



PATIENT

Loki Russel

SPECIES

Feline

BREED

Domestic Longhair

SEX

Neutered male

AGE

5 years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Liv Brockhaus

HOSPITAL NAME

Viking VH Moscow

REFERRING VET

Dr. Brockhaus

INVOICE

72284

DATE

3/7/26

PRESENTING CLINICAL SIGNS

- Pt presented yesterday evening as DKA transfer from local clinic
- Pt had been diagnosed w/ DM the day previous, noted on bloodwork that was performed when Pt came in for grooming and had noticeably lost weight
- Due to concern that diabetic cats don't typically present w/ weight loss, recommended abdominal ultrasound to look for other potential causes
- Pt has been stable while hospitalized on insulin CRI and dextrose CRI PRN
- Pt is eating and drinking well
- Ketonuria Glucosuria Hyperglycemia (535) Mild hypercholesterolemia (295) Mild elevation in ALT (147) No UTI or pancreatitis

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 normal size and structure, corticomedullary definition and ratio for this age. The cortices are slightly thickened. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.2 cm. A nodule was noted in the cranial pole of the right kidney measuring 0.8 cm. This is likely a degenerative change, yet I cannot rule out an emerging neoplastic process. The right kidney measured 4.0 cm.

Adrenal Glands

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.

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** revealed diffusely hyperechoic parenchyma that is consistent with lipidosis pattern. This is typical for a diabetic state. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was unremarkable and measured 0.3 cm. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of excessive gas was noted. 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 **pancreas** was hypoechoic and irregular with undulating contour. The irregularity to the contour to the pancreas was noted primarily in the left limb with enhanced surrounding mesentery.

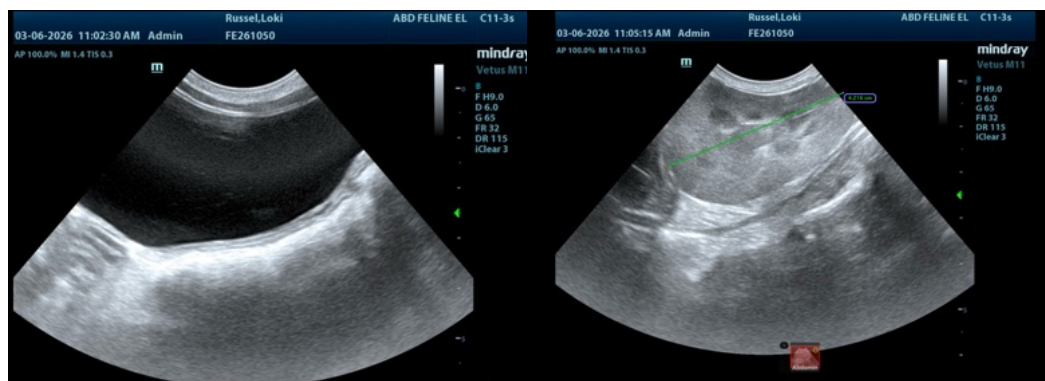
ULTRASONOGRAPHIC FINDINGS

Hepatic lipidosis, metabolic hepatopathy pattern with prominent irregular pancreas.

Right renal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for pancreatitis and hepatic lipidosis is indicated. Pain management and antibiotics are recommended. There was no obvious evidence of neoplasia. However, right renal nodule should be monitored carefully. If liver enzymes progressively elevate then a coagulation panel and 25-gauge FNA is indicated. Ideally a recheck sonogram is recommended in 5-7 days to ensure that the pancreatitis has resolved.





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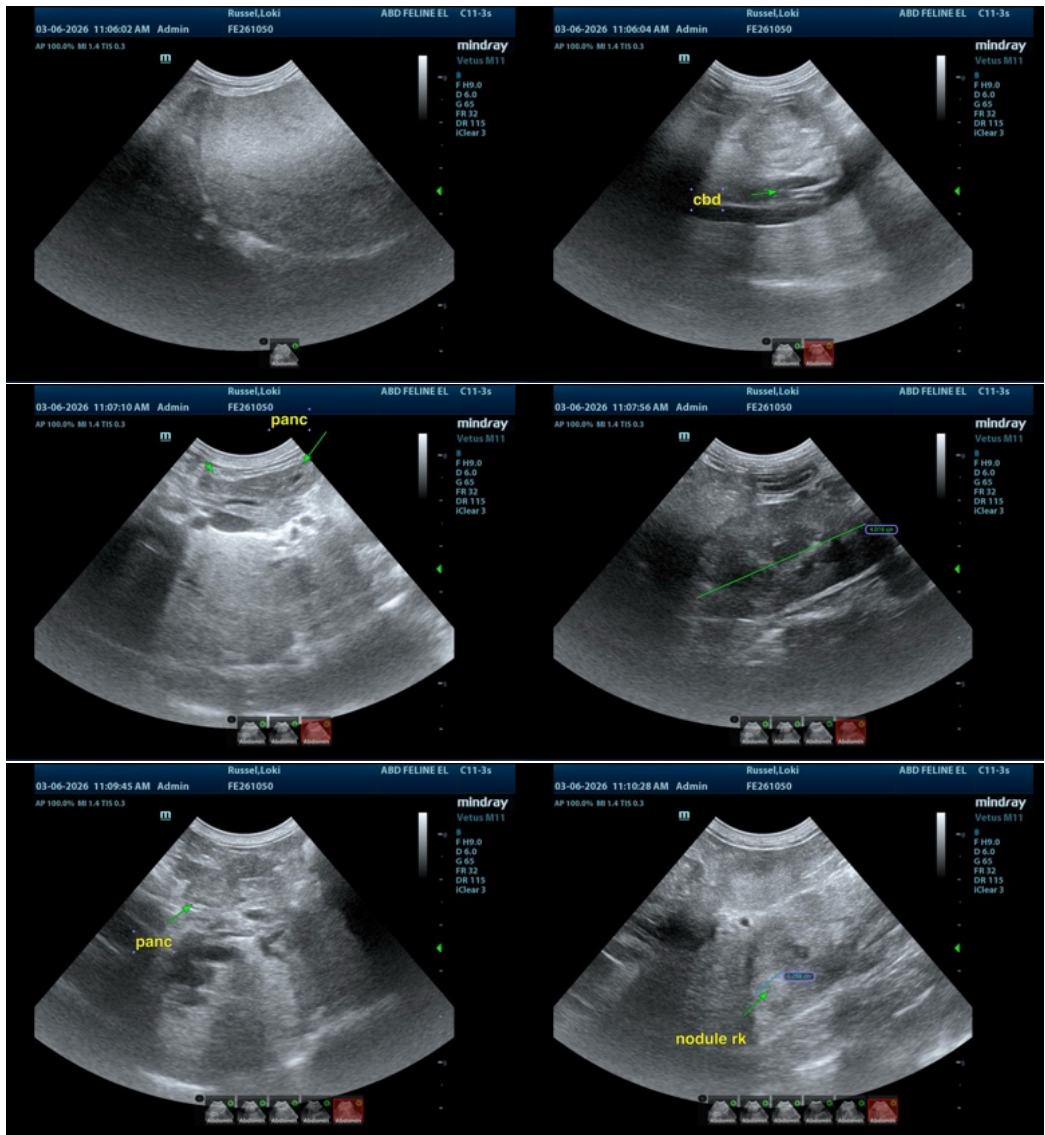
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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