



PATIENT

Princess Decato

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

14 years

WEIGHT

13.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

92147

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Diabetic a year ago. Now in remission and off insulin for 4 month. Presented for vomiting, anorexia, abdominal pain for 2 days. Treatment for pancreatitis for the last 2 days.
T 101 P180 R 40. Enlarged liver on radiographs. WBC 30,610,neuts 29,260, lymphs 2,100,eos 300, hct 36% Profile Glu 232, ALT>10, UA spgr ,

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 left kidney measured 3.0 cm with trace pyelectasia and enhanced surrounding fat. There is a potential for underlying nephritis. The right kidney had a similar pattern to the left with slight pyelectasia. Regional inflammation was present.

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 0.5 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

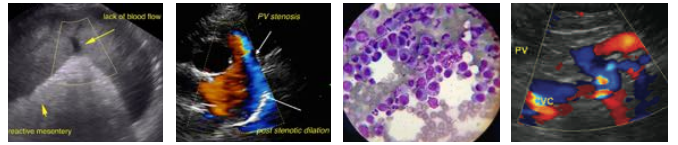
The **liver** presented lobar biliary duct dilation. The gallbladder was over distended in this patient with a tortuous cystic duct and common bile duct. The common bile duct was dilated to 0.66 cm. This is consistent with post hepatic obstruction. Calculus was lodged in the junction between the cystic duct and common bile duct. The hepatic lymph nodes are slightly enlarged and measured 0.5 cm.

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.



PATIENT	Pancreas
Princess Decato	Mild, heterogenous pancreatic changes were noted.
SPECIES	ULTRASONOGRAPHIC FINDINGS
Feline	Common bile duct calculi.
BREED	Dilated common bile duct.
Domestic Shorthair	
	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
SEX	It is surprising that the bilirubin elevation is not reported as elevated. One of the calculi appears to be present in the duct and this may represent the pancreatic duct or distal portion of the common bile duct. Medical management can be considered in this patient. Recheck sonogram is recommended in 48 hours. Full urinalysis is warranted to assess for any evidence of urinary tract infection. A recheck sonogram is recommended in 48-72 hours of treatment with further imaging of the common bile duct would be appropriate. Reported pain is likely deriving from common bile duct calculi.
Spayed Female	
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	Potential Causes of Diabetic Dysregulation
WEIGHT	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
13.5 lbs	
INTERPRETED BY	UTI
Eric Lindquist, DMV DABVP, Cert. IVUSS	Dietary indiscretion/intolerance
	Pancreatitis
	Hyperthyroidism/hypothyroidism
IMAGING PERFORMED BY	Exogenous steroids (including topical eye meds)
Dr. Logas	Cushing's
HOSPITAL NAME	Acromegaly
Bradenton VH	Owner compliance
	Insulin quality issues
REFERRING VET	Antibodies to insulin
Dr. Logas	Underlying Neoplasia
	Diffuse liver disease
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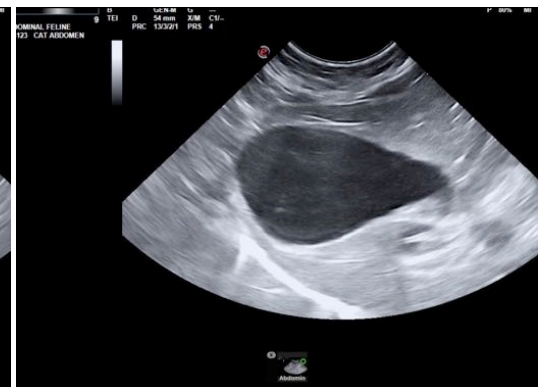
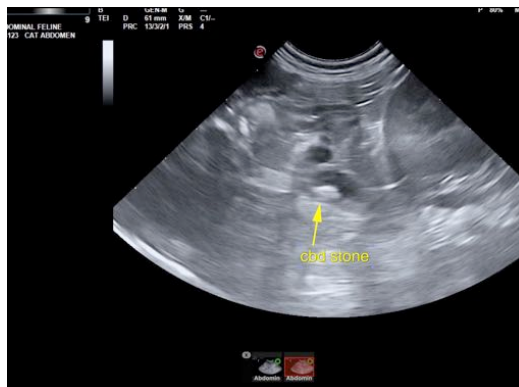
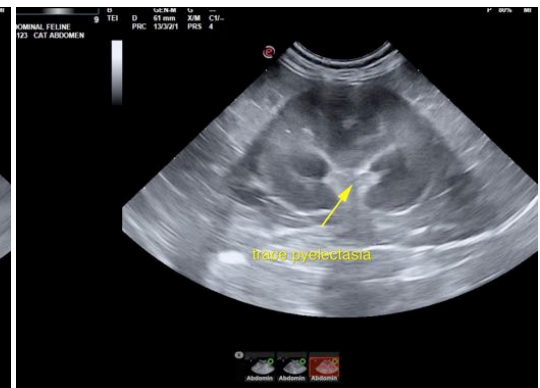
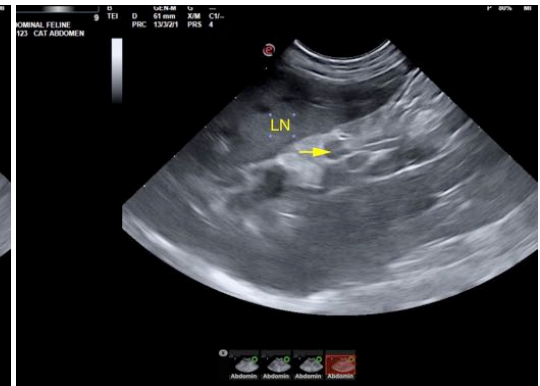
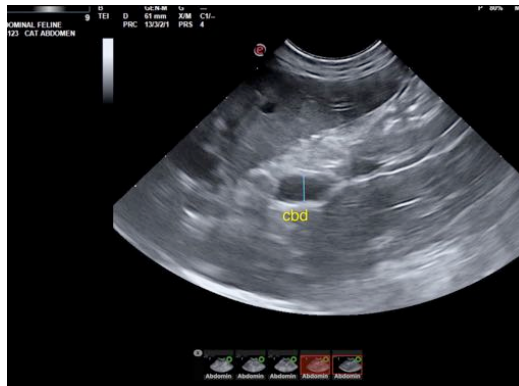
Dr. Logas

