



**PATIENT**

Ashton Carnavale

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

10.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Wyman-Greenwald

**INVOICE**

95763

**DATE**

2/2/22

**PRESENTING CLINICAL SIGNS**

DKA, elevated pres. PSL, diarrhea. Current meds: Started IVF, Insulin CRI, Cerenia  
Abnormal PE/Chem/CBC/UA Results: Glucose 436, Chol 332, Trig 849, PSL 519, USG 1.036, PH 5.5, prot 2+, gluc 3+, ket +

**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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The left kidney measured 4.3 cm. The right kidney measured 4.74 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. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.53 cm.

**Spleen**

The **spleen** was enlarged, scalloping and uniform measuring 1.0 cm.

**Liver**

The **liver** revealed generalized enlargement. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder and common bile duct was unremarkable. The echogenicity was slightly hyperechoic to falciform fat.

**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. Retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency



**PATIENT**

respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**Pancreas**

**SPECIES**

The **pancreas** revealed heterogenous parenchymal changes and irregular contour. The right pancreatic limb revealed a cystic mass that measured 2.57 cm.

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**ULTRASONOGRAPHIC FINDINGS**

Domestic Shorthair

Hepatic enlargement.

Chronic interstitial nephrosis pattern.

**SEX**

Prominent, irregular pancreas with cystic mass.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10 years

The hepatic enlargement is likely owing to the underlying diabetic state. Periodic pancreatitis is likely playing a role in this patient. There was no obvious evidence of neoplasia other than the pancreatic lesion. This may represent carcinoma. However, pronounced hyperplasia +/- abscessation is possible. The lesion is surrounded by a large vascular bed. There is some risk in FNA, but could be attempted. Urine culture and sensitivity as well as 72 hour IV fluid protocol and bile acid profile is all indicated.

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**Potential Causes of Diabetic Dysregulation**

**INTERPRETED BY**

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

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

UTI

**IMAGING PERFORMED BY**

Dietary indiscretion/intolerance

Shari Reffi, CVT

Pancreatitis

Hyperthyroidism/hypothyroidism

**HOSPITAL NAME**

Exogenous steroids (including topical eye meds)

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Cushing's

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Acromegaly

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Owner compliance

Insulin quality issues

**INVOICE**

Antibodies to insulin

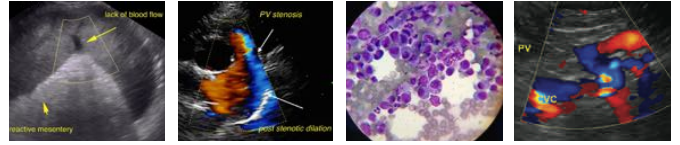
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Underlying Neoplasia

