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IMAGING CENTER
VETERINARY CT & ULTRASOUND SERVICES

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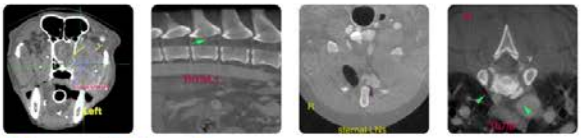


Diagnostic Imaging
Veterinary CT, Ultrasound & Telecytology Services
veterinarian referral only

PATIENT
Piper McFadden

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
15

WEIGHT
13 lbs

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

IMAGING PERFORMED BY
Diane McFadden

HOSPITAL NAME
Sonopath Imaging Center

REFERRING VET
Dr. Sara Vanderbogart

INVOICE
72662

DATE
12/17/25

PRESENTING CLINICAL SIGNS

Recent diagnosis of diabetes (Nov 1). On vetsulin bid, have increased from 1 unit to 2 units with no response on glucose curve. Appetite good, overweight

Abnormal PE/Chem/CBC/UA Results: UA: microalbumin 7.6, high, rods >100, trace blood, WBC 4-10 , glucose 3+, USPG 1.035; treated for UTI with Clavacillin and doing well. BW Oct 2025: TP 9.5, Glob 6.1, BUN 43, Gluc 360,trig 438, chol 222, WBC 16.5, platelets 172, neutrophilia, tenal tech prediction POS, precision PSL 26

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 2.0 cm beyond the cystourethral junction.

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. Slight mineralization and minor pyelectasia noted in both kidneys. Right kidney measured 3.8 cm. Left kidney measured 3.7 cm. Blood flow to the kidneys appeared to be adequate.

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. Left measured 0.50 cm. Right measured 0.50 cm.

Spleen

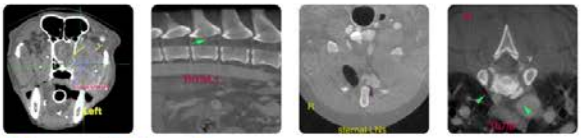
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** revealed slight cystadenoma in the right cranial liver measuring 2.1 cm. Coarse architecture noted elsewhere in the liver and slight hyperechoic parenchyma compared to falciform fat. Focal hypoechoic parenchymal nodule noted in the left liver measuring 1.7 cm. The gallbladder was unremarkable.

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



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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 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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Cystadenomatous liver with concerning medial nodule – nodular hyperplasia versus suppurative lesion or round cell neoplasia, carcinoma all potentials regarding the nodule.
- Moderate degenerative renal changes with pyelectasia.
- Age related pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

UTI is the most common cause of diabetic dysregulation. Therefore, recommend managing UTI with broad-spectrum antibiotics based on culture results. If weight loss is an issue, ultrasound guided FNA of the liver nodule would be indicated. Given the age of the patient, nodular hyperplasia is very common. This nodule should be monitored for any growth or progression.

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

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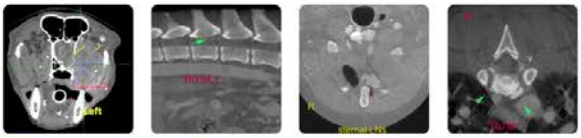

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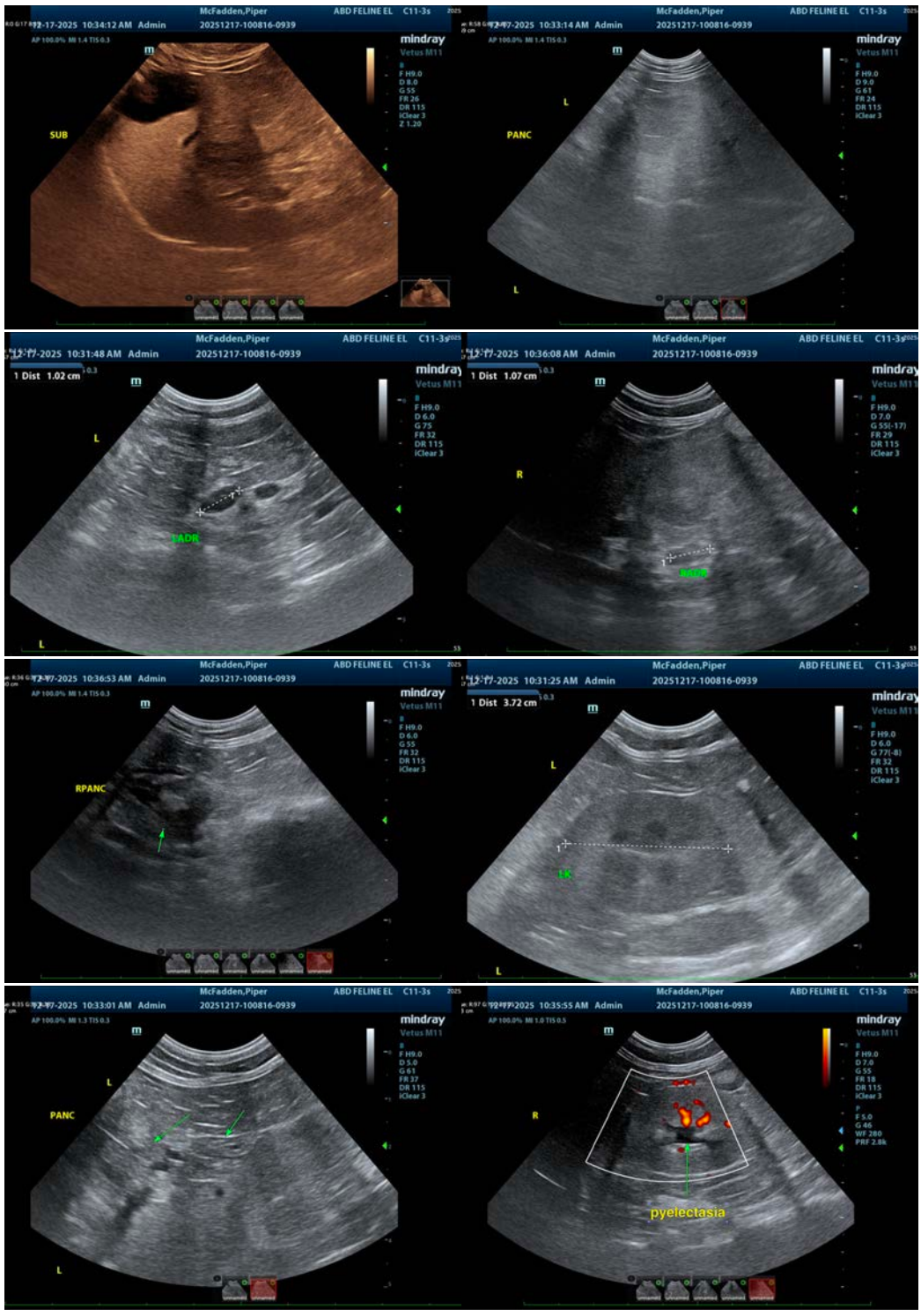

