



PATIENT

Edwin Laube

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

11.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Leven

INVOICE

42122

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History: Newly diagnosed diabetic. Patient was seen at emergency clinic, and rads concerning for possible mid-abdominal mass/s. History of kidney disease, not severe.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9 Drained apx. 40 mL clear reddish fluid from pancreatic cyst just caudal to stomach. Drained apx. 5 mL thick yellow-brown purulent material from R pancreatic cystic area. Submitting for cytology and C&S. Injected 0.75mL Enrofloxacin injectable (dose 16mg= 3 mg/kg) into the cyst/abscess after draining.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.54 cm. The right kidney measured 3.24 cm with cortical infarcts and mineralization.

Adrenal Glands

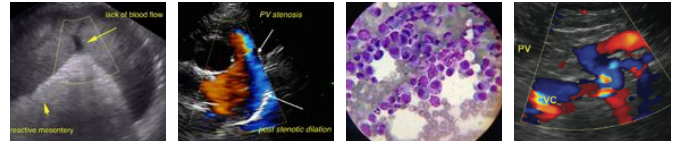
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.48 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

A 2.7 cm mildly echogenic cyst or abscess was noted at the pancreatic base. A second abscess was noted at the base of the left pancreatic limb and measured 4.0 cm. Mild chronic, irregular pancreatic changes were noted. Peripheral enhanced fat was noted. This is suggestive for inflammation.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Chronic interstitial nephrosis renal pattern.

AGE

10 years

Pancreatic cyst and abscesses.

WEIGHT

11.9 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both pancreatic cystic structures were drained. 5.0 cm of purulent brown material that is consistent with abscessation from the left pancreatic cyst/abscess. Ultrasound-guided injection of Enrofloxacin was performed upon the abscess without complication. I recommend supportive care for pancreatitis and infection for 48-72 hours. 10-14days of antibiotic therapy is warranted with supportive care. A recheck sonogram is recommended at that time to ensure the abscess is not reforming. Eventual surgical removal of the left pancreatic limb may be necessary in this patient.

