



PATIENT

Dexter Demuria

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

9.14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

22098

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History of diabetes but was in remission low BG tonight - came down for emergency - BG was 40 r/o abdominal issues/ pancreatitis

Abnormal PE/Chem/CBC/UA Results: BG - 40 @ time of arrival Landing office administered dextrose IV BG - 61 @ end of U/S gave 10mL 50% dextrose orally before departure

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** presented chronic interstitial nephrosis pattern with corticomedullary and pelvic calculi. Calculus measured up to 6.0 mm. The left kidney measured 4.03 cm. The right kidney measured 3.92 cm with a 1.95 cm pelvic calculus. No hydronephrosis was noted. Blood flow to the kidneys was subnormal on power doppler assessment.

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 0.5 cm. Slight areas of mineralization were noted.

The **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable. Occasional microcystic changes were noted in the left liver.

Gastrointestinal

The **stomach** was repleted with progressively shadowing hair type density. The small intestine and colon were unremarkable. Transit of chyme appeared to be occurring without difficulty.

Pancreas



PATIENT

Dexter Demuria

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Nephrolithiasis/moderate degenerative renal changes/interstitial nephrosis pattern
- Hairball density in the stomach
- Volume contracted spleen
- Age-related hepatic changes with microcystic changes in the left liver

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

I recommend 72hr IV fluid protocol with attention paid towards correction of any azotemia that may be present. I'm most concerned structurally regarding the kidney values, as well as the hydration status given the volume contracted spleen. Supportive hairball therapy is warranted as well. Blood pressure measurements are indicated.

