**PATIENT**

Coupie Schwenn

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

15 years

WEIGHT

15.6 #

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

PRESENTING CLINICAL SIGNS

History: Weight loss, PuPd, plantigrade stance – diagnosed with diabetes mellitus 8/11. Started with 4 IU ProZinc BID. Developed hypoglycemia after starting therapy.

Physical Examination: N/A.

Urinalysis: Pending.

CBC: Neutropenia, monocytopenia.

Serum Biochemistry: Hyperglycemia.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (both 4.2 cm), echogenic appearance, cortico-medullary differentiation, and capsule. Bilateral pyelectasia – left 0.6 cm, right 0.8 cm.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, position, and size. Left 0.36 cm, right 0.3 cm.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules evident. Irregular cystic mass (1.8 x 2.3 cm) in the right liver lobe. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Dilated and tortuous bile duct (0.4 cm) with no obstruction evident.

INVOICE

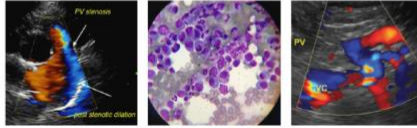
303221

DATE

8/19/22

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734 - 637 - 7711
svsimagingmi@gmail.com

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (small intestine 0.28 cm, colon 0.16 cm) and peristaltic activity, and no distension of the lumen.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Bilateral pyelectasia.
- Cystic hepatic mass.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the pyelectasia would be recent fluid therapy, emerging pyelonephritis, and scarring from previous pyelonephritis.

The cystic hepatic mass is consistent with a cystadenoma, which can be considered an incidental finding.

The dilated bile duct is an age-related change.

As this is a newly diagnosed diabetic initial management would be glargine insulin (Lantus) starting with 3IU BID with food with a glucose curve done after 7-10 days and the dose adjusted if needed. It is possible that the hypoglycemia that occur could have been from a too high insulin dose, inadvertently an overdose given by the owner, or that this patient has type 2 diabetes and thus would require a lower insulin dose – measuring serum insulin may be indicated if there is ongoing hypoglycemic events.

