

**PATIENT**

Ada Elliot

PRESENTING CLINICAL SIGNS

8/19/21 presented for weight loss and excessive drinking. Went over insulin treatment with owner but owner hesitant because cat is fractious at times.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Glu 534, FPL abnormal Patient ate this morning.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN***Urinary System*****BREED**

DSH

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.

SEX

SF

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

AGE

8

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. No evidence of pyelectasia or pyelonephritis. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands**WEIGHT**

7.7 lbs

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width. No evidence of adrenal hyperplasia.

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. The spleen measured 0.68 cm width at the level of the hilus.

IMAGING PERFORMED BY

Sarah Pender, CVT

Liver / Gallbladder**HOSPITAL NAME**

SVS Imaging QC

The liver exhibited subjective mild generalized enlargement. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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.

REFERRING VET

Dr. Hartman

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal**INVOICE**

47087

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta/chyme without signs of obstruction or foreign material. The gastric body wall measured 0.24 cm width.

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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. The duodenum wall width measured 0.27 cm and the jejunum wall width measured 0.25 cm.

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

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.

BREED

DSH

Free Abdomen**SEX**

SF

No overt lymphadenopathy or peritoneal effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Generalized hepatic parenchyma hyperechogenicity.
- Chronic active pancreatitis pattern.
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta/chyme.

WEIGHT

7.7 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific without reported hepatic enzyme elevations yet most suggestive of probable metabolic/reactive/vacuolar hepatopathy (diabetic hepatopathy). Potential for inflammatory hepatic or hepatobiliary disease i.e., cholangiohepatitis possible. Potential for infiltrative round cell hepatic neoplasia considered an unlikely differential diagnosis. Continued monitoring of hepatic enzyme levels is suggested.

INTERPRETED BY

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The weight loss and excessive drinking in this patient is most likely secondary to unregulated diabetes and somewhat potentially to chronic active pancreatitis.

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Urine culture and sensitivity suggested on a sterile urine sample given the likelihood of glucosuria.

The presence of gastric ingesta/chyme likely correlates with recent meal ingestion.

HOSPITAL NAME

SVS Imaging QC

An internal medicine consult may be considered if diabetes is difficult to regulate.

For an additional charge, internalmedicineconsult can be utilized through Sonopath.com. You can select theinternalmedicinedrop down at<http://spa.sonopath.com/>.

REFERRING VET

Dr. Hartman

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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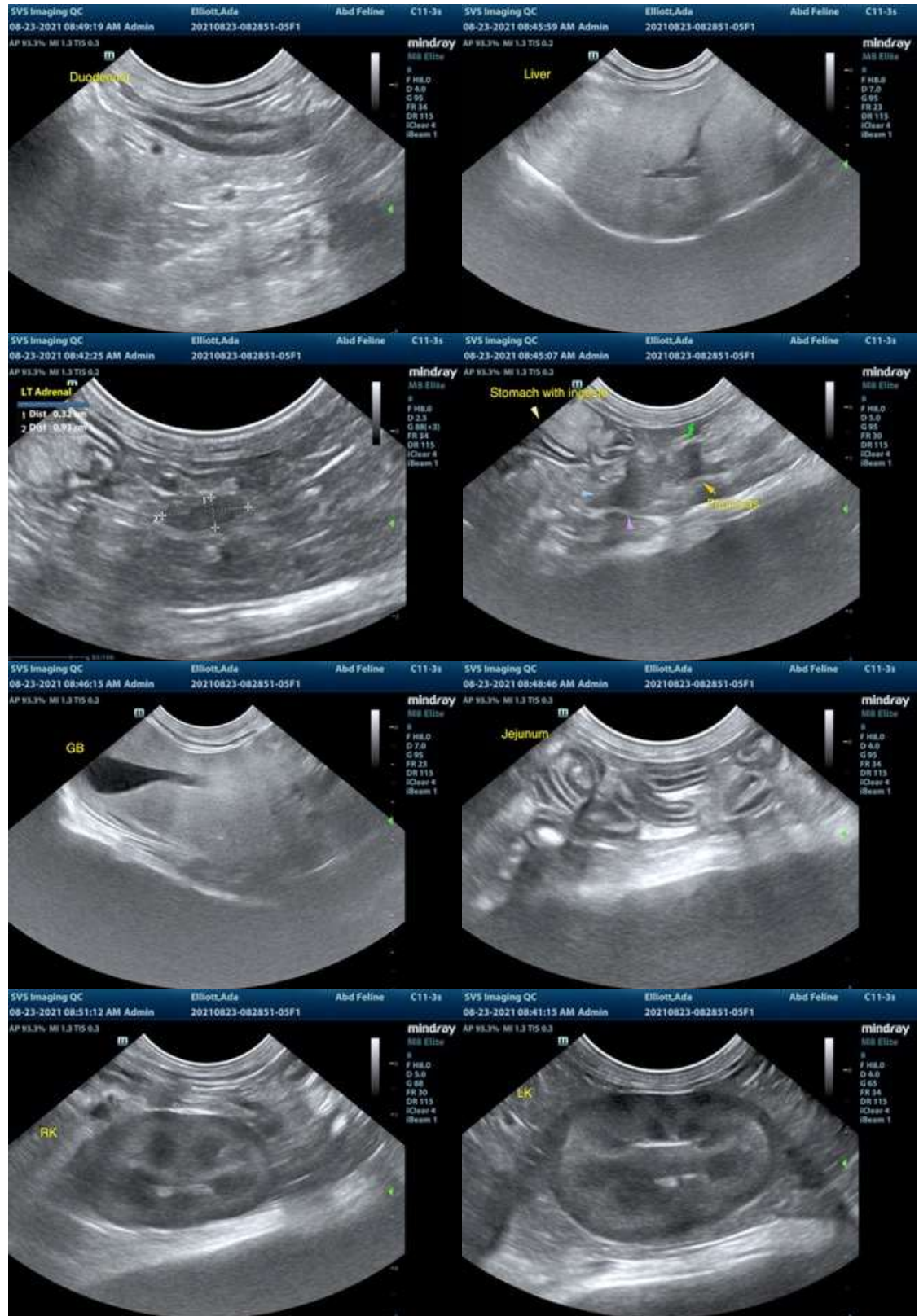
Dr. Hartman

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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