Diffuse liver disease

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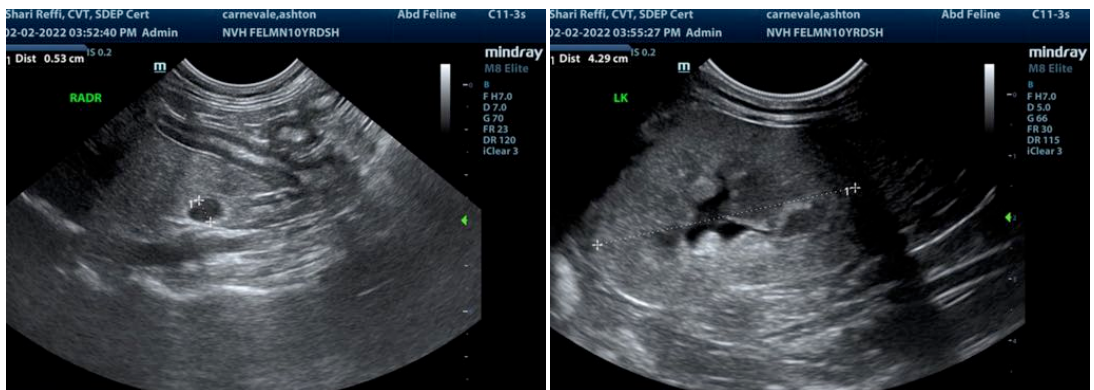
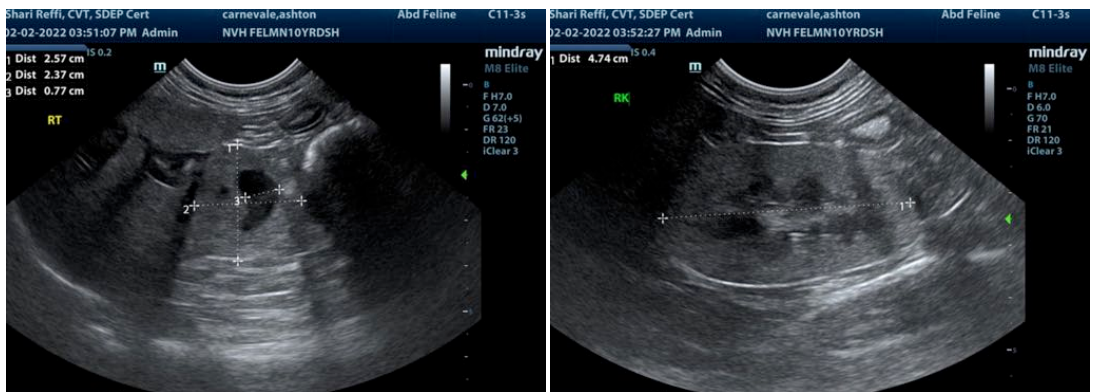
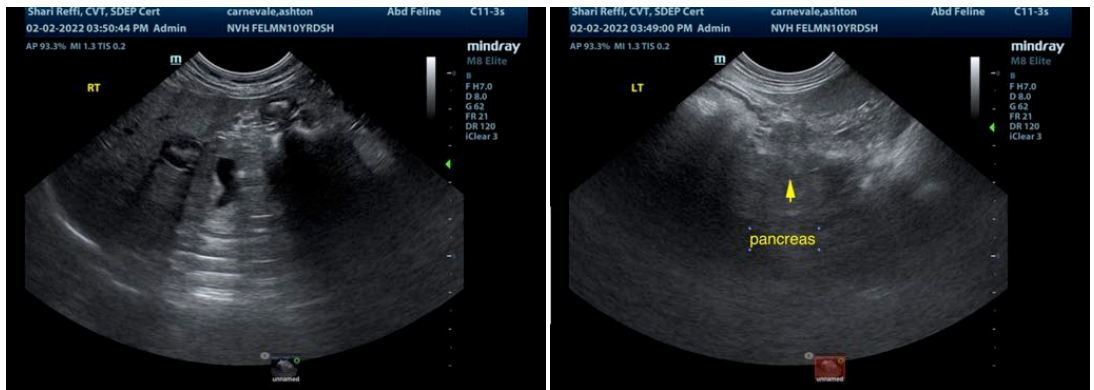
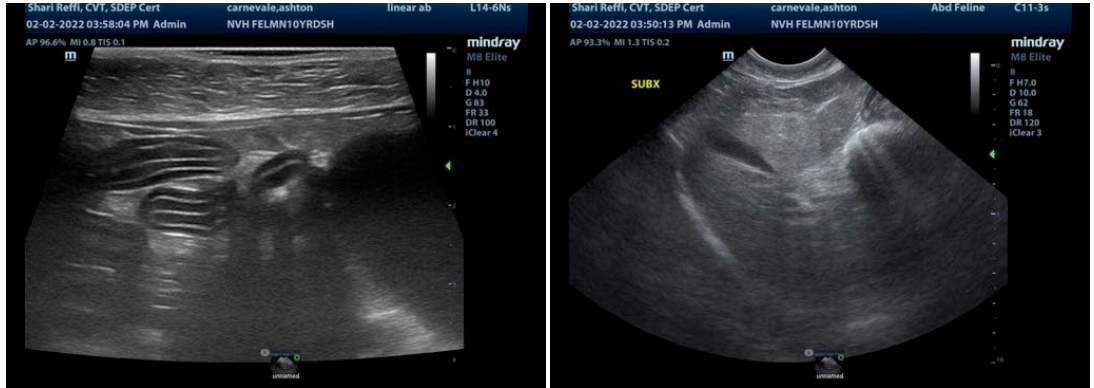
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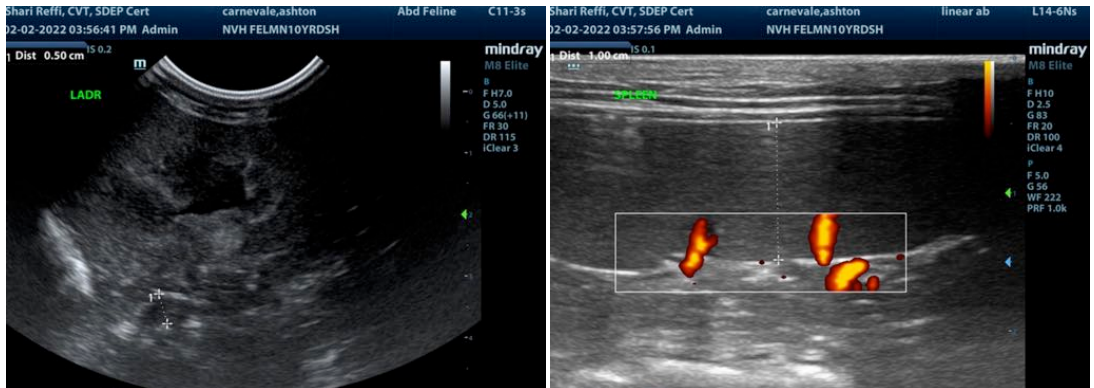
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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