



PATIENT	PRESENTING CLINICAL SIGNS
Ginger Senesky	History: diabetic, controlled with no insulin/diet but now has elevated BG and lethargy
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder , trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.
Domestic Shorthair	
SEX	The kidneys presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 5.38 cm. The left kidney measured 4.74 cm.
Neutered male	
AGE	
12 years	
WEIGHT	Adrenal Glands
14.4 lbs	The left adrenal gland was slightly irregular in this patient and measured 0.57 cm. The right adrenal gland measured 0.54 cm.
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	The spleen was mildly enlarged and measured 1.2 cm.
IMAGING PERFORMED BY	Liver
Diane McFadden	The liver was mildly enlarged and uniform. Mild, increased hyperechogenicity was noted. This is consistent with diabetic hepatopathy. The gallbladder presented acceptably thin walls with primarily anechoic content. The common bile duct was at the upper limits of normal and measured 0.5 cm.
HOSPITAL NAME	Gastrointestinal
Rockaway AH	The gastrointestinal presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.
REFERRING VET	
Dr. Maniar	
INVOICE	
30043	
DATE	
4/29/22	



PATIENT

Pancreas

Ginger Senesky

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Feline

BREED

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

Minor intestinal thickening.

SEX

Neutered male

Prominent pancreas.

Prominent spleen.

Diabetic hepatopathy.

AGE

12 years

Slightly irregular left adrenal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14.4 lbs

The left adrenal gland was slightly irregular in this patient and should be monitored for growth. If any weight loss is an issue then FNA of the spleen is indicated. If liver enzyme elevations are elevated then FNA is indicated. Serial blood pressure measurements are warranted to ensure that hypertension is not an issue. Treatment for the diabetic state and assessment for other causes of lethargy such as orthopedic, CNS or thoracic disease should be considered as the abdomen appears fairly benign, which is largely expected for a diabetic patient of this age. Urinalysis is warranted to ensure that underlying UTI is not contributing to the clinical status.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

