



PATIENT

Dave Vanhooser

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 y

WEIGHT

15.19 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene Animal
Hospital

REFERRING VET

Dr. Sundholm

INVOICE

14871

DATE

9/14/22

PRESENTING CLINICAL SIGNS

Dave was diagnosed with diabetes mellitus in Nov 2021. He was started on Prozac and Hill's m/d diet. He demonstrated a poor response to Prozac so was switched to Glargine Feb 2022. Subsequent glucose curves (including a freestyle libre monitor) have shown continued poor response to insulin. His latest curve at 5 U BID was consistently > 500. Dave has been PU/PD/PP at home. His most recent physical exam was unremarkable. ABNORMAL Laboratory Findings CBC/Chem done June 2022 - no significant findings; Urinalysis and Urine Culture done 9/3/22 - no bacterial growth, no significant findings Current Medications Glargine insulin 5 U BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

Mildly enlarged renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Pinpoint medullary mineral was present in both kidneys. No evidence of pyelectasia was noted. The renal medullary volume was subjectively reduced. The left kidney measured 5.3 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

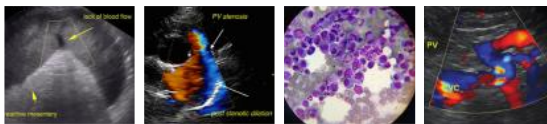
The bilateral adrenal glands mildly prominent in size with normal position and shape exhibiting homogeneous parenchyma. No evidence of adrenal mineralization was present. The left adrenal gland measured 0.66 width and the right adrenal gland measured 0.58 width.

Spleen

The spleen was borderline to mildly increased in size yet maintained symmetrical capsule contour and finely textured homogeneous parenchyma. The spleen measured 1.1 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited subjective mild enlargement with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta/chyme along with luminal gas. The stomach was otherwise normal. The gastric body wall width measured 0.24 cm.

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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 measured 0.27 cm width. The jejunum wall measured 0.24 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

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Pancreas

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The pancreas was normal in size with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor areas of pancreatic capsule asymmetry were noted.

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Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral mild renomegaly exhibiting nonspecific chronic corticomedullary changes - nonspecific, possible nonspecific nephritis or diabetic nephropathy
- Prominent bilateral adrenal glands
- Borderline / mild hepatosplenomegaly
- Sonographically unremarkable gastrointestinal tract with mild gastric ingesta / chyme
- Possible low-grade pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL is suggested.

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Testing for Cushing's Syndrome +/- acromegaly may be considered in this patient, given the lack of UTI and nonresponse to Insulin therapy. Underlying primary renal disease may be a less likely differential diagnosis as a contributing factor to the PU/PD, given no reported azotemia and assuming adequate concentrated urine. Continued monitoring of renal parameters going forward is advised.

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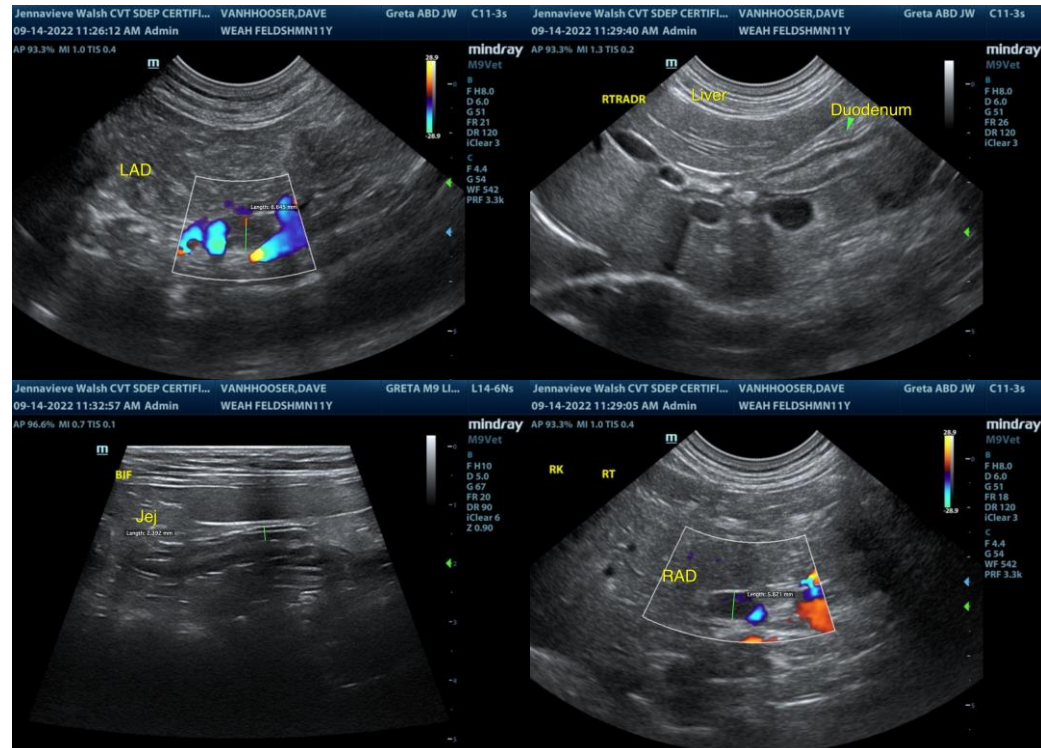
9/14/22

