



PATIENT

Simon Mink

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

7

WEIGHT

11.98

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Pascucci

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Pascucci

INVOICE

72442

DATE

1/23/26

PRESENTING CLINICAL SIGNS

1 yr of uncontrolled diabetes mellitus. Hx IBD managed with budesonide but looser stools recently. Also on fluticasone inhaler. Dental disease- planned dental next month. Hx weight loss- stable now

Abnormal PE/Chem/CBC/UA Results: BG 365 anion gap 31 Cl 107 Trig 406 Baso 519 Eos 1254 Mono 627

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 **left kidney** was mildly swollen with mildly thickened, hypoechoic cortices. The left kidney measured 4.6 cm.

The **right kidney** was also swollen, with slight pyelectasia noted. The right kidney measured 5.2 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 swollen and hypoechoic to falciform fat. Lobar biliary calculi noted, non-obstructive.

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 **pancreas** was enlarged, hypoechoic and irregular, with dilated duct. Enhanced surrounding mesentery noted, suggestive for pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Cholelithiasis.
- Chronic active pancreatitis pattern.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

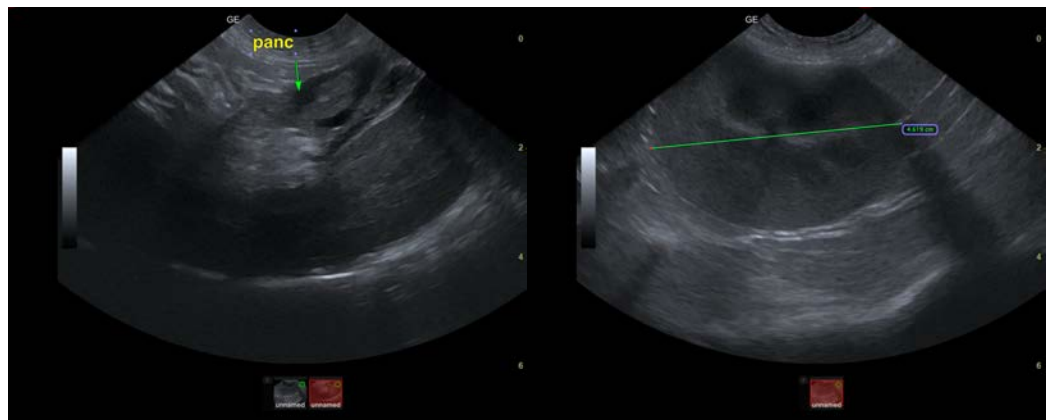
Pancreatic inflammation, underlying occult UTI, or combination of both may be playing a role. Urinary workup and culture indicated to assess if UTI is playing a role in the dysregulation.

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 an internal medicine consult can be utilized through [Sonopath.com](http://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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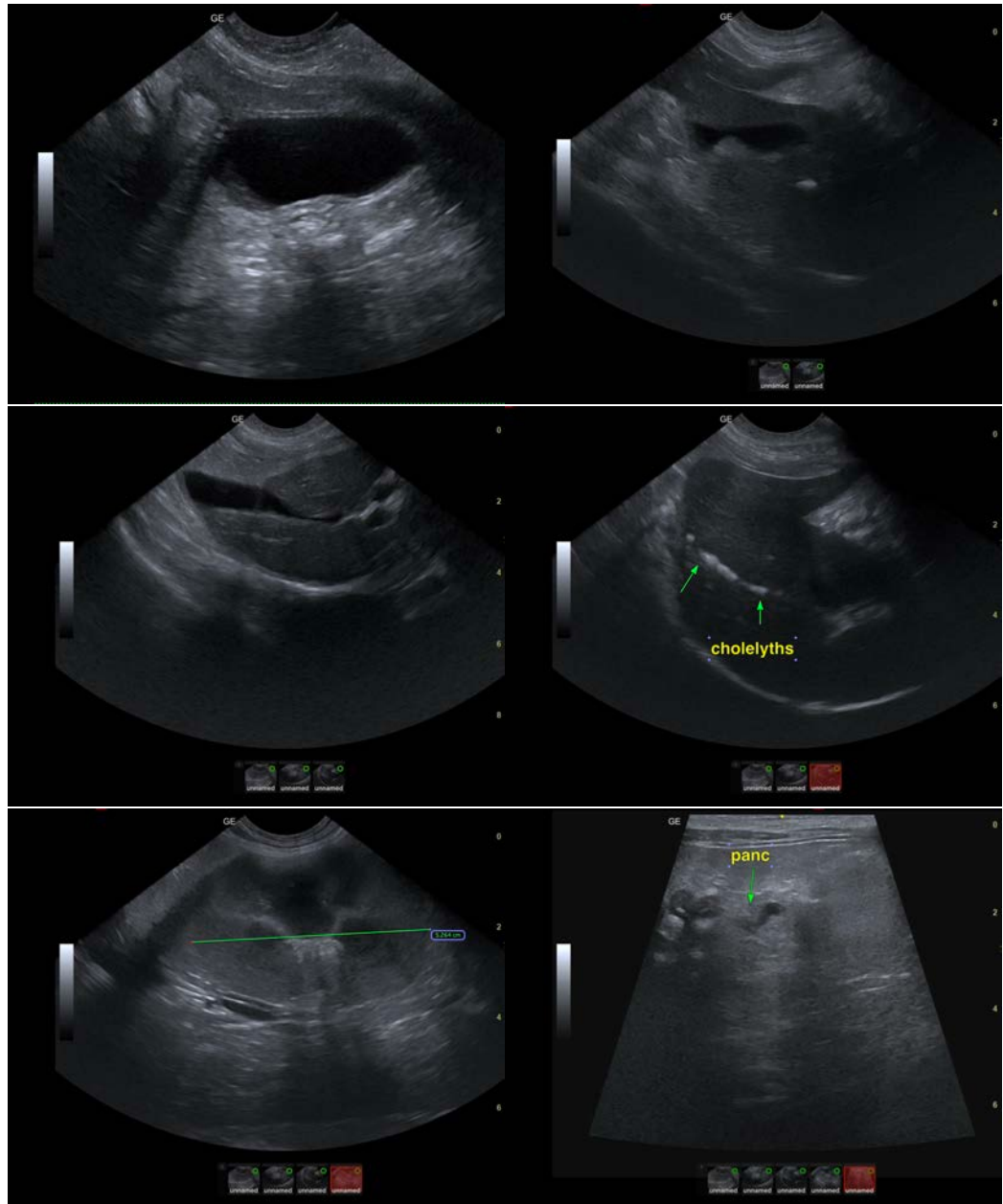
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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