



PATIENT

Ming Daczlowski

SPECIES

Feline

BREED

Burmese

SEX

Spayed female

AGE

9 years

WEIGHT

6.52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Whitesell

INVOICE

43071

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Diabetic, not eating since 12/5 (small amounts), recurrent anal gland abscess/ruptures.
Abnormal PE/Chem/CBC/UA Results: Alt 262 (10-100), AST 230 (10-100), Glucose 298

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** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.0 cm each.

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.

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** was diffusely hyperechoic to the falciform fat with minor, coarse architecture. There were no overt masses noted. The vascularity appeared normal. The gallbladder was unremarkable. The common bile duct measured 0.2 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. The stomach revealed a minor amount of fluid. Small and large intestine demonstrated normal luminal chyme and stool consistency



PATIENT	respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Ming Daczlowski	
SPECIES	<i>Pancreas</i>
Feline	The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.
BREED	
Burmese	
SEX	ULTRASONOGRAPHIC FINDINGS
Spayed female	Hepatic lipodosis, inflammatory hepatopathy liver pattern. Minor potential for neoplasia.
	Minor gastric luminal fluid.
AGE	
9 years	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
WEIGHT	Coagulation panel and ultrasound-guided FNA of the liver is recommended in this patient. Otherwise, supportive care should prove effective.
6.52 lbs	
INTERPRETED BY	Potential Causes of Diabetic Dysregulation
Eric Lindquist, DMV DABVP, Cert. IVUSS	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
IMAGING PERFORMED BY	UTI
Dr. Whitesell	Dietary indiscretion/intolerance
HOSPITAL NAME	Pancreatitis
Dickson AC	Hyperthyroidism/hypothyroidism
	Exogenous steroids (including topical eye meds)
REFERRING VET	Cushing's
Dr. Whitesell	Acromegaly
	Owner compliance
INVOICE	Insulin quality issues
43071	Antibodies to insulin
	Underlying Neoplasia
DATE	Diffuse liver disease
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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