



PATIENT	PRESENTING CLINICAL SIGNS
Monster Hardy	Newly diabetic that we are in the process of regulating. His abdomen is pot-bellied and feels doughy. meds: insulin 2.5 IU BID
SPECIES	Abnormal PE/Chem/CBC/UA Results: BG 25
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	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. 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.
SEX	
M N	The area of the aortic trifurcation was free of pathology.
AGE	Both kidneys were mildly enlarged in size. A normal 1:3 cortex / medulla ratio was maintained with mild loss of corticomedullary border demarcation. Minor pyelectasia was present in both kidneys. The left kidney measured 5.3 cm in length. The right kidney measured 5.2 cm in length.
14 yrs	
WEIGHT	Adrenal Glands
5.13 kg	The bilateral adrenal glands were indistinctly visualized with no overt evidence of pathology associated with the left or right adrenal gland. The left adrenal gland subjectively measured 0.35 cm width. The right adrenal gland subjectively measured 0.36 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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 0.75 cm width at the level of the hilus.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reschny	The liver presented mild 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. The gallbladder was non-distended in size containing primarily anechoic content. The gallbladder and cystic duct presented mildly dilated in size with primarily anechoic content. The proximal common bile duct was mildly dilated and tortuous without overt post-hepatic obstruction.
HOSPITAL NAME	
Buck AH	
REFERRING VET	
Dr. Gilmer	
INVOICE	Gastrointestinal
14658	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing.
DATE	
8/23/22	



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing ingesta / chyme.
Monster Hardy	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	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	<i>Free Abdomen</i>
SEX	Small pockets of intermittent scant peritoneal free fluid were noted adjacent to the urinary bladder and along the caudal liver margins. No omental masses or lymphadenopathy were noted.
M N	
AGE	ULTRASONOGRAPHIC FINDINGS
14 yrs	<ul style="list-style-type: none"> • Mild renomegaly exhibiting minor bilateral pyelectasia • Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity - likely diabetic hepatopathy, potential for lipidosis, Inflammatory hepatopathy i.e., cholangiohepatitis, or less likely Infiltrative round cell neoplasia • Minor nonobstructive common bile duct dilation
WEIGHT	
5.13 kg	<ul style="list-style-type: none"> • Moderate gastric and segmental to generalized small intestinal ingesta / chyme • Pancreatitis - subjectively mild • Small pockets of scant peritoneal free fluid
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	The overall appearance of the kidneys was nonspecific without overt evidence of neoplastic criteria. Potential for diabetic nephropathy is possible. The pyelectasia may be secondary to IV fluid therapy, minor pelvic scarring, early chronic renal changes, or less likely pyelonephritis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
IMAGING PERFORMED BY	
Kelly Reschny	The gastrointestinal ingesta may indicate post prandial presentation. Correlation with most recent meal ingestion is suggested. If documented NPO, some degree of metabolic gastric stasis could be considered. The presence of gastric and segmental intestinal ingesta is most consistent with food, without overt foreign material.
HOSPITAL NAME	
Buck AH	A spec fPL or full GI panel could be considered to correlate with the pancreatic presentation and assess for evidence of underlying occult intestinal disease, especially if evidence of weight loss.
REFERRING VET	Assuming normal clotting status and using a 25-gauge needle, screening hepatic FNA for cytology could be considered if evidence of progressive hepatic enzyme elevations.
Dr. Gilmer	
INVOICE	
14658	
DATE	
8/23/22	