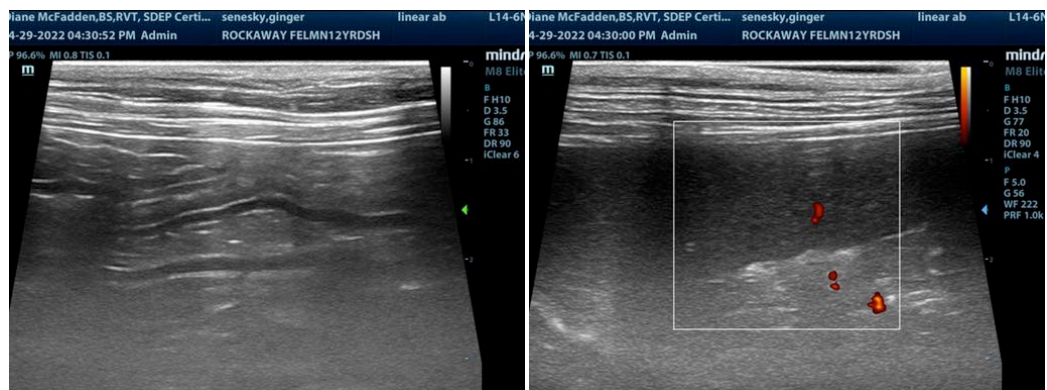
Diane McFadden

HOSPITAL NAME

Rockaway AH

REFERRING VET

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PATIENT

Ginger Senesky

SPECIES

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Domestic Shorthair

SEX

Neutered male

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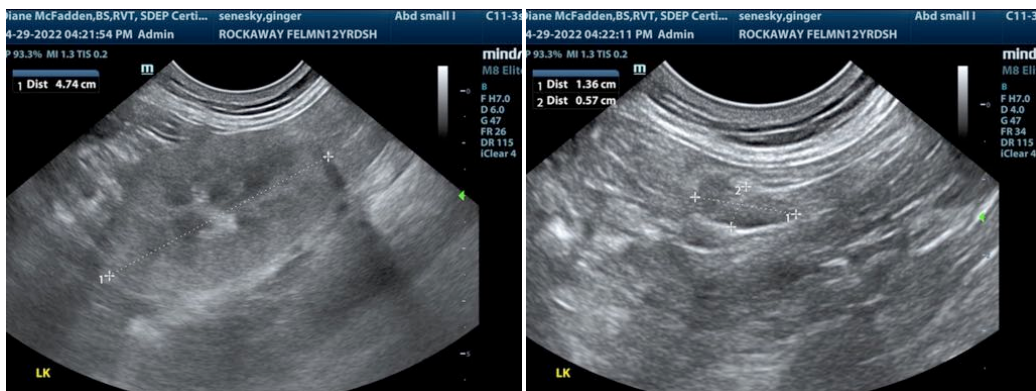
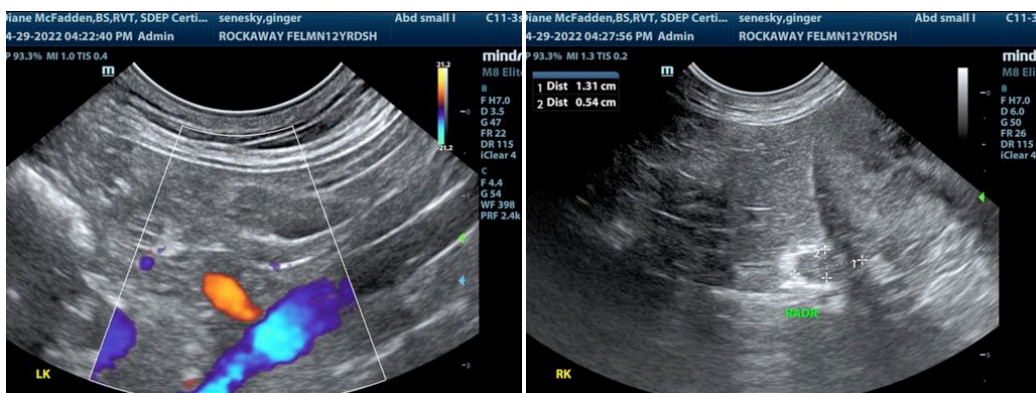
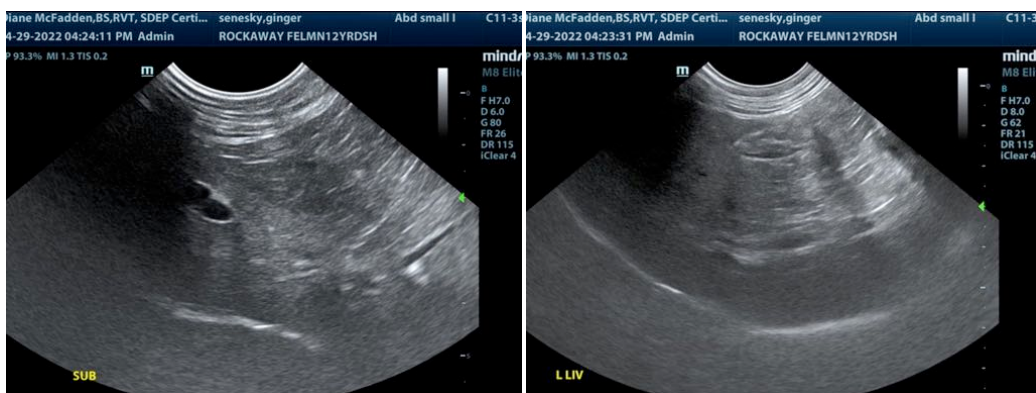
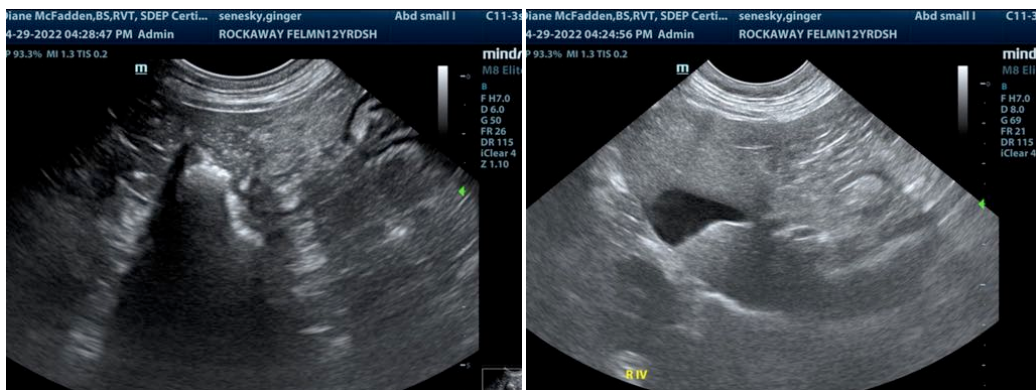
Dr. Maniar

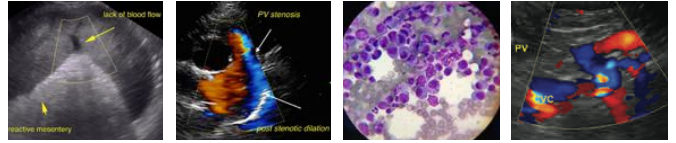
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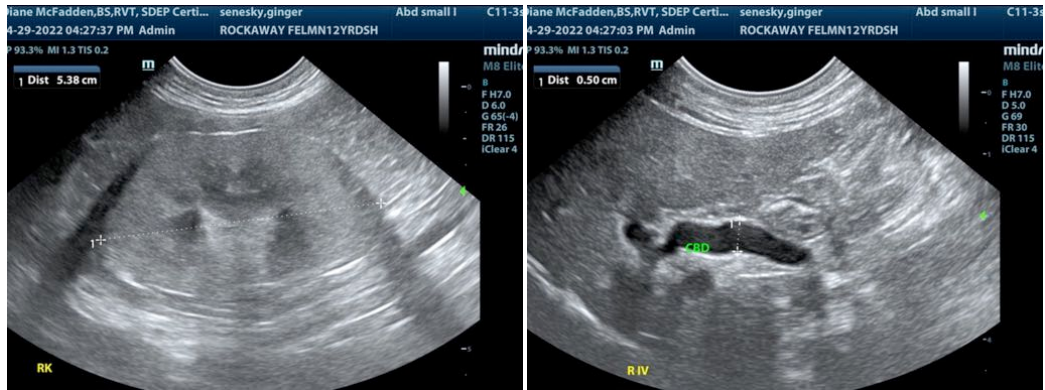
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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