



PATIENT

Marshmellow Nieves

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

12824

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for noticed weight loss, anorexia. ate some wet food yesterday. someone did vomit but unsure if it was her or McFuzzy. Hasn't seen her used the bathroom. standing by the water a lot but not drinking well. noticed last 2 days mostly. transferred from rdvm tonight. Previous Health Concerns: elevated liver Current Medications/Supplements/OTC: no meds from rdvm sent

Abnormal PE/Chem/CBC/UA Results: Abdominal: very tense cranial abdomen, no obvious mass but very reactive. Genitourinary: thickened cranial mammary glands, plaque type feel- no circumscript mass noted rDVM bloodwork: ALP 180 H, ALT 405 H, Total bilirubin 8.6 H, Glucose 338 H, Na 139 L, Potassium 3.2 L, Hgb 15.4 H, HCT 42% N, Plt 257 H. EPOC: Sodium 135 L, Potassium 2.9 L, Chloride 108 L, Ionized Ca 0.97 L, BUN 43 H, Glucose 416 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed mild sand accumulation (6.0 mm). 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 mild 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. Mild pyelectasia was noted in the left kidney. Slight mineralization was noted. Blood flow to the kidneys appeared to be adequate. Both kidneys measured 3.5 cm each.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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 mild uniform enlargement and was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct (2.0 mm) were 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

- Diffuse hepatic enlargement with hyperechoic parenchyma compared to falciform fat
- Age-related renal changes with mild pyelectasia in the left kidney
- Urinary bladder sand

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect hepatic lipidosis. FNA indicated after coagulation panel. Full urinary work up warranted. No overt evidence of neoplasia.

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Potential Causes of Diabetic Dysregulation

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

AGE

8 Years

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance

WEIGHT

5 kg

- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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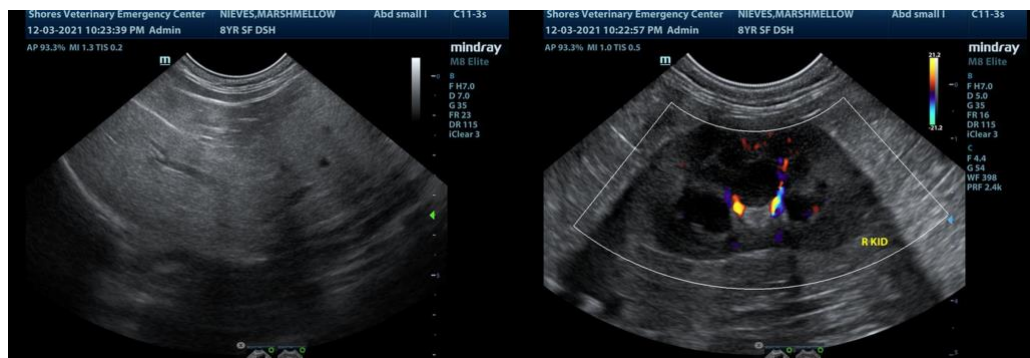
Dr. Slenbaker

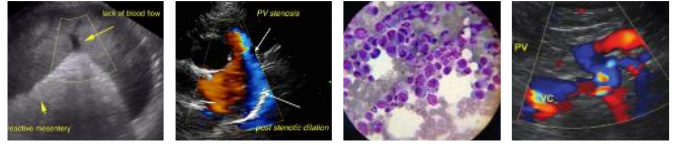
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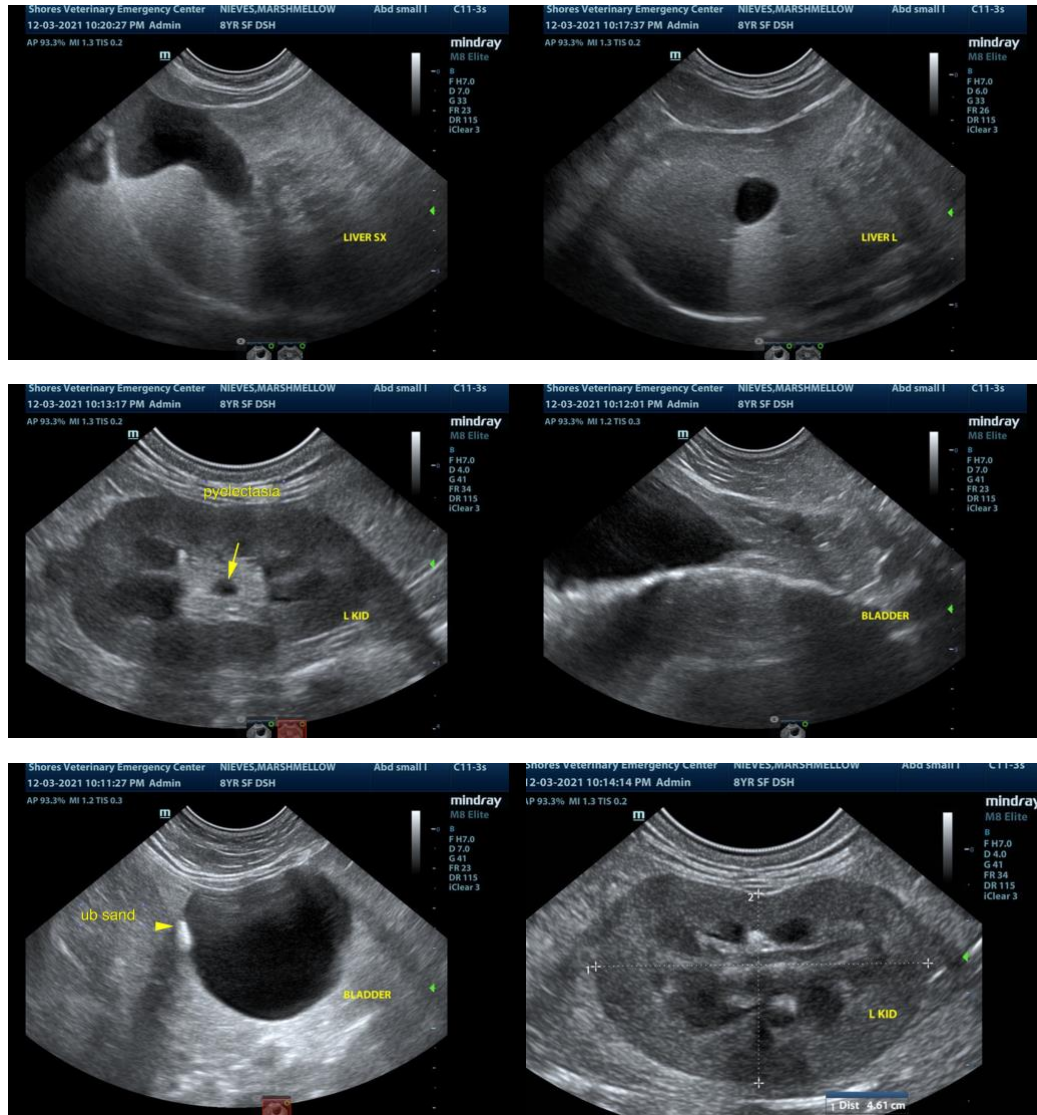
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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