PATIENT

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

Monster Hardy

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

SEX

Underlying Neoplasia
Diffuse liver disease

M N

AGE

14 yrs

WEIGHT

5.13 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Buck AH

REFERRING VET

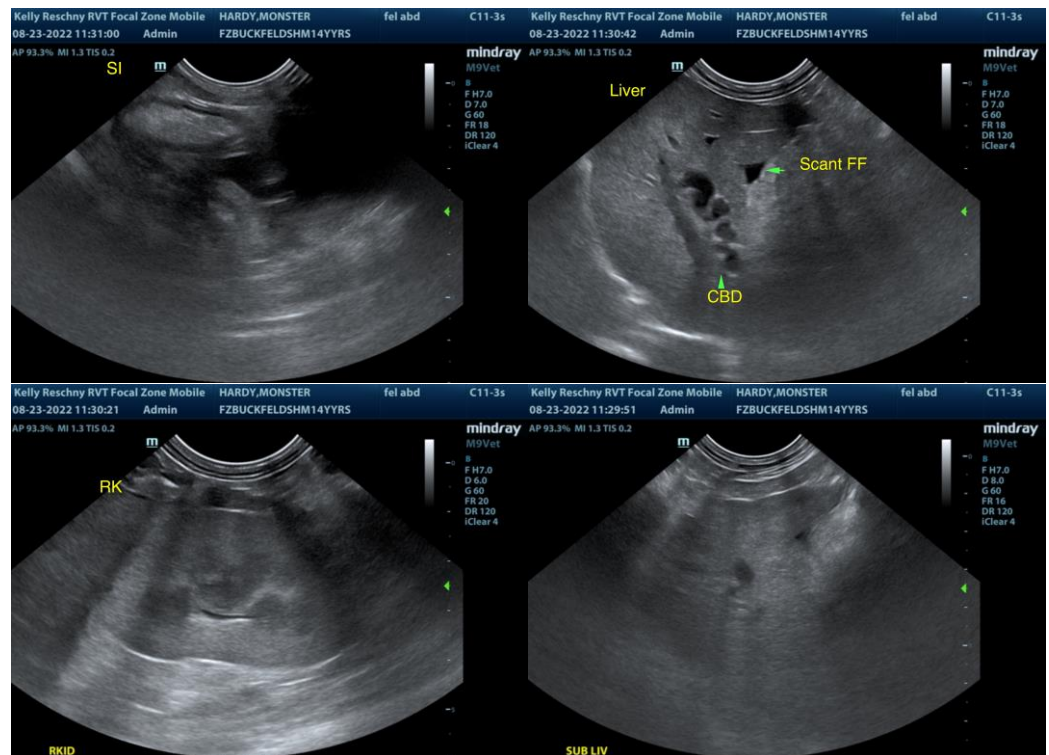
Dr. Gilmer

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DATE

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PATIENT

Monster Hardy

SPECIES

Feline

BREED

DSH

SEX

M N

AGE

14 yrs

WEIGHT

5.13 kg

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**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Buck AH

REFERRING VET

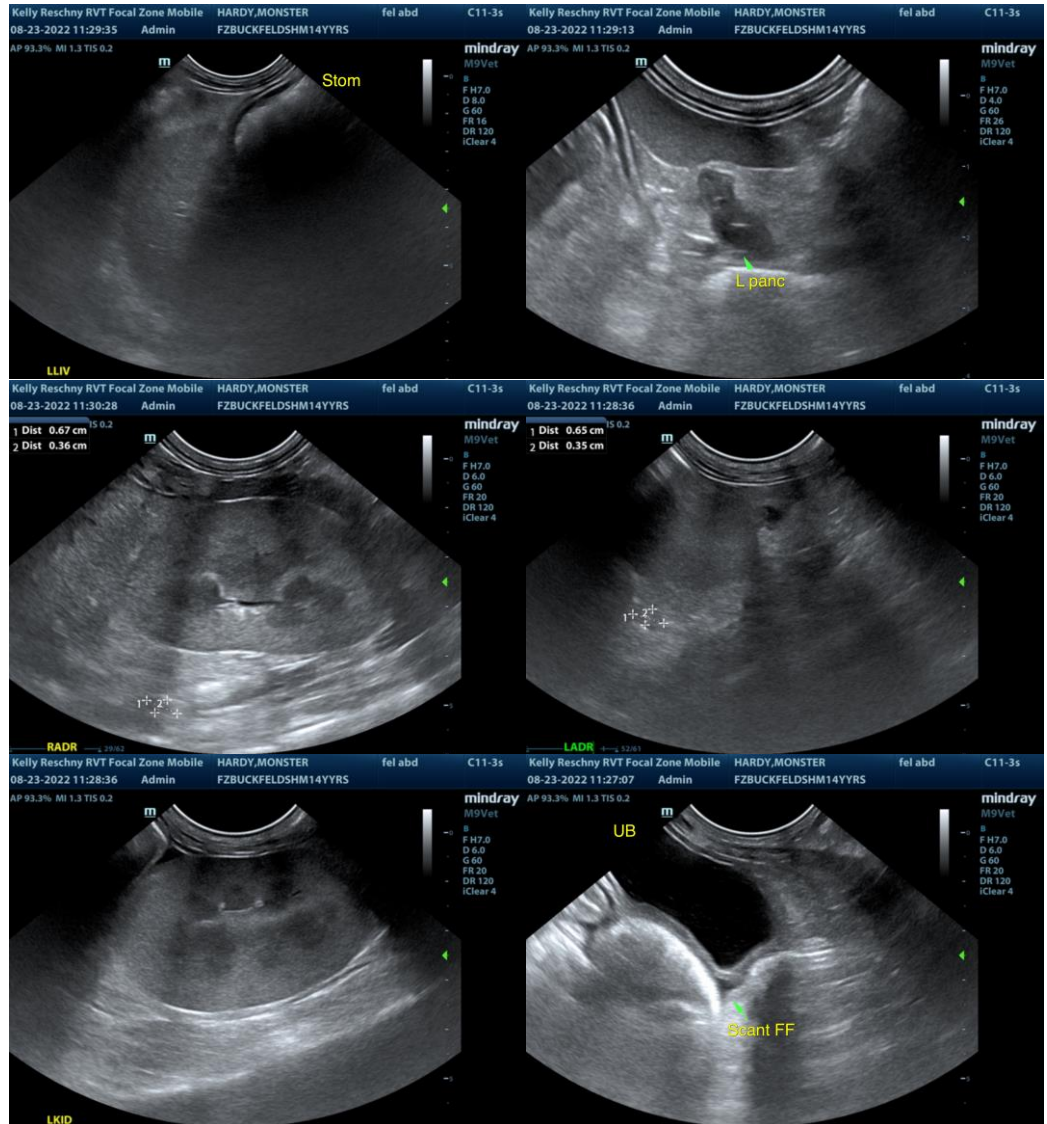
Dr. Gilmer

INVOICE

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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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