



PATIENT PRESENTING CLINICAL SIGNS

Till Myers

History: previous DM controlled on 2 U Novulin N Acute nausea, confusion, pancreatitis vs diabetic remission, Current meds P-Lyte 1 dose Cerenia Novalin N

SPECIES

Abnormal PE/Chem/CBC/UA Results: increased WBC Neuts Monon Glu 183 Phos 3.0 Potassium 3.4 Glob 5.5 GGT 5 fPL abnormal Fructosamine 287 U/A pending

Feline

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Domestic Shorthair

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.

SEX

Neutered male

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. Cortical infarcts are noted. The right kidney measured 4.77 cm. The left kidney measured 4.17 cm.

AGE

18 years

WEIGHT

16.7 lbs

Adrenal Glands

INTERPRETED BY

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.

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Spleen

Jenn

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Liver

Dr. Maniar

The **liver** revealed slightly increased portal markings with uniform parenchyma. There was no evidence of significant pathology. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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DATE

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PATIENT

Gastrointestinal

Till Myers

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.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

An echogenic cyst/abscess was noted and measured 3.0 x 2.0 cm. This appears to be deriving from the caudal aspect of the left limb of the pancreas.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Complex cyst or abscess in the caudal aspect of the left pancreatic limb.

Otherwise, geriatric abdominal changes.

AGE

18 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage or surgical removal is recommended. There was no evidence of neoplasia.

WEIGHT

16.7 lbs

Potential Causes of Diabetic Dysregulation

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

INTERPRETED BY

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UTI

Dietary indiscretion/intolerance

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Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia

Diffuse liver disease

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PATIENT

Till Myers

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

18 years

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REFERRING VET

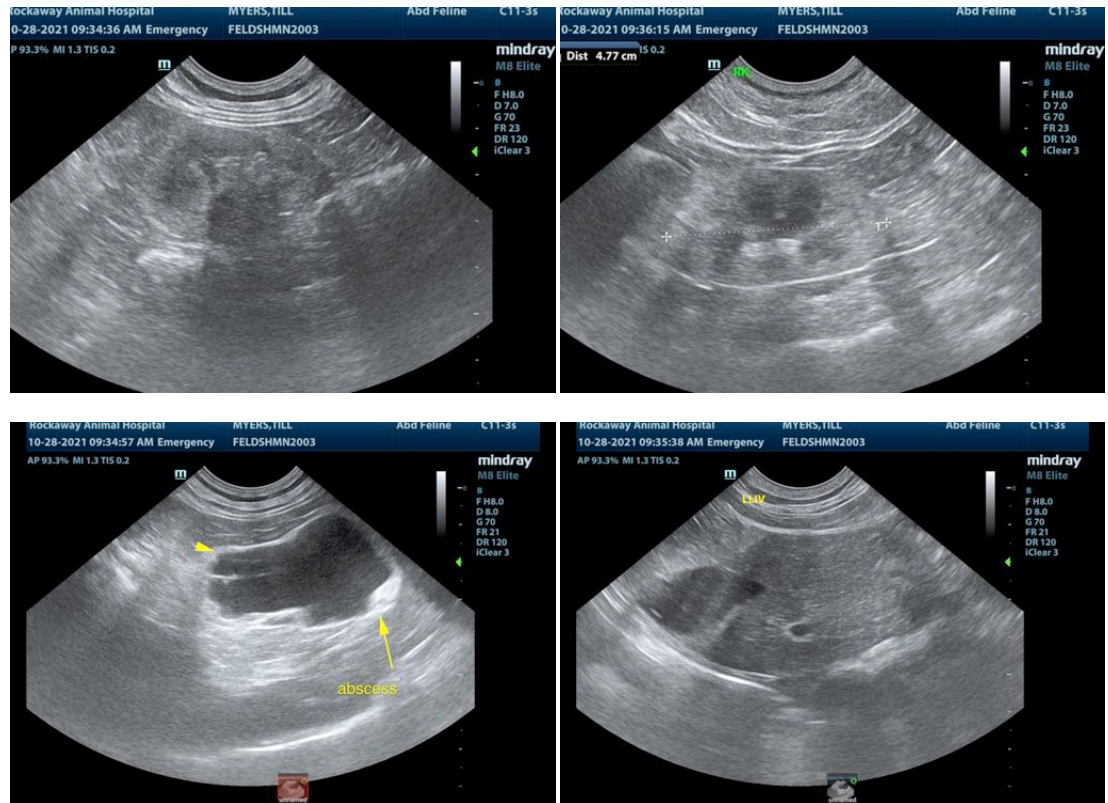
Dr. Maniar

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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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