



PATIENT

Lilly Waechter

PRESENTING CLINICAL SIGNS

History: diabetes, renal failure

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Spayed female

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 and no evidence of pelvic dilation was present. The left kidney measured 4.43 cm. The right kidney measured 4.74 cm.

AGE

11 years

Adrenal Glands

WEIGHT

9.8 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

DATE

2/3/23

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to



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malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Lilly Waechter

SPECIES

Pancreas

Feline

The **pancreas** was enlarged, irregular and nodular. Coarse architecture was noted. The largest portion of the pancreas measured almost 2.0 cm.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen with chronic pancreatic changes. Nodular hyperplasia, pancreatitis versus underlying carcinoma.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 years

FNA is strongly encouraged in this patient. The prognosis is guarded. The kidneys do not appear end stage. Therefore, I presume a prerenal component likely deriving from the pancreas is playing a role in this patient.

WEIGHT

9.8 lbs

Potential Causes of Diabetic Dysregulation

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

INTERPRETED BY

Eric Lindquist, DMV
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UTI

Dietary indiscretion/intolerance

IMAGING PERFORMED BY

Jenn

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

Owner compliance

REFERRING VET

Dr. Maniar

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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Diffuse liver disease

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WEIGHT

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HOSPITAL NAME

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REFERRING VET

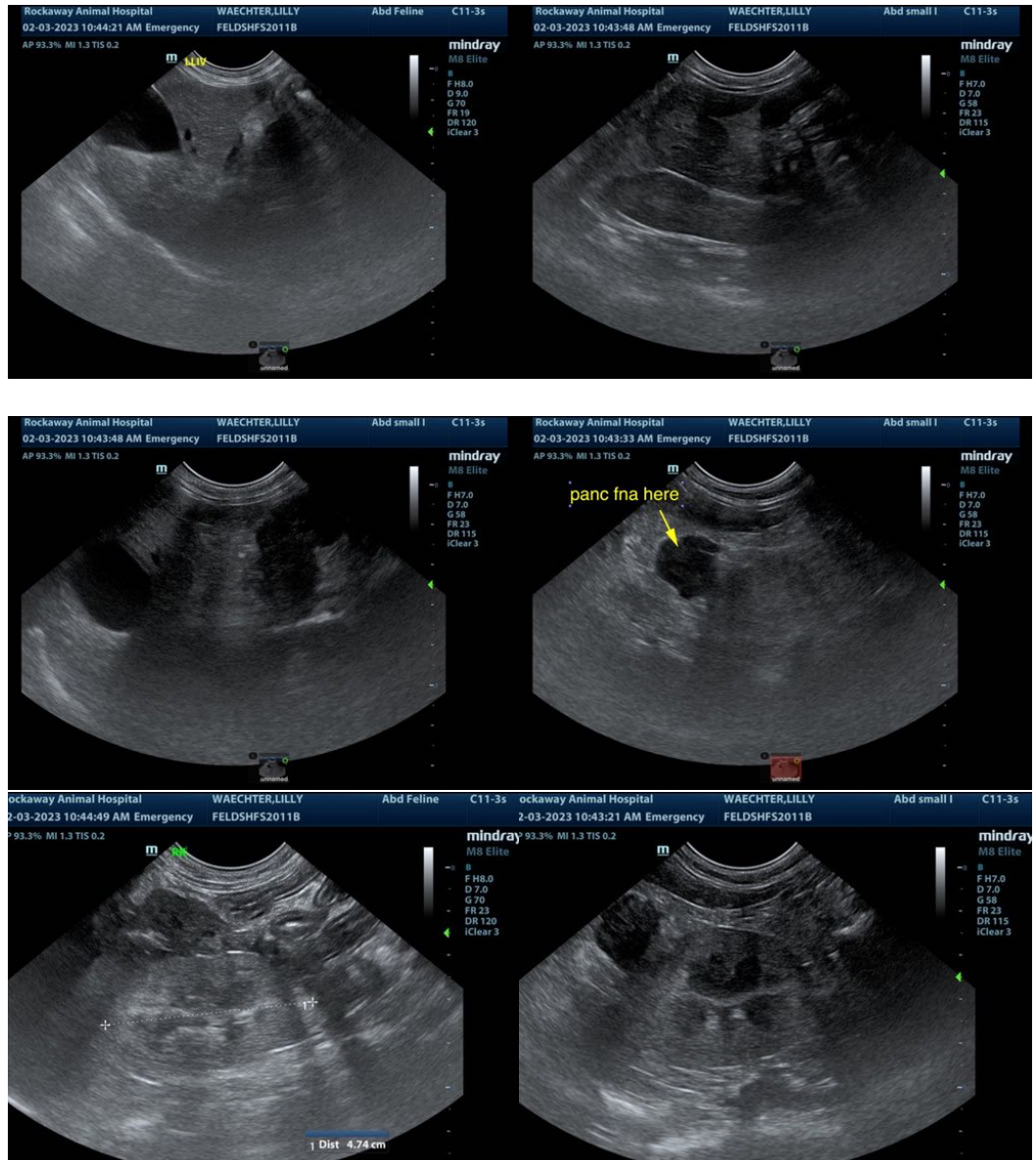
Dr. Maniar

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DATE

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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.

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