



PATIENT

Belvedere Winaker

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

3.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Hayley Heindel CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Brewer

INVOICE

42344

DATE

12/27/22

PRESENTING CLINICAL SIGNS

History: DKA, pancreatitis, anorexia, PU
Abnormal PE/Chem/CBC/UA Results: ALT 580 Glucose 203 K 1.8 NA 143 CA 1.03

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** were bilaterally swollen with hyperechoic medullary rim sign secondary to diabetes. There is no evidence of neoplasia. The kidneys are considerably enlarged. The left kidney measured 5.62 cm. The right kidney measured 4.9 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 0.6 cm. The left adrenal gland measured 0.6 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** was diffusely hyperechoic to the falciform fat with attenuating sound beam. The liver was slightly coarse in architecture in addition to the hyperechoic parenchyma. This is most consistent with lipidosis. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was normal. The common bile duct measured 0.3 cm. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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Pancreas

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The **pancreas** was hypoechoic and irregular. The left limb of the pancreas revealed mild peripheral enhancement.

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ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis pattern with adrenal enlargement.

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Swollen kidneys, likely diabetic nephropathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consideration for acromegaly or even pituitary dependent Cushing's should be considered; however, this is extremely rare in cats. Pancreatitis and lipidosis are likely in this patient. Coagulation panel and 25-gauge FNA of the liver is indicated for further definition. FNA of the pancreas can also be considered to assess inflammatory cell type for long term management.

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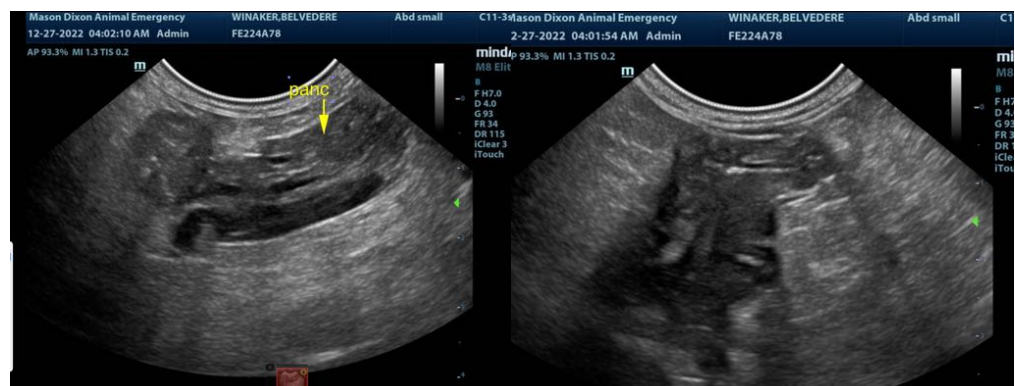
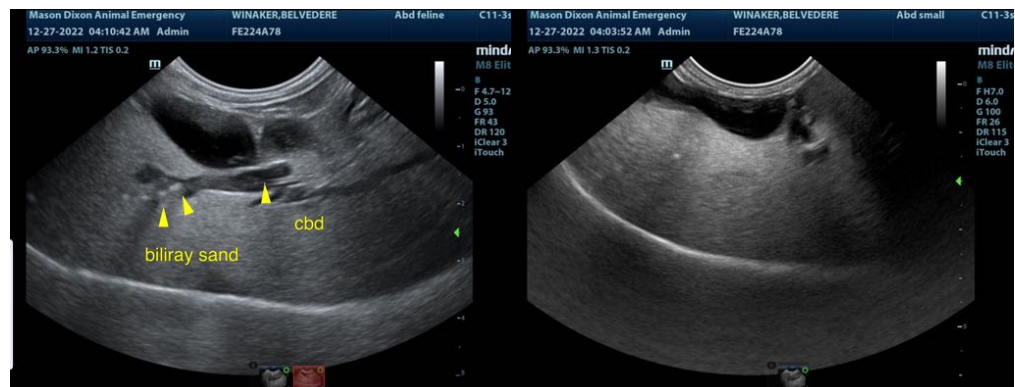
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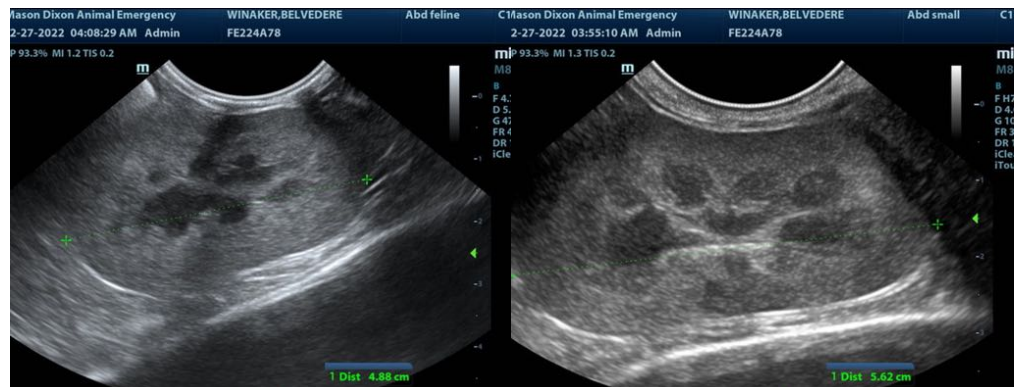
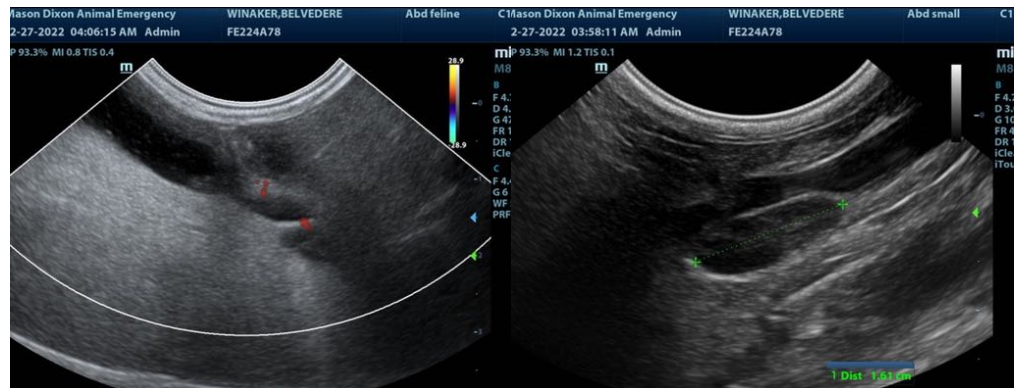
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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