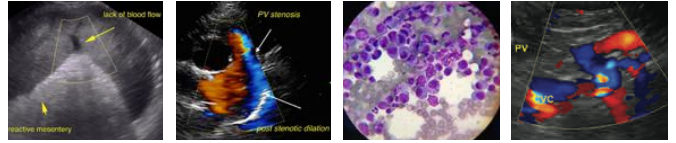
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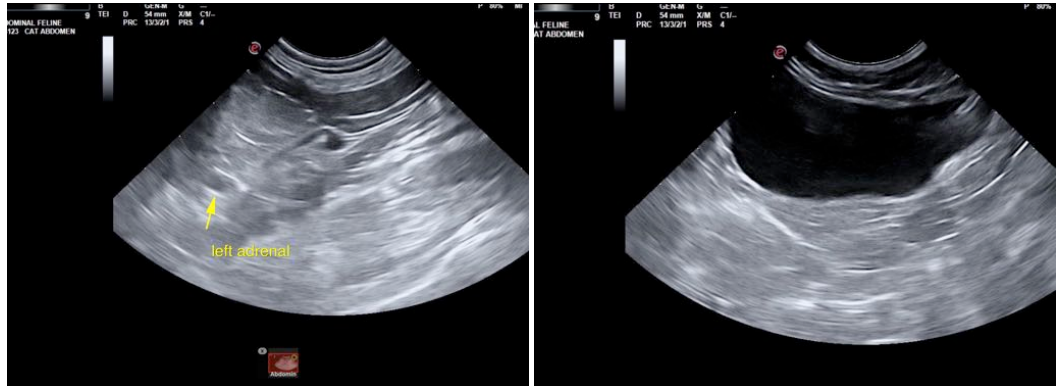
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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