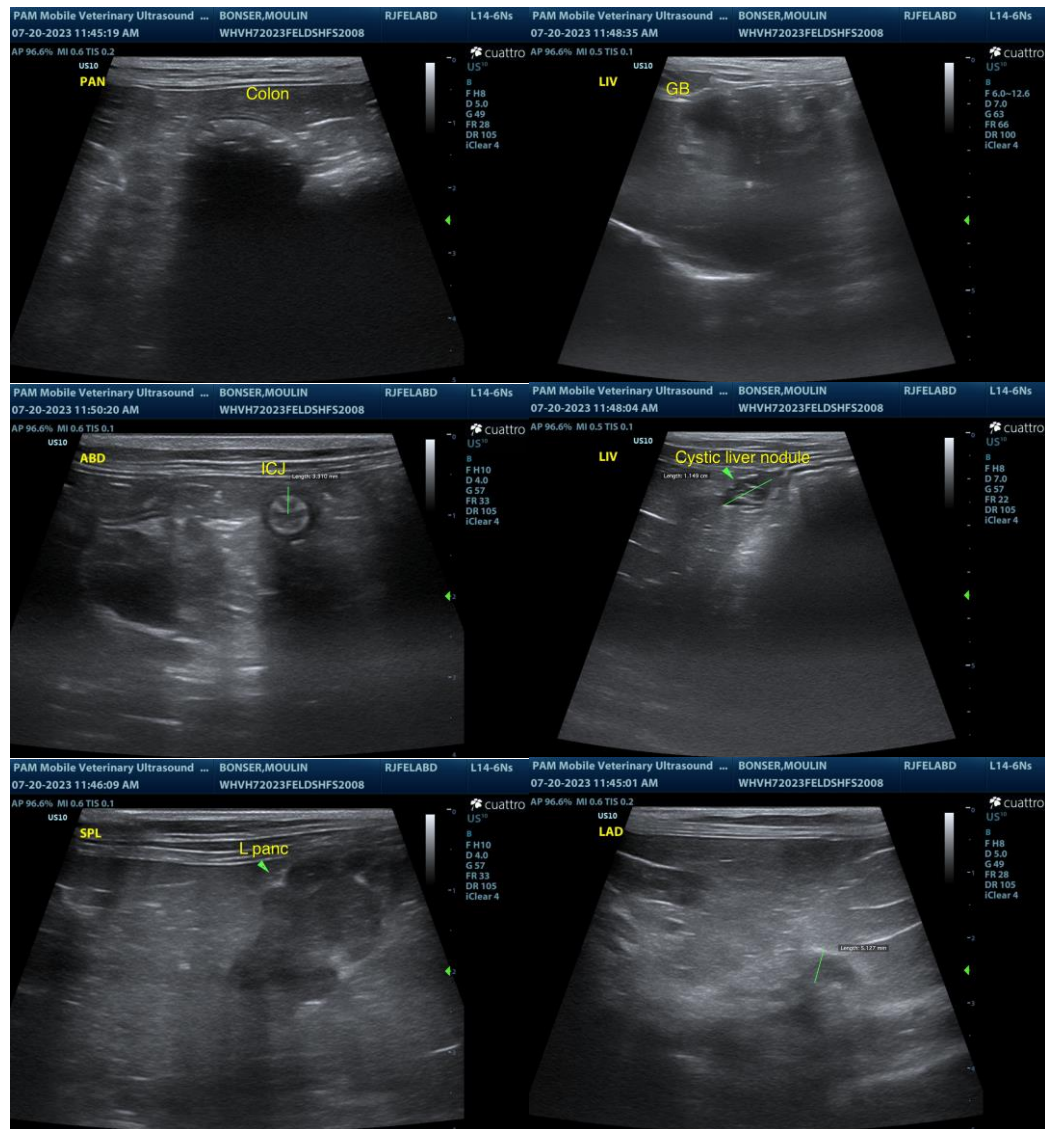
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PATIENT

Moulin Bonser

SPECIES

Feline

BREED

DSH

SEX

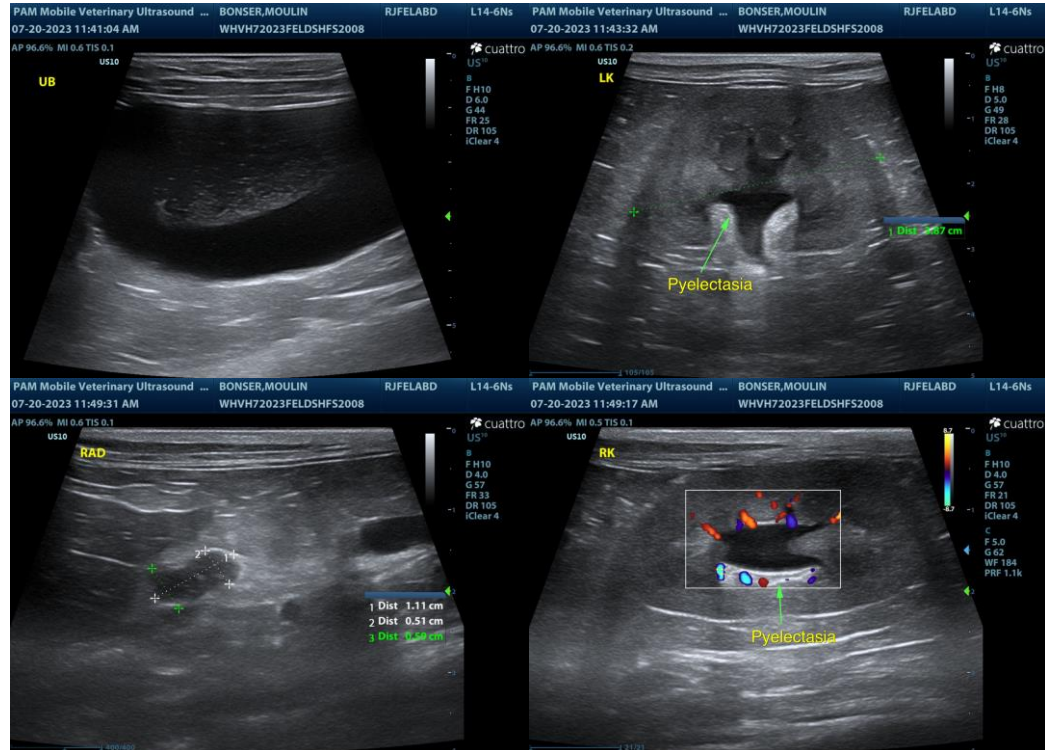
FS

AGE

2008

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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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