



PATIENT

Tika Rose Shavere

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

16 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erica Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Erica Harmon

INVOICE

14383

DATE

3/20/22

PRESENTING CLINICAL SIGNS

History: Anorexia, fever presented 3/17 for decreased appetite starting 3/14 with got progressively worse, p lethargic and having trouble jumping onto things. Fever of 104.6 on intake 3/17, outpatient supportive care, (SQ fluids, cerenia and convenia administered, started on mirtazapine for appetite), minimal improvement in appetite, recheck 3/19, temp 102.8, more alert and interactive on recheck, abd u/s performed tonight with Butorphanol and dexdomitor sedation.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 27.6 k/ul, Neu 21k/ul, mono 1100/ul, CHEM: BG 343, rest WNL, UA: USG 1.067, Glucose 3+, Ketones trace, occult blood/RBC 11-20/hpf, protein 2+, no bacteria, no pyuria, T4 normal, PSL normal, recheck BG 3/19-357

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 were noted. Ureteral papillae were normal.

The **left kidney** 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. Trace pyelectasia was present in the left kidney. The left kidney measured 3.0 cm.

The **right kidney** revealed a fresh infarct at the cranial pole with mild active inflammation. Areas of irregular contour were noted in the right kidney noted, owing to infarcts.

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 0.4 cm.

The region of the **right adrenal gland** revealed no evident 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 were noted.

Liver

The **liver** was irregular in contour with heterogeneous parenchymal changes. The gallbladder was mineralized with a slight amount of biliary sand. FNA of the liver strongly recommended to ensure an occult neoplastic process is not present.



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Gastrointestinal

The **stomach** was filled with ingesta or progressively shadowing material, possible hair accumulation. The small intestine and colon were unremarkable.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Right renal infarct
- Irregular liver
- Porcelain gallbladder
- Retention of ingesta and/or hair accumulation in the stomach
- Age-related pancreatic changes

WEIGHT

16 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and treatment for diabetic ketoacidosis recommended. Enrofloxacin/clindamycin combination recommended from an empirical standpoint. If any liver values are elevated, then FNA of the liver indicated. However, largely geriatric abdomen with probable hair accumulation in the stomach.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