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

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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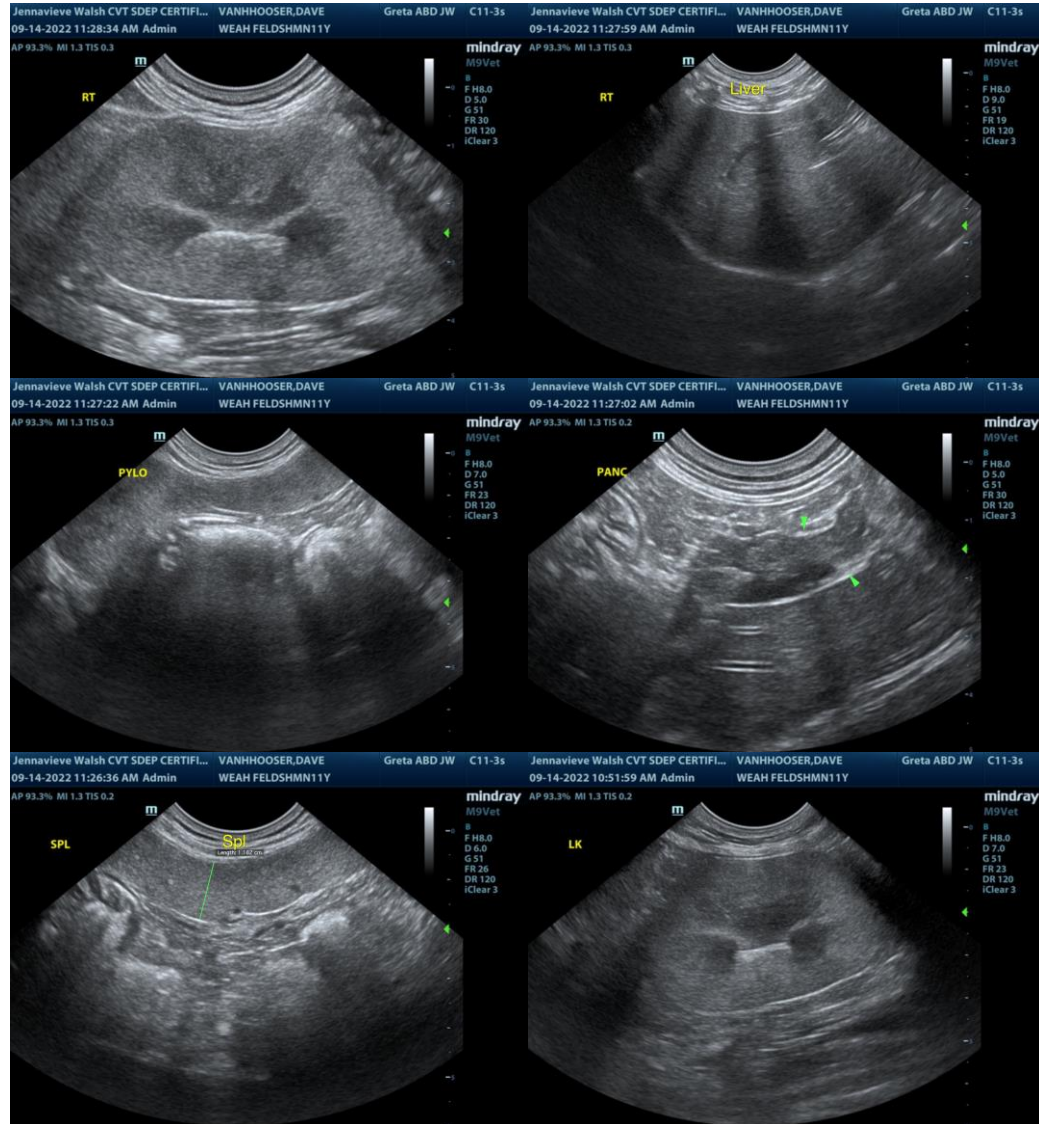
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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