



PATIENT	PRESENTING CLINICAL SIGNS
Churro (Wayne AH)	History: Newly dz diabetic (1 wk ago), anorexic 1 wk. Current meds: Clavamox 62.5mg, Mirtazapine, Prozac 1U bid.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Gluc 544, Neut 18.02 (12.58 H) was 37,014 12/20 (8500 H); Feline pancreatic-abnormal. U/A-12/20 USG 1.034, PH 6.0; Gluc 3+, Prot 2+, RBC >50/hpf, Ketones-NEG
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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.
Spayed Female	
AGE	The left kidney revealed interstitial nephrosis, moderate degenerative changes, moderate cortical infarcts and remodeling. Corticomedullary mineralizations were noted. The left kidney measured 3.5 cm.
8 Years	The right kidney revealed mild degenerative changes. The right kidney measured 3.45 cm.
WEIGHT	Adrenal Glands
10.1 Pounds	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 right adrenal gland measured 0.52 cm.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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. The spleen measured 0.64 cm.
IMAGING PERFORMED BY	Liver
Shari Reffi, CVT	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.
HOSPITAL NAME	Gastrointestinal
Newton VH	The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event
REFERRING VET	
Dr. Kim	
INVOICE	
20233	
DATE	
12/23/22	



PATIENT	such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.
Churro (Wayne AH)	
SPECIES	<i>Pancreas</i>
Feline	The pancreas in this patient was swollen, hypoechoic and presented irregular contour with mixed ill-defined hyper and hypoechoic changes that are consistent with pancreatic remodeling and nodular hyperplasia with chronic active or acute-on chronic inflammatory disease. Areas of peri-serosal ill-defined hyperechoic reactive fat were also noted suggestive for inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted or suspected.
BREED	
DSH	
SEX	<i>Free Abdomen</i>
Spayed Female	Reactive mesentery was noted around the left kidney and pancreas.
AGE	ULTRASONOGRAPHIC FINDINGS
8 Years	<ul style="list-style-type: none"> • Acute on chronic inflammatory bowel/ pancreatitis presentation • Renal infarcts and moderate degenerative left renal changes, mild on the right • Reactive mesentery
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
10.1 Pounds	Pancreatitis is likely playing a role in the diabetic state. IV fluid support, broad spectrum antibiotics, GI protectants, and pain management are all indicated.
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
Shari Reffi, CVT	Dietary indiscretion/intolerance
HOSPITAL NAME	Pancreatitis
Newton VH	Hyperthyroidism/hypothyroidism
REFERRING VET	Exogenous steroids (including topical eye meds)
Dr. Kim	Cushing's
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DATE	Insulin quality issues
12/23/22	Antibodies to insulin
	Underlying Neoplasia



PATIENT

Churro (Wayne AH)

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

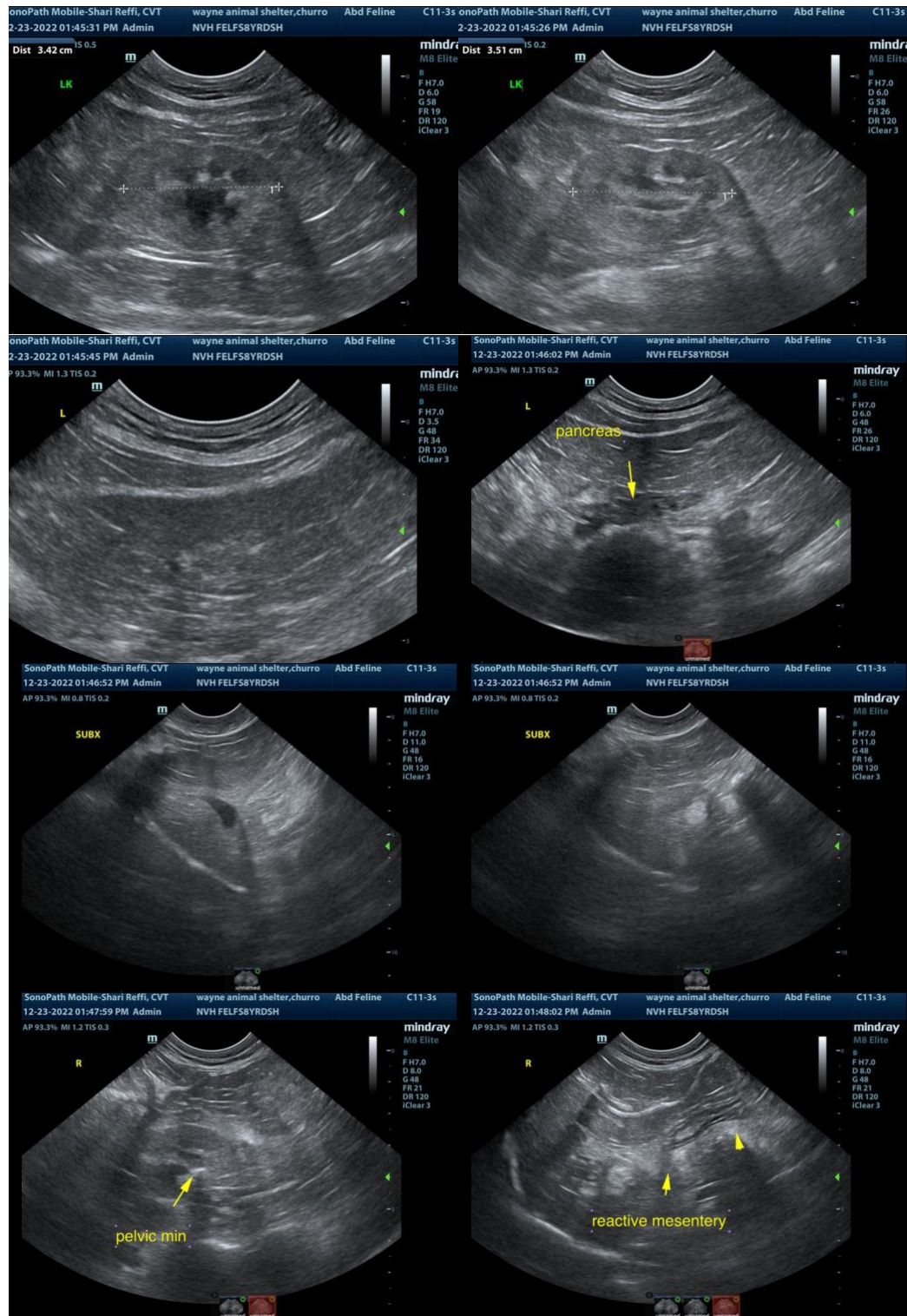
Dr. Kim

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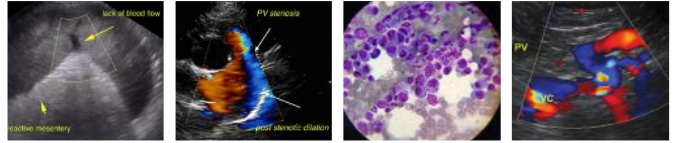
20233

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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.



PATIENT

Churro (Wayne AH)

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.

SPECIES

Feline

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

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.1 Pounds

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

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