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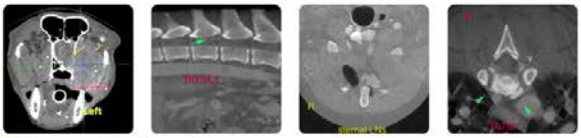

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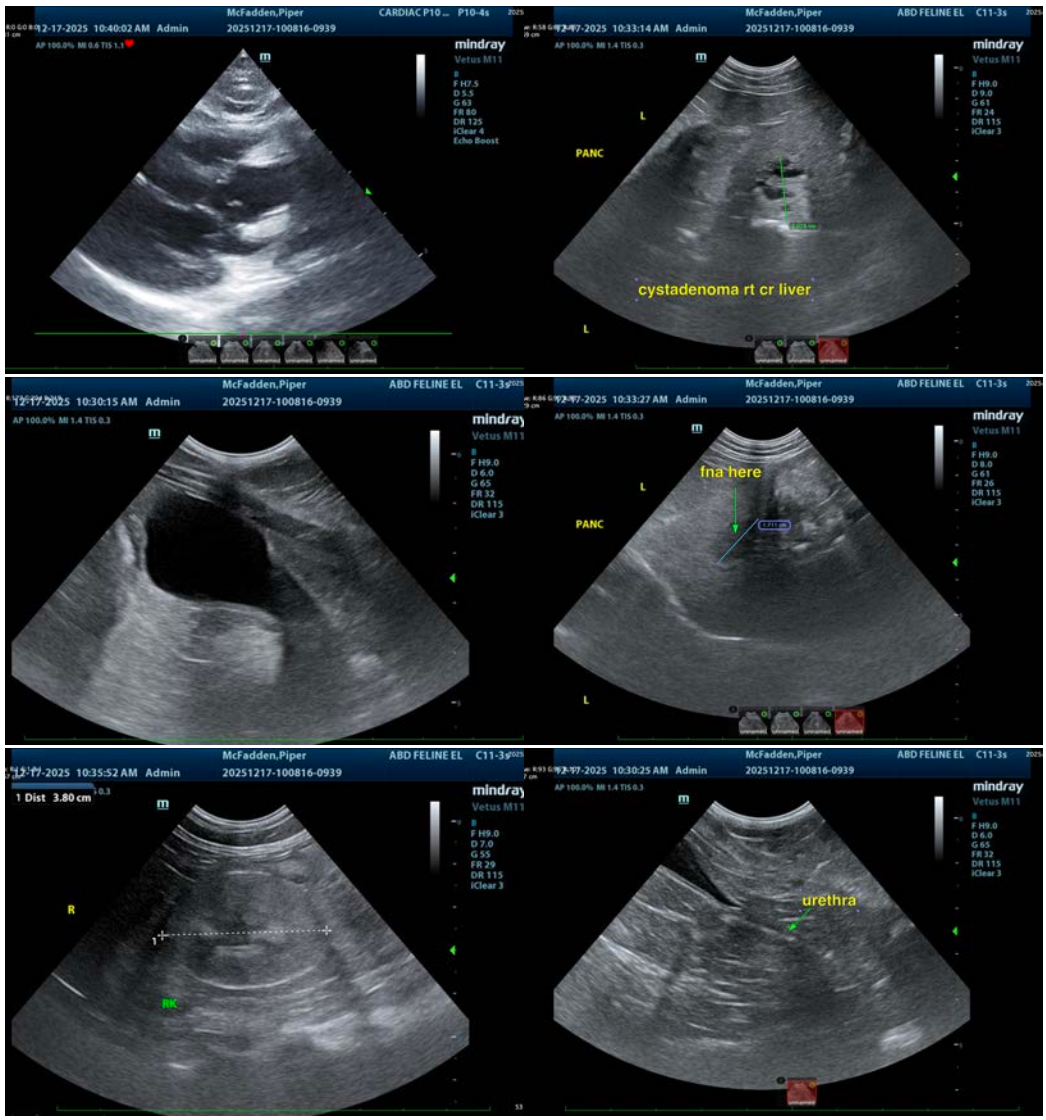

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
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