



PATIENT

Dot Brown

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

12 years

WEIGHT

9.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kathleen Laux

HOSPITAL NAME

Rondout Valley

REFERRING VET

Dr. Page

INVOICE

71357

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Episode of hyporexia and vomiting late Dec 2025. Signs improved with out-patient Tx with SQ fluids, Cerenia, and mirtazapine.
- Weight loss and polydipsia noted since last visit in late Dec.
- Seen 1/30/26 for ingrown nail and repeat bloodwork was performed.
- Concern for pancreatitis and DM, and today, DKA. Treated empirically today but did not start insulin yet.
- 1/30/26: -CBC: HCT 37%, rest WNL -chem: BG 361 (was 342 12/31/25), rest WNL - fructosamine: 372 Today: -BG 412 -ketones 5.2. Unable to obtain urine sample yet.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.04 cm. The left kidney measured 4.26 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.51 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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 swollen with generalized hepatomegaly and hyperechoic parenchyma compared to the falciform fat. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

The right base of the **pancreas** revealed mixed, hypochoic parenchymal changes with enhanced, hyperechoic surrounding fat and loss of structural detail.

Free Abdomen

There were slight pockets of free fluid.

ULTRASONOGRAPHIC FINDINGS

Pancreatic necrosis/pancreatitis presentation with undefined hepatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the right pancreatic base is strongly recommended to assess for pancreatic necrosis versus carcinoma or other neoplasia. FNA of the liver is recommended as well. The prognosis is guarded. The gastrointestinal tract was unremarkable, yet the right pancreatic pathology impinged upon it and enveloped the upper duodenum.

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)



PATIENT Cushing's
Dot Brown Acromegaly
SPECIES Owner compliance
Feline Insulin quality issues
BREED Antibodies to insulin
Domestic Shorthair Underlying Neoplasia
Diffuse liver disease

