



PATIENT

Leila Bellinger

PRESENTING CLINICAL SIGNS

History: Lethargic, history of diabetes mellitus.
Abnormal PE/Chem/CBC/UA Results: ALT 285, ALP 152, GGT 7, chol. 351. Anemia.

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 this age patient. Medullary structure differed distinctly from that of the cortex. The right kidney revealed a cortical infarct. The right kidney measured 3.94 cm with slight pyelectasia that measured 1.45 x 1.04 cm. The left kidney measured 4.03 cm.

AGE

10 years

WEIGHT

11.3 lbs

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The right adrenal gland measured 0.58 cm. The left adrenal gland measured 0.45 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. The spleen was volume contracted. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

Liver

The **liver** was diffusely enlarged and mildly hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Giammanco

INVOICE

97752

Gastrointestinal

Examination of the **gastrointestinal tract** revealed stasis in the stomach owing to metabolic ileus. The intestines were 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

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

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Pancreas

Feline

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

Moderate degenerative changes with pyelectasia.

Spayed Female

Age related splenic and hepatic changes.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, full urinary work-up and FNA of the liver is warranted. The pyelectasia in the kidneys may be owing to infarcts and fibrosis; however, underlying infection should be ruled out.

WEIGHT

11.3 lbs

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

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Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

REFERRING VET

Dr. Giammanco

Owner compliance

Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia

Diffuse liver disease

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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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