



PATIENT PRESENTING CLINICAL SIGNS

June Sholds Recheck echo. History HOCM. Currently, difficult to control DM (BG 417) - on PZI 2 units AM, 1 PM. Post-prandial for study. Having bi-cavity ultrasound exams.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

DSH

SEX Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild bilateral pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.6 cm in length.

FS

AGE The area of the aortic trifurcation was free of pathology.

16yr

Adrenal Glands

WEIGHT Both adrenal glands exhibited prominent size, symmetrical capsule contour with subtle non-homogeneous non-mineralized parenchyma. The left adrenal gland measured 0.48 cm. The right adrenal gland measured 0.57 cm width.

8.14lb

Spleen

INTERPRETED BY

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

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 0.69 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

VCA Hanson Animal Hospital

The liver was subjectively normal in size, 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 and cystic duct presented mildly dilated in size with primarily anechoic content. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.24 cm diameter.

REFERRING VET

Dr. Whalen

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta with mild luminal gas and no signs of ileus, obstruction or foreign material.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.29 cm in width. The jejunum wall measured 0.25 cm in width.

DATE

09/19/2022

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



PATIENT

Pancreas

June Sholds

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.

SPECIES

Feline

Free Abdomen

BREED

No omental masses, lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Mild chronic renal changes with minor pyelectasia
- Bilateral prominent adrenal glands-nonspecific
- Chronic active pancreatitis pattern
- Unremarkable GI tract with gastric ingesta, consistent with reported post prandial presentation
- Mild non-obstructive proximal CBD dilation-patient/age related variant, potential for cholangitis if history of hepatic enzyme elevations

AGE

16yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.14lb

An adrenal workup may be considered in this patient given the adrenal gland presentation and in light of diabetic dysregulation. A spec fPL or full GI panel may be considered for further assessment of the pancreas and to rule out occult GI disease as a contributing factor. Although no evidence of urinary bladder sediment, a C/S on a sterile urine sample is recommended especially if evidence of glucosuria.

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

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 DABVP (Canine and Feline)