Potential Causes of Diabetic Dysregulation

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

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UTI

Dietary indiscretion/intolerance

Pancreatitis

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

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Acromegaly

Owner compliance

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Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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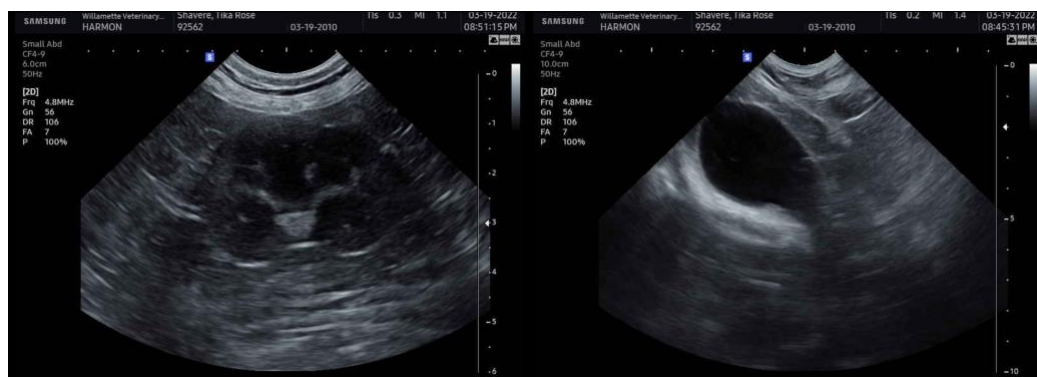
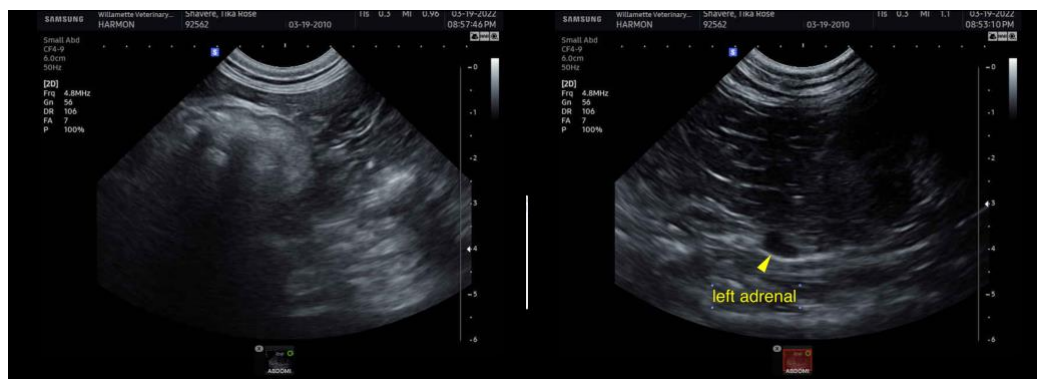
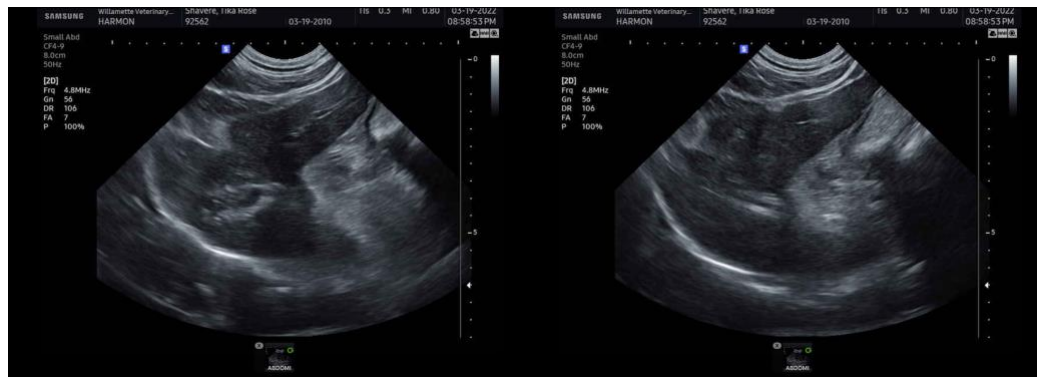
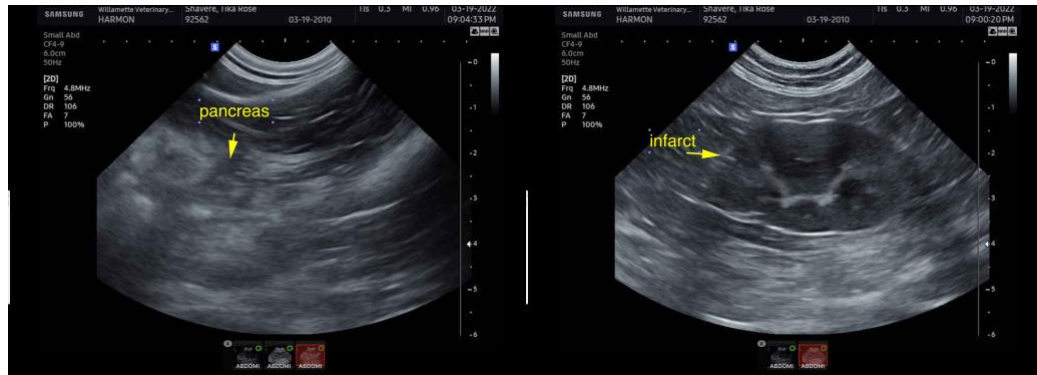
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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