

PATIENT

Edwin Laube

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Porcelli

INVOICE

44258

DATE

1/16/23

PRESENTING CLINICAL SIGNS

Recheck to learn how to give insulin injections at home, owner reported Edwin is not eating or drinking much and hiding. Has lost 1lb bw over the weekend.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3-4/9 with muscle wasting, depressed. BG >500
Urine: Ketones Neg, Glucose +++++ (previously no glucosuria)

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented hyperechoic medullary rim, consistent with diabetic nephropathy, similar to the prior sonogram, with cortical infarcts noted. Slight pyelectasia of the left kidney noted. The left kidney was larger than the right, owing to degenerative right renal changes. The left kidney measured 4.23 cm. The right kidney measured 3.42 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** was slightly irregular. The gallbladder was unremarkable.

Gastrointestinal

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.

Pancreas

The two separate **pancreatic** lesions noted on the prior sonogram have returned to 3.8 cm x 2.6 cm on the abscess of the left pancreatic limb, and the cyst at the pancreatic base measures 2.9 cm x 1.91 cm. No complications to the sampling procedure appear evident. No evidence of peritonitis. However, the cystic structures are persistent. Surgical removal is likely the best option, at least regarding the left-sided changes. Drainage of the cyst at the pancreatic base may be all that can be done. However, the more aggressive lesion appears to be in the caudal aspect of the left pancreatic limb, consistent with abscessation. A thicker granulomatous type bed is noted.



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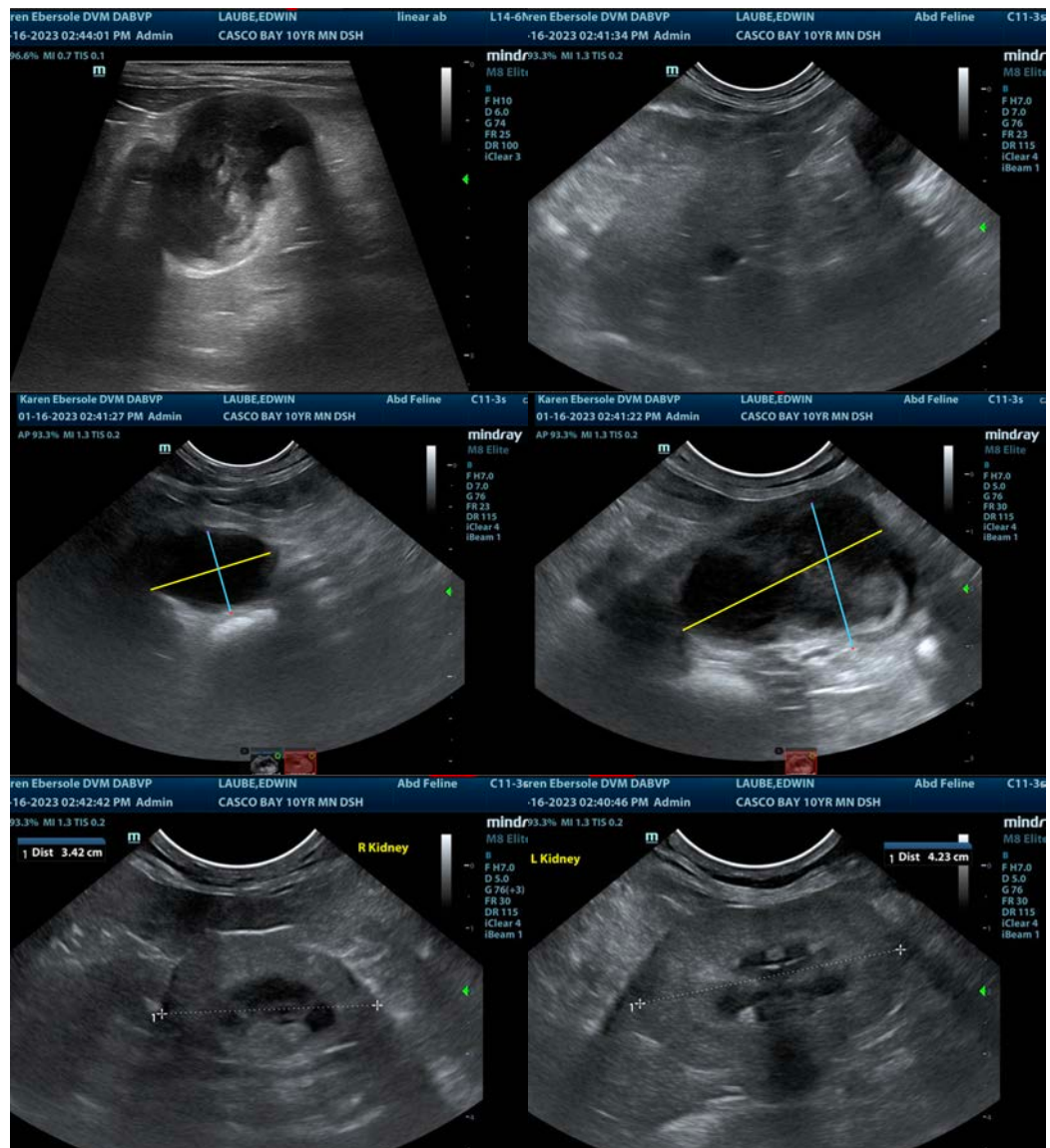
1/16/23

ULTRASONOGRAPHIC FINDINGS

- Recurrent pancreatic abscess and pancreatic cyst
- Diabetic nephropathy with degenerative changes
- Slightly irregular liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend surgical exploratory with expectations of left pancreatic lobectomy and management of the diabetic state. Given that interventional drainage does not appear to be effective regarding avoidance recurrence or creating resolution for the pancreatic abscess. Chest radiographs warranted. No overt evidence of neoplasia, yet an occult underlying neoplastic event regarding the pancreatic abscess cannot be completely ruled out.





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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.

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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

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