



**PATIENT**

Martha Katz Rosenfeld

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

11 years

**WEIGHT**

8.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Prescott

**HOSPITAL NAME**

Roundout Valley VA

**REFERRING VET**

Dr. Prescott

**INVOICE**

94312

**DATE**

12/6/21

**PRESENTING CLINICAL SIGNS**

History: History of diabetes mellitus. Presented today for being very lethargic and not eating or drinking. Pet sitter gave 1U insulin this morning. On exam liver feels enlarged and meaty.  
Abnormal PE/Chem/CBC/UA Results: BUN 120, creat 2.0, tbili 1.1, ALT 380, fPL abnormal

**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** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Slight pinpoint mineralizations were noted. The right kidney measured 4.42 cm. The left kidney measured 3.75 cm.

**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.

**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 mildly swollen. The liver was diffusely hyperechoic to the falciform fat. There was no overt evidence of neoplasia. The pattern is most consistent with hepatic lipidosis. The gallbladder and common bile duct 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



<b>PATIENT</b>	demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Martha Katz Rosenfeld	
<b>SPECIES</b>	<b>Pancreas</b>
Feline	The base and limbs of the <b>pancreas</b> 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.
<b>BREED</b>	
Domestic Shorthair	
<b>SEX</b>	Unremarkable abdomen.
Spayed Female	Hepatic lipidosis pattern.
<b>AGE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
11 years	Coagulation panel and 25-gauge FNA of the liver is warranted to confirm suspicion. There is a mild potential for underlying hepatic lymphoma. Although the FPL is abnormal structurally the pancreas appeared unremarkable. The azotemia is likely a prerenal issue. IV fluid support to correct azotemia and hepatic support is indicated. Specific therapy should be based on FNA results of the liver.
<b>WEIGHT</b>	
8.8 lbs	
<b>INTERPRETED BY</b>	<b>Potential Causes of Diabetic Dysregulation</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
	UTI
<b>IMAGING PERFORMED BY</b>	Dietary indiscretion/intolerance
Dr. Prescott	Pancreatitis
	Hyperthyroidism/hypothyroidism
<b>HOSPITAL NAME</b>	Exogenous steroids (including topical eye meds)
Roundout Valley VA	Cushing's
	Acromegaly
<b>REFERRING VET</b>	Owner compliance
Dr. Prescott	Insulin quality issues
	Antibodies to insulin
<b>INVOICE</b>	Underlying Neoplasia
94312	Diffuse liver disease
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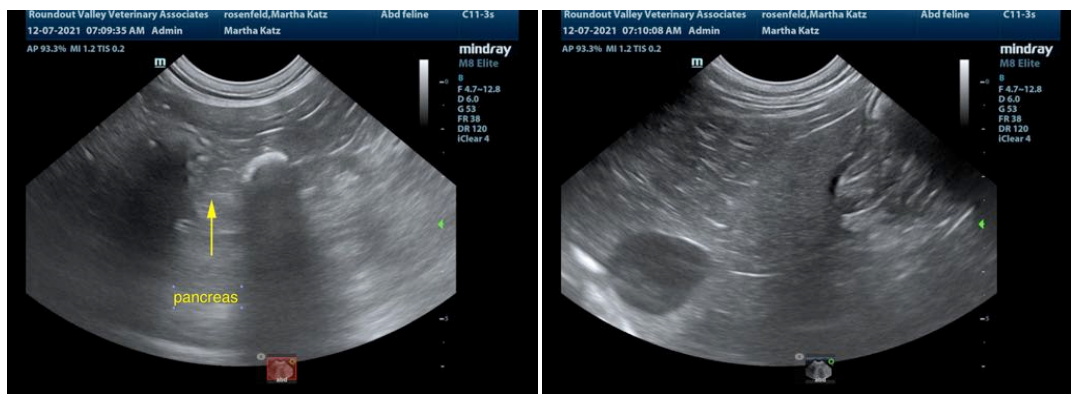
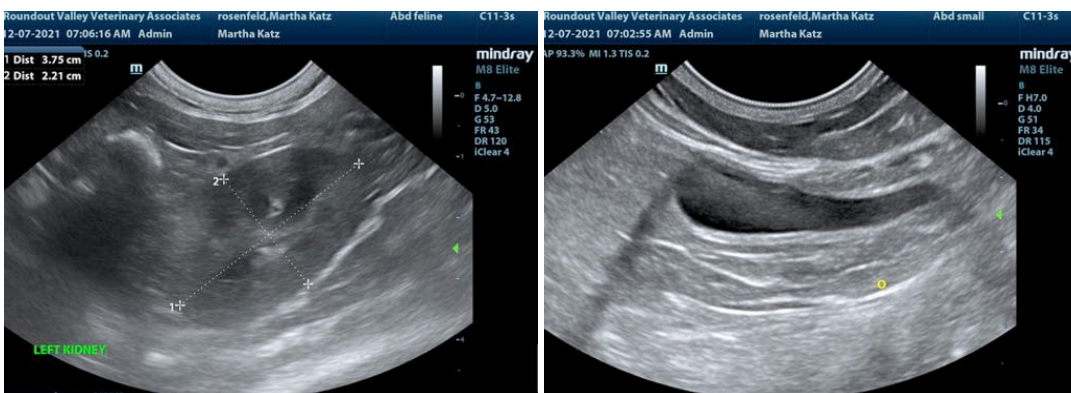
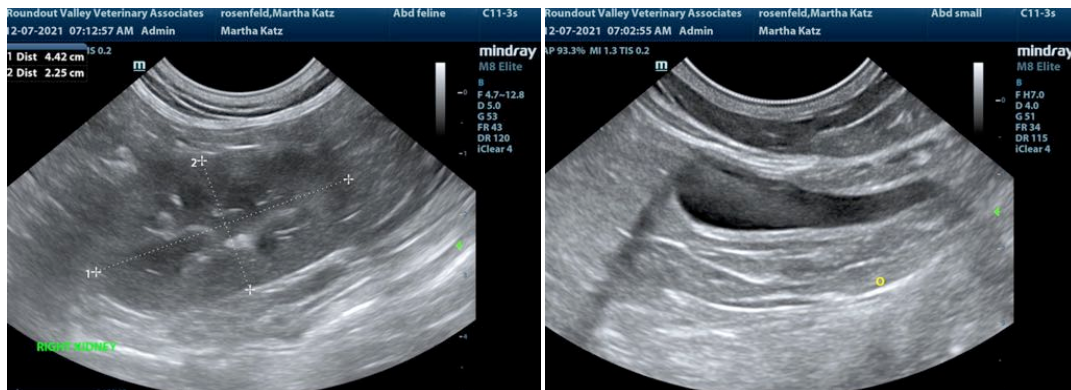
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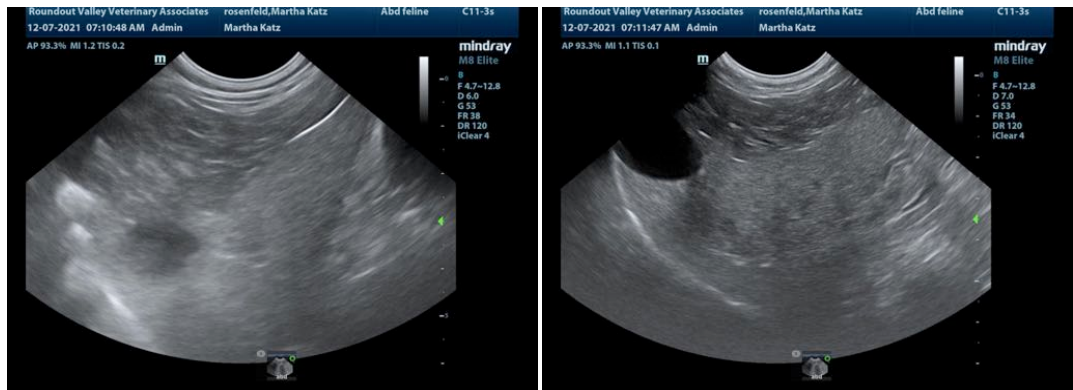
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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