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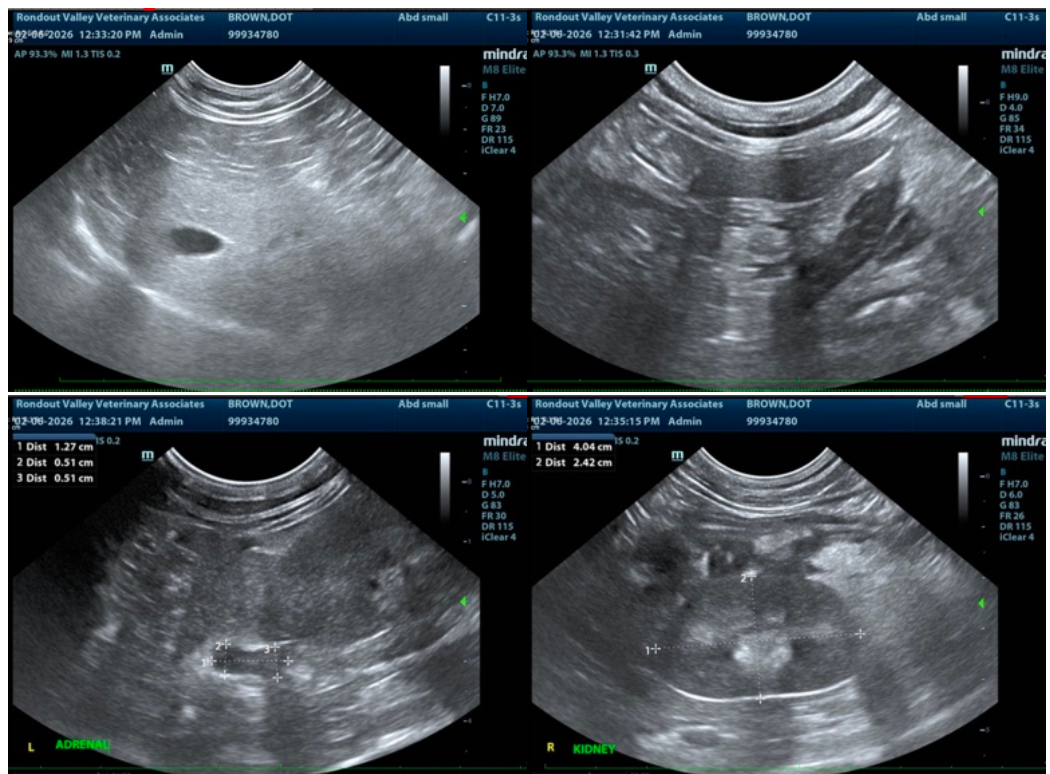
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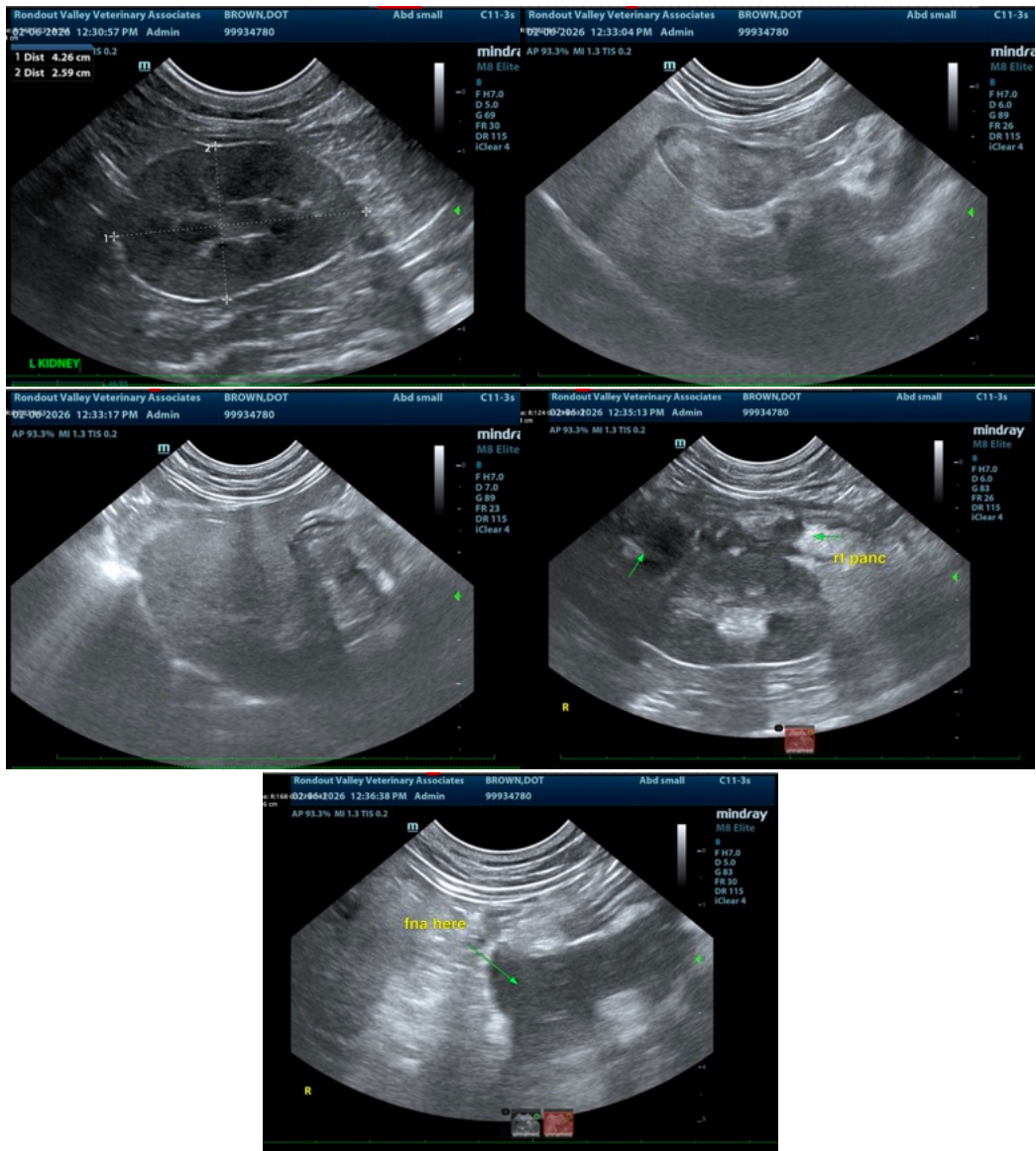
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

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