



PATIENT	PRESENTING CLINICAL SIGNS
Rocky Kouri	Presented fore not eating, lethargy decreased urine out hx of diabetes, not giving insulin
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	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.
Domestic Shorthair	
SEX	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 left kidney measured 3.61 cm. The right kidney measured 3.82 cm.
Neutered male	
AGE	
10 years	
WEIGHT	Adrenal Glands
12 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	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
IMAGING PERFORMED BY	Liver
Jenn	The liver is diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable.
HOSPITAL NAME	
Rockaway AH	
REFERRING VET	
Dr. Maniar	
INVOICE	Gastrointestinal
95863	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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
DATE	
2/8/22	



PATIENT	Pancreas
Rocky Kouri	The pancreas revealed mixed, hypoechoic nodular changes. Enhanced mesentery was noted around the nodular changes. This is suggestive for pancreatitis with a mild potential for underlying necrosis or carcinoma.
SPECIES	
Feline	
BREED	
Domestic Shorthair	
SEX	
Neutered male	
AGE	
10 years	
WEIGHT	
12 lbs	
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	
Jenn	
HOSPITAL NAME	
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DATE	
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ULTRASONOGRAPHIC FINDINGS

Heterogenous nodular pancreas. Concern for pancreatitis or emerging pancreatic carcinoma.

Early hepatic lipidosis pattern.

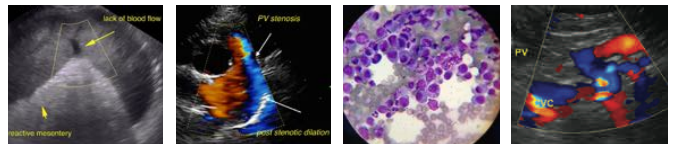
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the nodular pancreatic changes are recommended. Supportive care for pancreatitis is warranted in the meantime along with regulation of the diabetic state.

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



PATIENT

Rocky Kouri

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

10 years

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

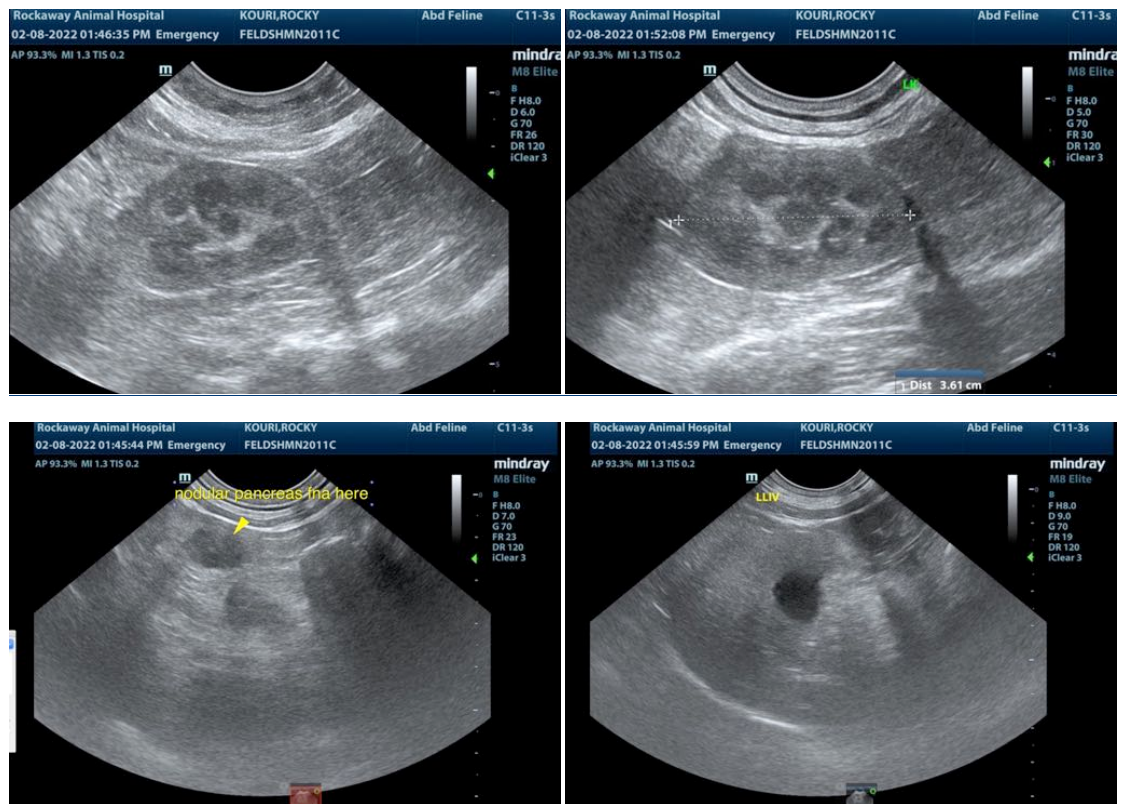
Dr. Maniar

INVOICE

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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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