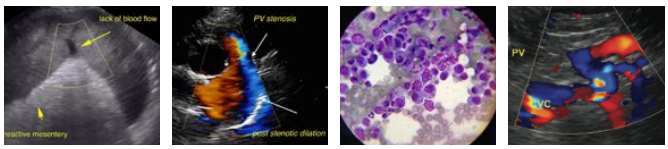
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pudsey Evans

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Festa

INVOICE

42745

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: Present for being vomiting several times last night.The owner moved home and also gave some Tuna can. Vomited watery fluid only. The patient is Diabetic since few years on 3UI of Lantus BID with complete regression of the polyuria and polydipsia. At the clinical presentation dull, easily I can conduct a fully clinical when normally the patient is feral HR 140 RR 48. MMC are pink.The breath is quite acidic simil ketoacidosic .The palpation on the right area of the abdomen elicits severe discomfort.BG 229 at 10 am in the morning even he has not received insulin in the morning Abnormal PE/Chem/CBC/UA Results: CBC reveal leucocytosis with mono and neutrophilia Comprehensive Alt slightly increased with low NA and cl probably due to the vomiting

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The left kidney measured 4.7 cm with slight pyelectasia. The right kidney measured 4.6 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

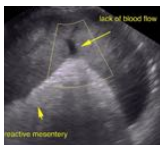
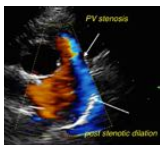
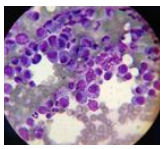
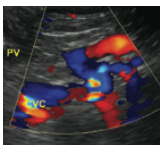
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was mildly enlarged and uniform with hypoechoic parenchyma compared to falciform fat. 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

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pudsey Evans

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

Dr. Festa

INVOICE

42745

DATE

2/13/23

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Regional minor hypoechoic irregular pancreatic changes noted consistent with early phase pancreatitis especially given the positive murphy sign noted by the sonographer in the cranial abdomen.. This presentation may be more prominent over the next 24-48 hours and should be reimaged after 48 hours of treatment.

ULTRASONOGRAPHIC FINDINGS

Age related abdominal changes.

Non-specific gastrointestinal tract.

Regional early phase pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of specific disease. Supportive care should prove effective. Therapy for diabetic ketoacidotic state should prove effective. Pain management is essential in this case.

Potential Causes of Diabetic Dysregulation

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

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

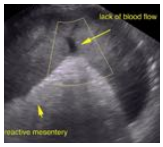
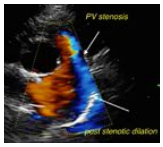
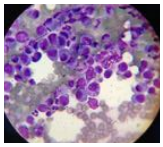
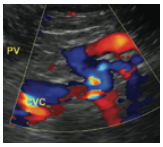
Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pudsey Evans

