



PATIENT PRESENTING CLINICAL SIGNS

Pete Cully History: diabetic- history of hepatic lipidosis -cytology
Abnormal PE/Chem/CBC/UA Results: BG=55 today last BW 2/2021- Glucose 329

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Domestic Shorthair

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Neutered male

AGE

16 years

The **kidneys** revealed mild, uniform swelling consistent with diabetic nephropathy. The right kidney measured 4.9 cm. The left kidney measured 4.93 cm.

Adrenal Glands

WEIGHT

17.3 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

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Evanna

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.

HOSPITAL NAME

Animal Care Center of
Flanders

Liver

REFERRING VET

Dr. Villari

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. Lobar biliary calculi was noted with increased portal markings. The gallbladder was thickened, yet not over distended.

INVOICE

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Gastrointestinal

DATE

4/25/22

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.



PATIENT

Pancreas

Pete Cully

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

BREED

Chronic cholangitis liver pattern with biliary calculi.

Domestic Shorthair

Chronic interstitial nephrosis renal pattern.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered male

Ursodiol therapy is warranted. There is no evidence of neoplasia. Urinary work-up is warranted. Bile acid profile is warranted. Ursodiol therapy is indicated as a preventative to attempt to dissolve the biliary calculi. However, these are likely secondary to inflammatory hepatopathy.

AGE

16 years

Potential Causes of Diabetic Dysregulation

WEIGHT

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

17.3 lbs

INTERPRETED BY

UTI

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Dietary indiscretion/intolerance

IMAGING PERFORMED BY

Evanna

Pancreatitis

Hyperthyroidism/hypothyroidism

HOSPITAL NAME

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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Dr. Villari

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DATE

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PATIENT

Pete Cully

SPECIES

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BREED

Domestic Shorthair

SEX

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HOSPITAL NAME

Animal Care Center of
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REFERRING VET

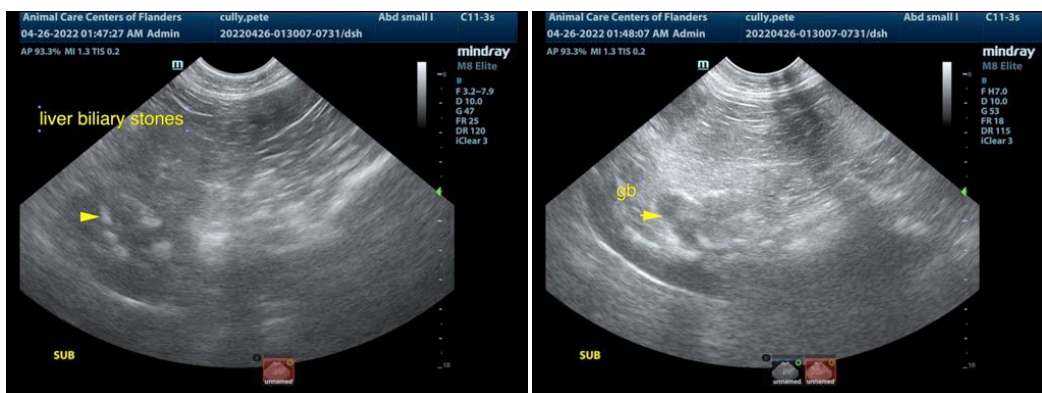
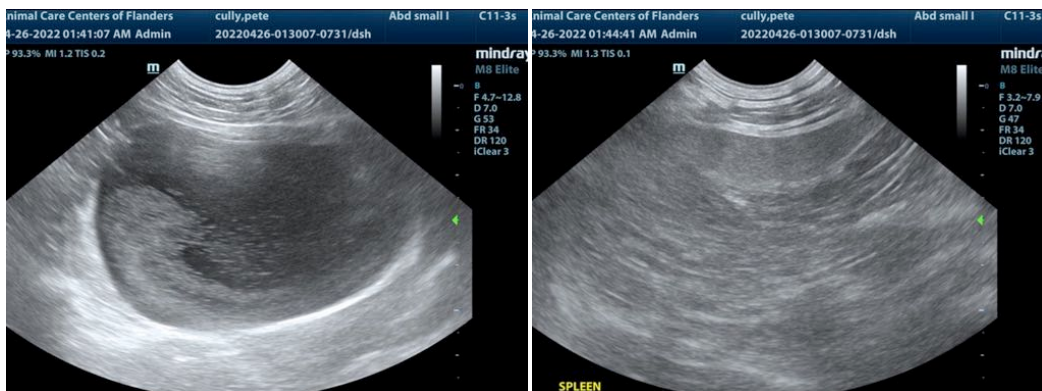
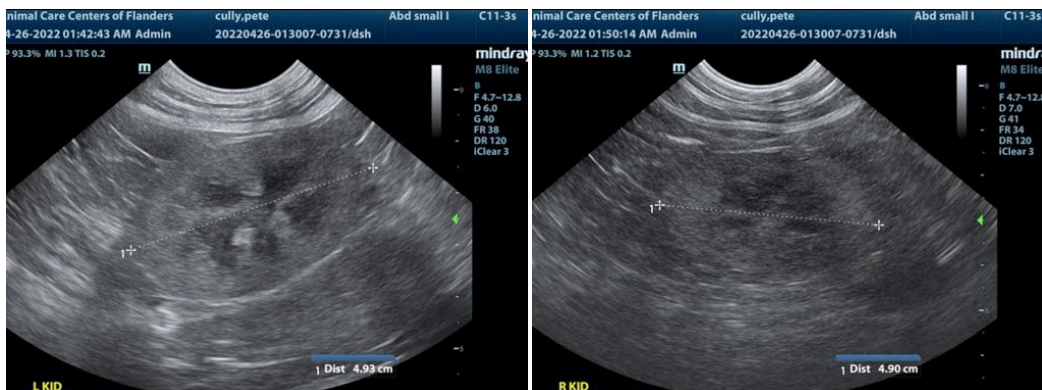
Dr. Villari

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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.

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



PATIENT info@SonoPath.com

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BREED

Domestic Shorthair

SEX

Neutered male

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