- 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

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HOSPITAL NAME

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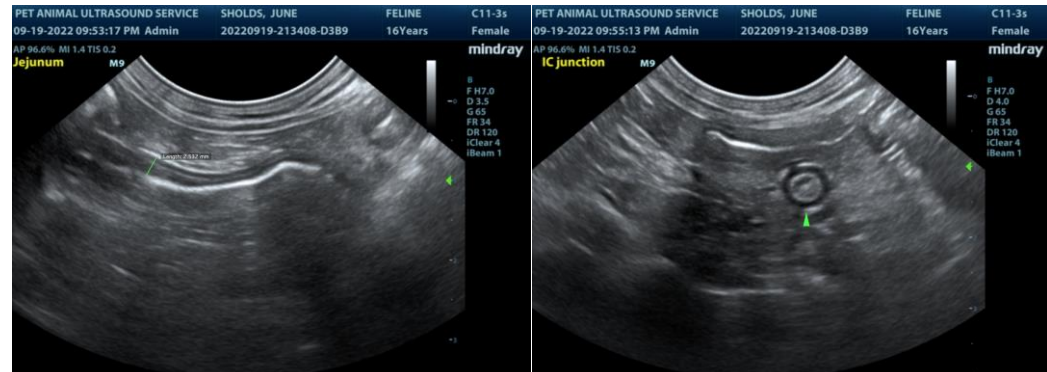
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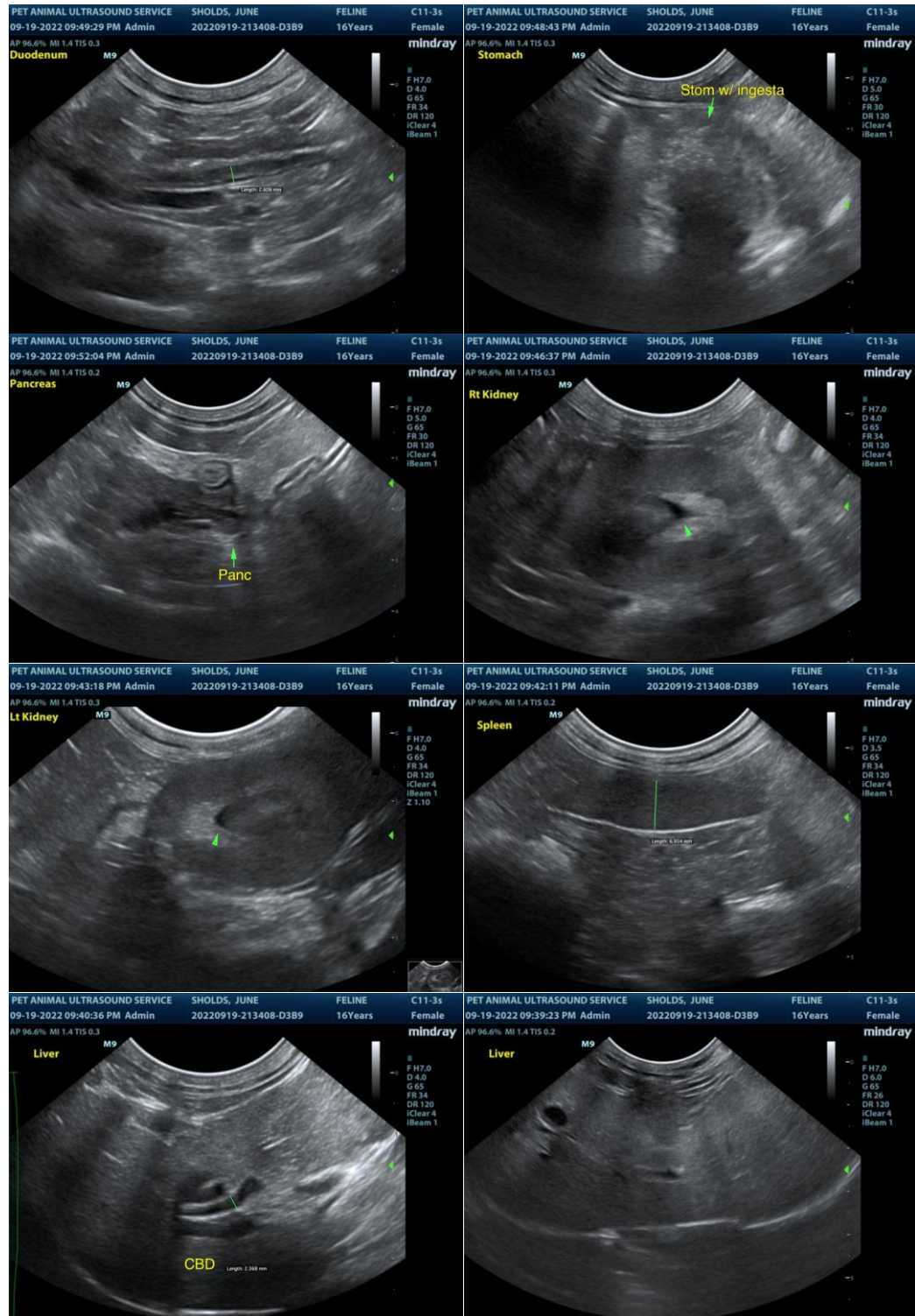
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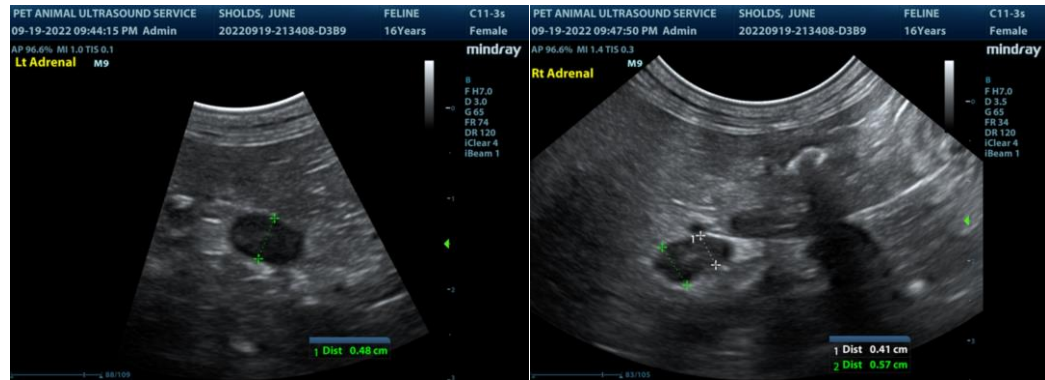
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com