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

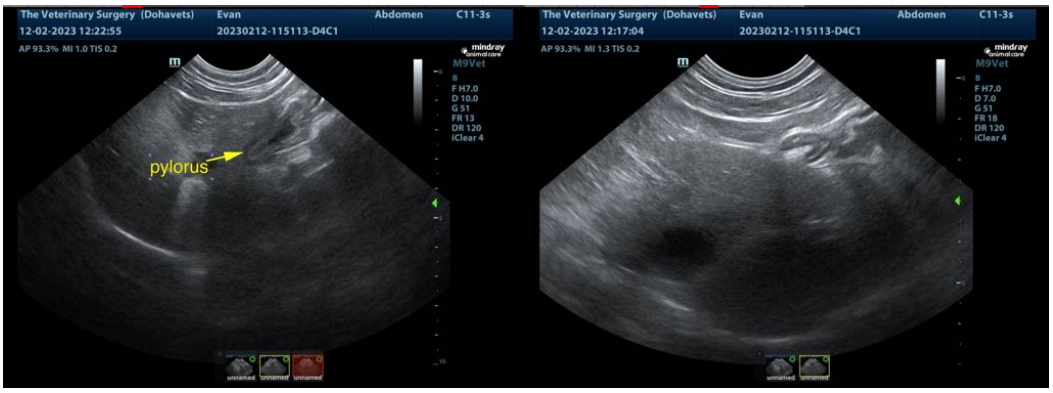
Dr. Festa

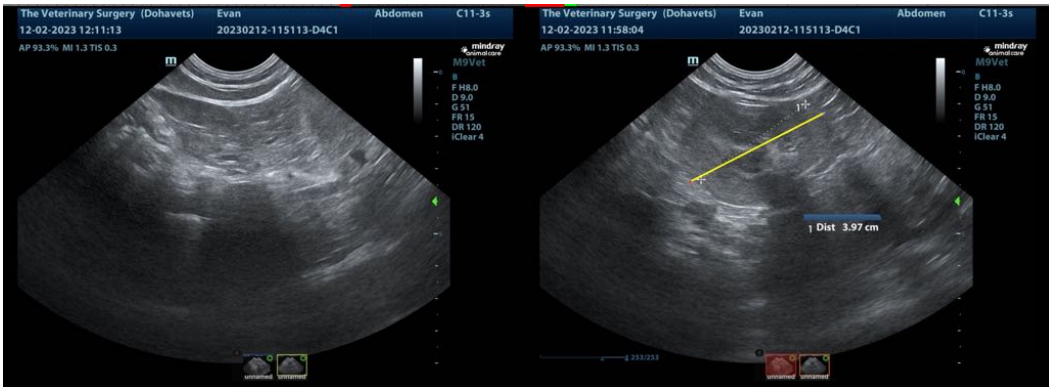
INVOICE

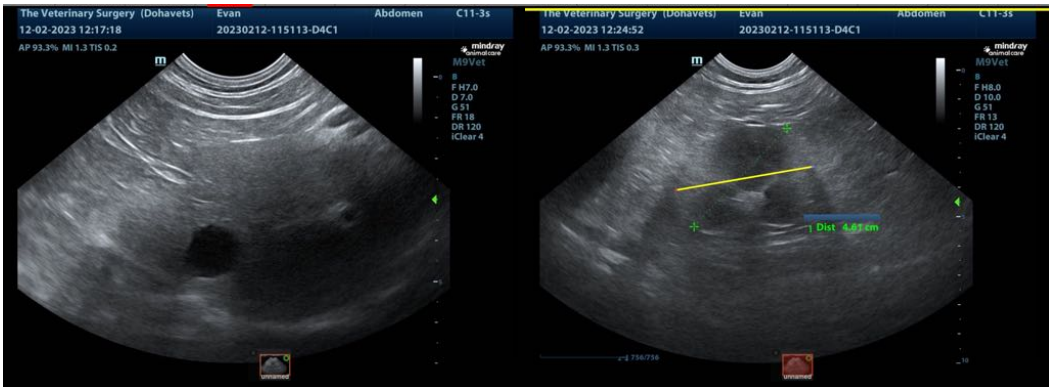
42745

DATE

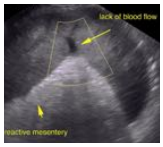
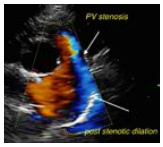
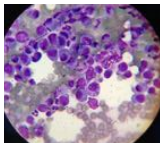
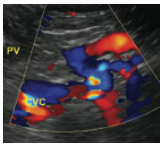
2/13/23







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pudsey Evans

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

9 years

WEIGHT

7.2 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valentina

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

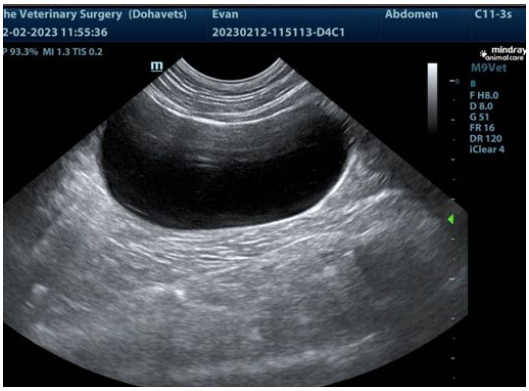
Dr. Festa

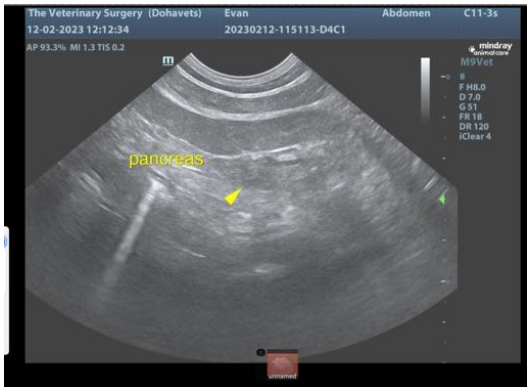
INVOICE

42745

DATE

2/13/23





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.

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