



PATIENT

Rio Barney

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

10 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Griffin

INVOICE

94714

DATE

12/17/21

PRESENTING CLINICAL SIGNS

Patient has a long history of pancreatic insufficiency and then later in life developed diabetes. This patient is on pancreatic enzymes and cisapride prescribed by Northwood Vet Clinic. Patient has diarrhea and diabetes in un regulated on 6 units of vetsulin bid.
CBC: wnl Chem: ALT 141, GGT 7, K 3.1 SDMA/T4: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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** 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. Both kidneys measured 4.0 cm.

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 0.3 cm.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. Hyperechoic nodular changes were noted in the spleen. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.21 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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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Gastrointestinal

Rio Barney

The **stomach** was filled with progressively shadowing material. I suspect hairball accumulation. This measured 4.0 cm. The gastrointestinal tract revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. The mesenteric lymph nodes measured 0.7 cm.

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Pancreas

Domestic Longhair

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.

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ULTRASONOGRAPHIC FINDINGS

Minor splenic enlargement.

Minor intestinal thickening.

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Minor mesenteric lymphadenopathy.

Hairball density in the stomach.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt evidence of neoplasia. Hairball therapy is indicated. Diet change may be appropriate.

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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/>.

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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>

Potential Causes of Diabetic Dysregulation

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

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Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

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Exogenous steroids (including topical eye meds)

Cushing's



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Acromegaly

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Owner compliance

Insulin quality issues

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Antibodies to insulin

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Underlying Neoplasia

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Diffuse liver disease

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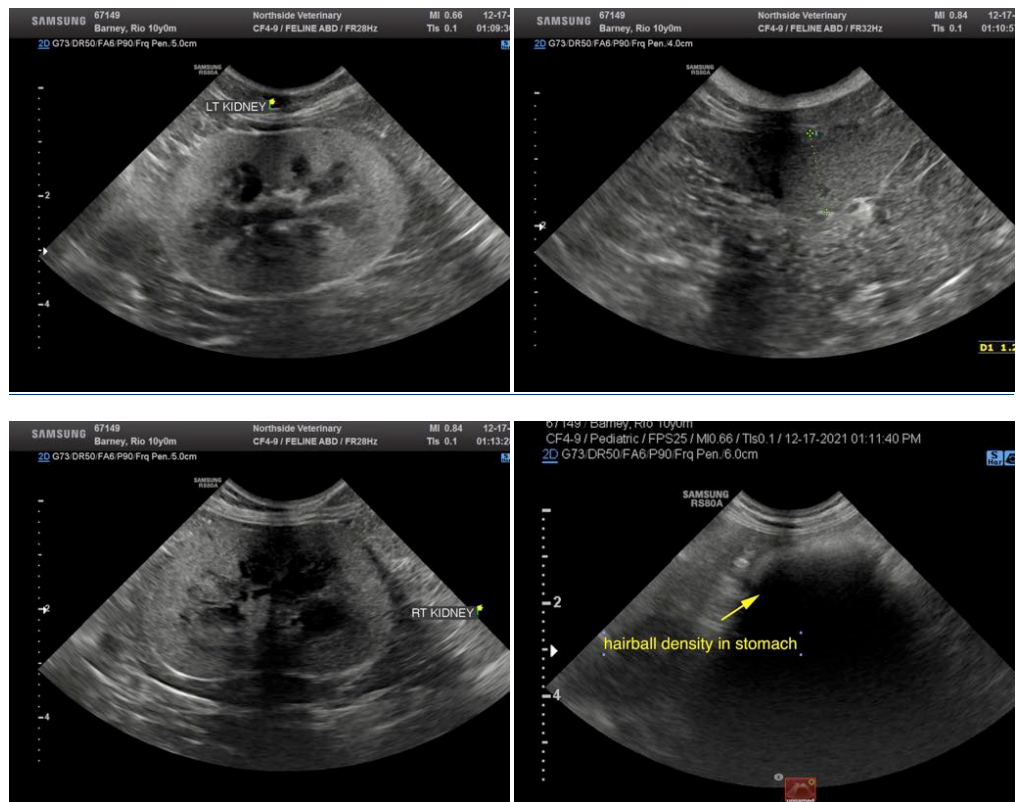
Dr. Griffin

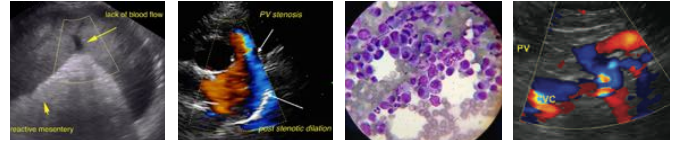
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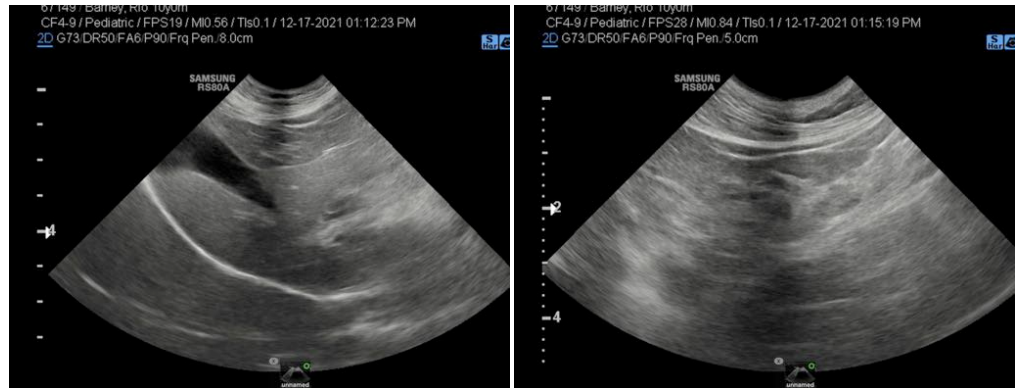
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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