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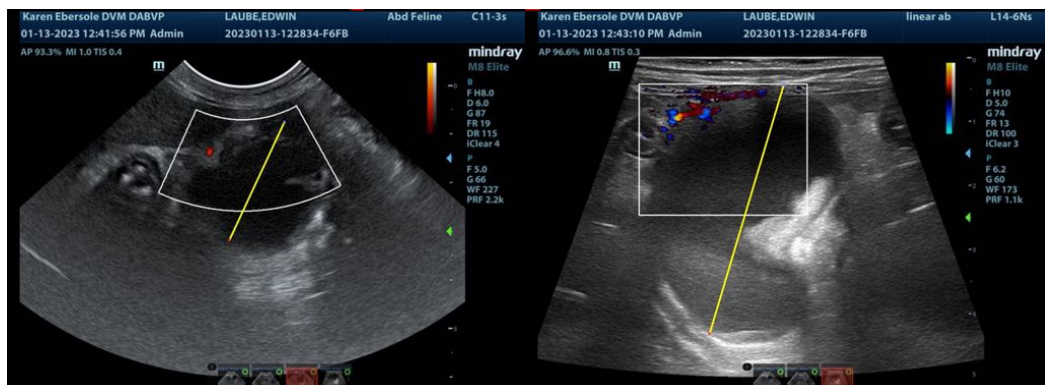
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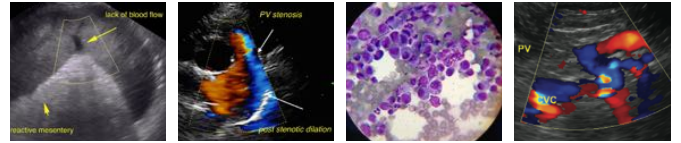
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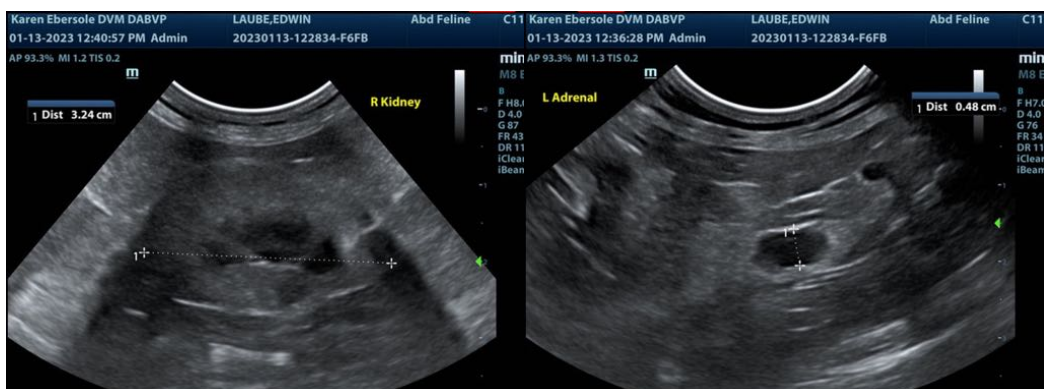
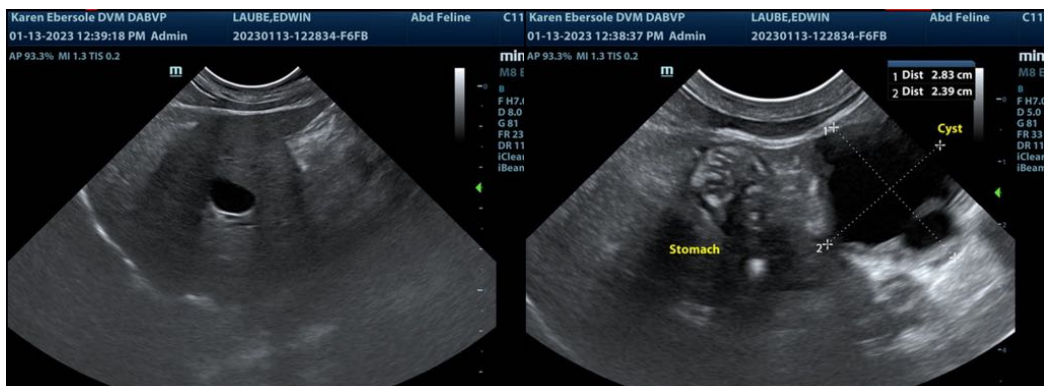
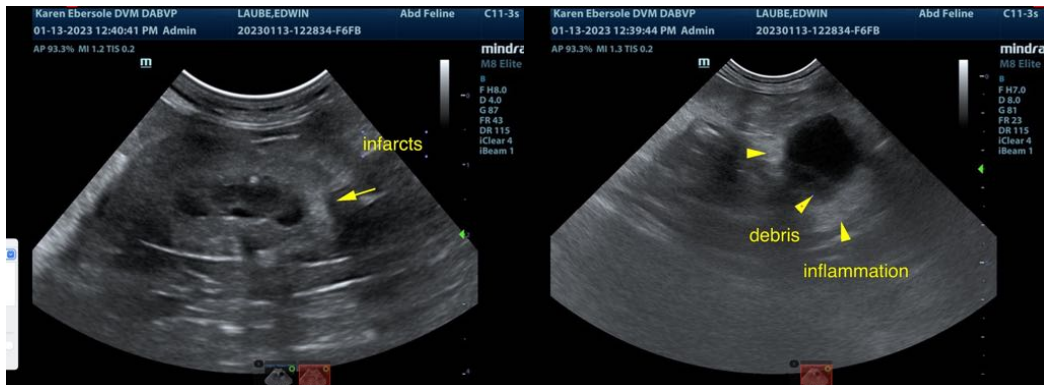
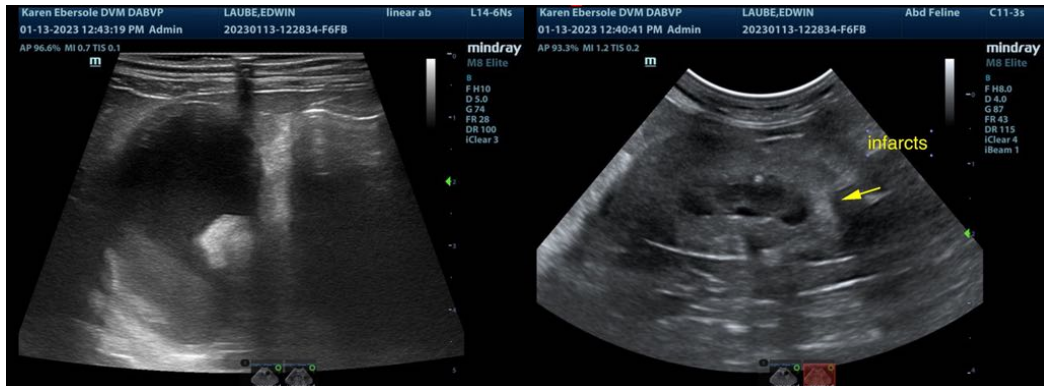
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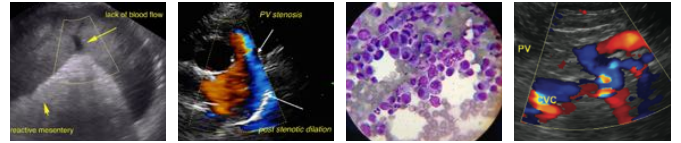
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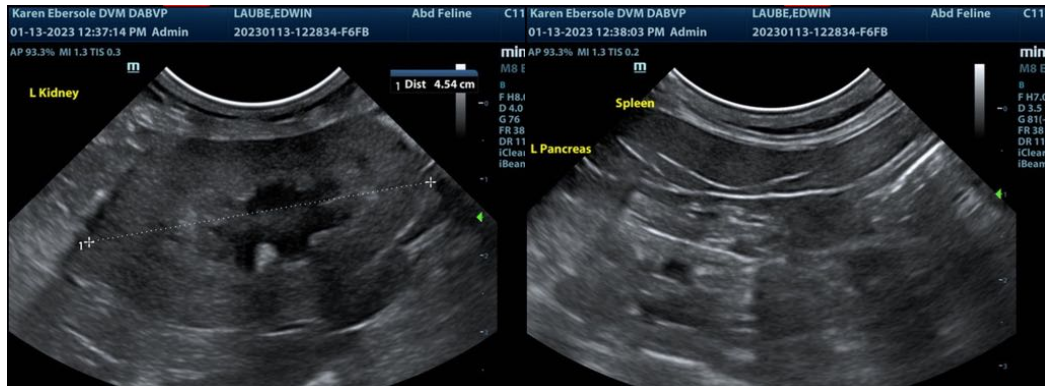
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com