



PATIENT PRESENTING CLINICAL SIGNS

Katinka Segami

Transfer from reg vet because they thought cat was in DKA due to elevated glucose on bloodwork. Presented for vomiting several times over the last few days. P is usually quiet but seems more lethargic than normal. At ER glucose was WNL and no ketones/glucose in urine. On PE P had labored/abdominal component to breathing.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: sodium and chloride mildly elevated, lactate 11, ALT, AST slight elevated

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

13 Years

The **right kidney** presented mild degenerative changes and measured 3.0 cm. Slight pinpoint mineralizations noted.

A cortical infarct was noted in the cranial pole of the **left kidney** with adjacent calculus, non-obstructive. The left kidney measured 2.5 cm, subnormal in size.

WEIGHT

4 kg

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

INTERPRETED BY

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.

IMAGING PERFORMED BY

CVN

Liver

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Consistent with diabetic hepatopathy.

HOSPITAL NAME

Animal Emergency
Hospital Volusia

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.

REFERRING VET

Dr. Van Nieuwal

Pancreas

INVOICE

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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.

DATE

12/31/21



PATIENT

Katinka Segami

ULTRASONOGRAPHIC FINDINGS

- Left renal infarct and minor renal mineralization
- Hyperechoic liver – emerging lipidosis or diabetic hepatopathy

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. No evidence of structural or luminal GI disease.

BREED

DSH

Potential Causes of Diabetic Dysregulation

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

SEX

Spayed Female

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

AGE

13 Years

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

WEIGHT

4 kg

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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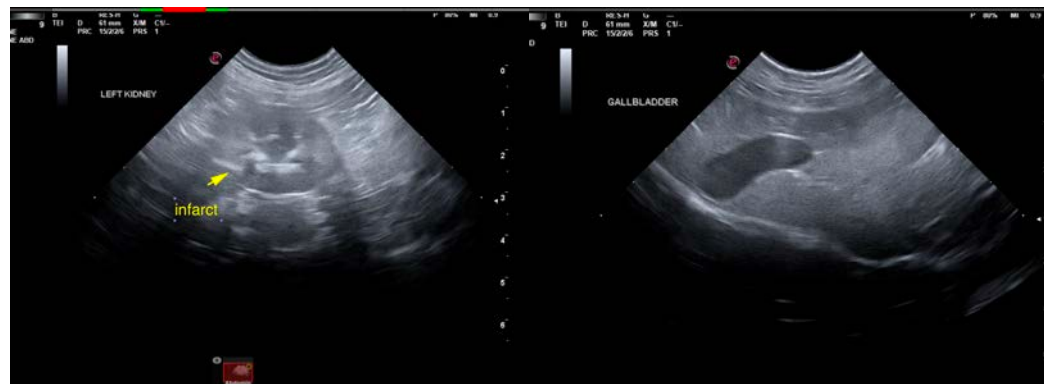
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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