AGE

11 Years 9 Months

Potential Causes of Diabetic Dysregulation

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

WEIGHT

9.14 Pounds

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

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

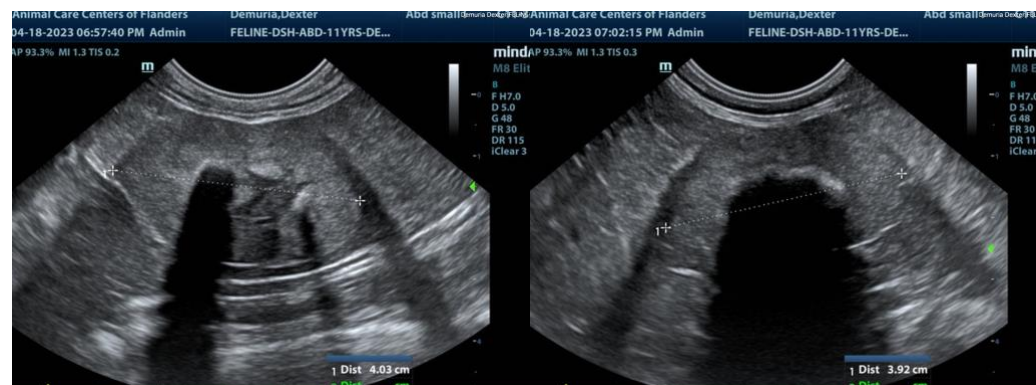
Dr. Hallihan

INVOICE

22098

DATE

4/18/23





PATIENT

Dexter Demuria

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

9.14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

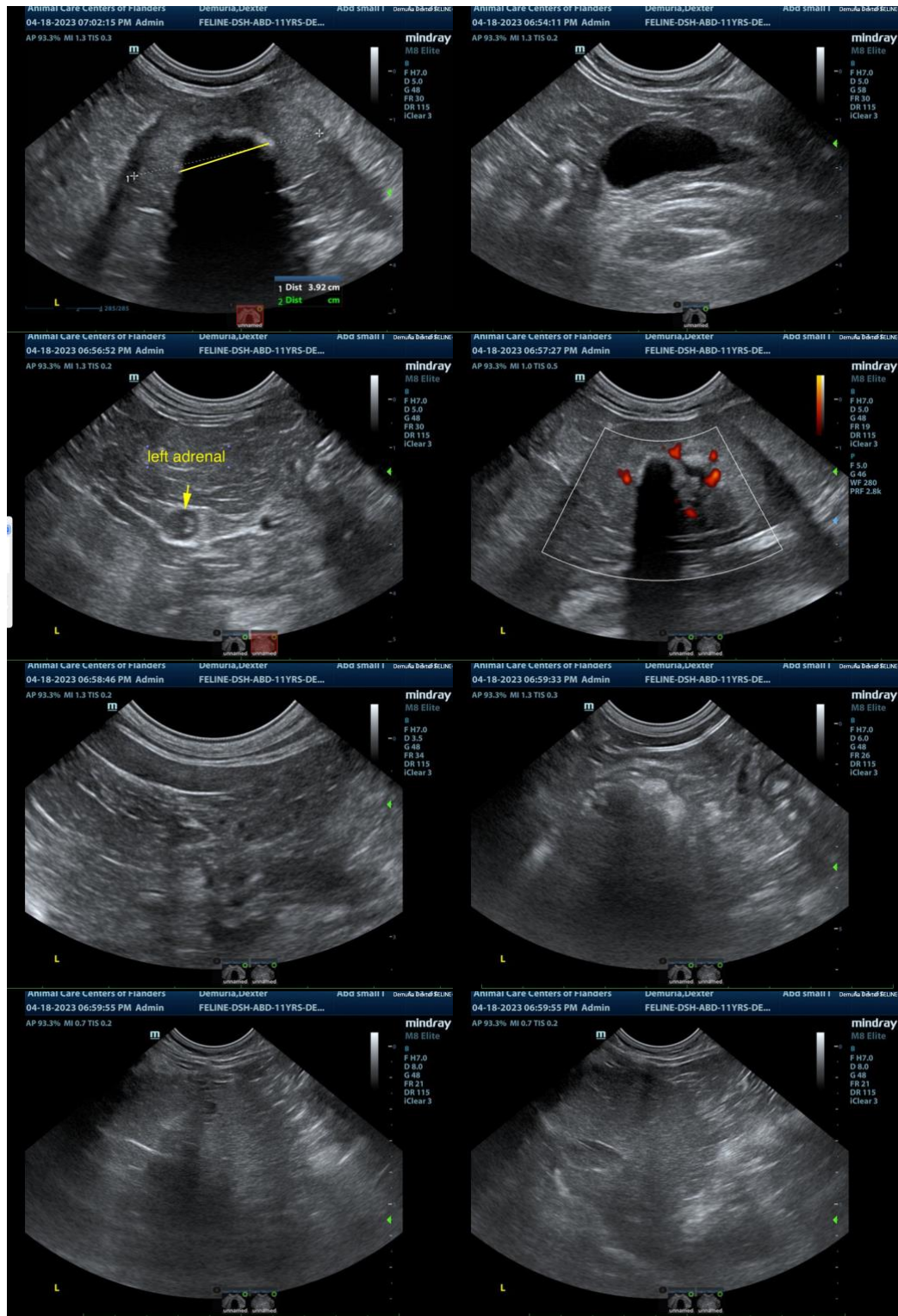
Dr. Hallihan

INVOICE

22098

DATE

4/18/23





PATIENT

Dexter Demuria

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

11 Years 9 Months

WEIGHT

9.14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

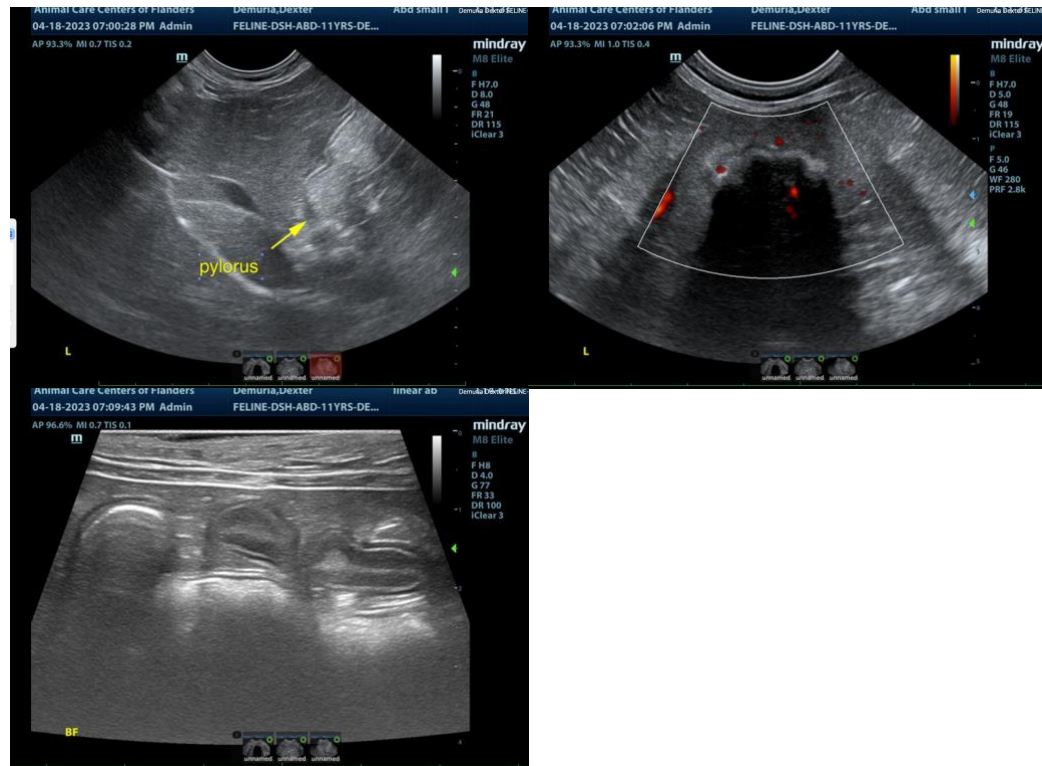
Dr. Hallihan

INVOICE

22098

DATE

4/18/23



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.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com