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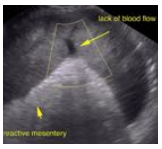

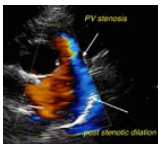

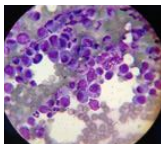
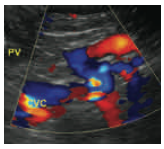

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1-800-838-4268 info@sonopath.com

PATIENT

Billie Cuthbert

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

17 years

WEIGHT

4.3 kgs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Lebouldus

INVOICE

30300

DATE

5/11/22

PRESENTING CLINICAL SIGNS

History: Diagnosed with IBD as well as being diabetic that is now poorly regulated. Painful in cranial abdomen
Abnormal PE/Chem/CBC/UA Results: Elevated AST ALT

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 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. Infarcts were noted in both kidneys. The right kidney measured 3.21 cm. The left kidney measured 3.21 cm with pyelectasia that measured 0.5 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. The left adrenal gland measured 0.34 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally and is fairly uniform. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional parenchymal cysts were noted in the liver. Some 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 presented some dependent debris with essentially normal contour. The cystic duct was tortuous in this patient and mildly over distended. The common bile duct was also slightly dilated. The common bile duct was followed to the duodenal papilla and appeared to taper adequately. Geriatric dilation of the common bile duct and cystic duct is likely.

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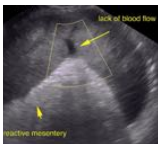

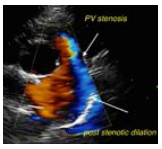

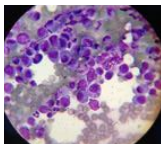
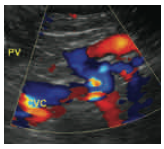

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Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

Pancreas

The **pancreas** revealed hypoechoic, irregular dilated duct that was enlarged at 1.0 cm in width. Other heterogenous changes were also noted. The right limb of the pancreas revealed a minor amount of remodeling, yet there was no evidence of active inflammation.

Free Abdomen

A mixed, echogenic, subcutaneous mass was noted in this patient and extended to the level of the peritoneum without abdominal invasion. This measured 2.2 x 0.9 cm.

ULTRASONOGRAPHIC FINDINGS

Periodic pancreatitis +/- UTI may be playing a role in the diabetic dysregulation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver enzyme elevations FNA of the liver is indicated. Full urinary work-up is indicated. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There was no overt evidence of neoplasia.

Potential Causes of Diabetic Dysregulation

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

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

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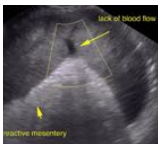
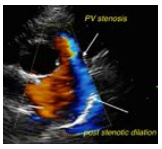
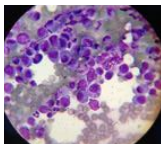
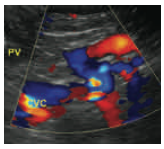

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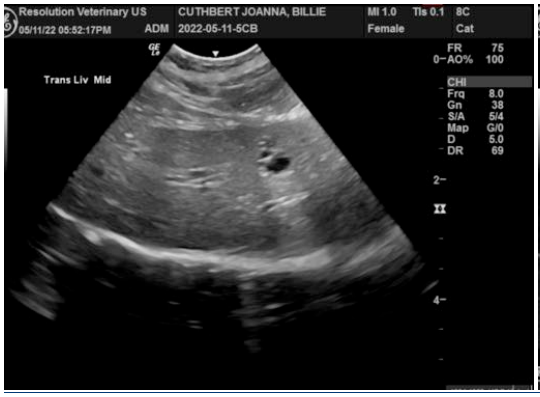
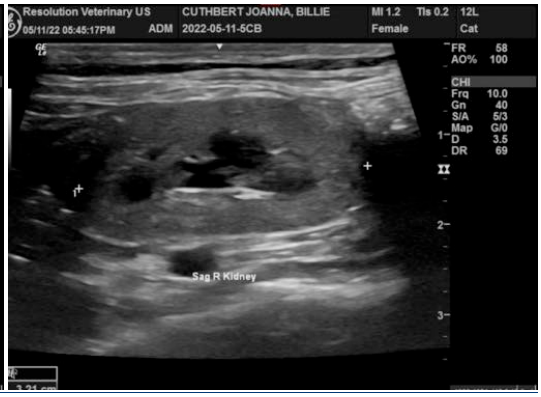
Insulin quality issues

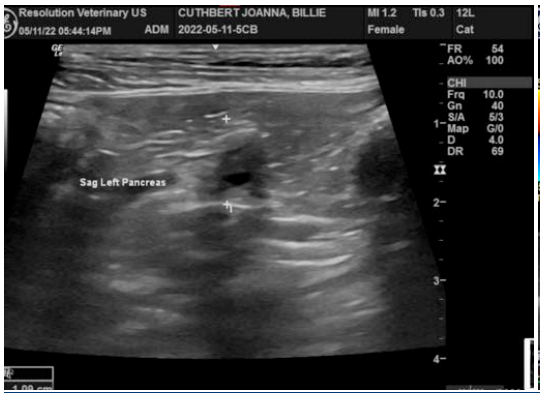
Antibodies to insulin

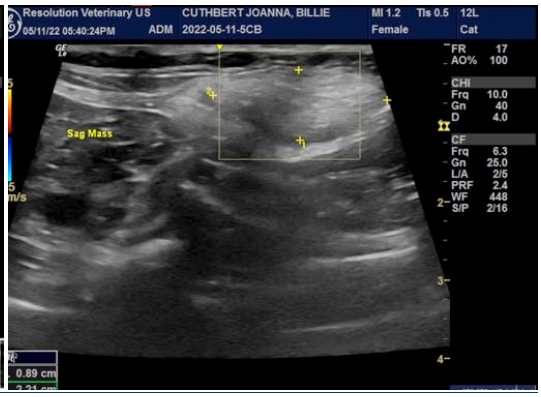
Underlying Neoplasia

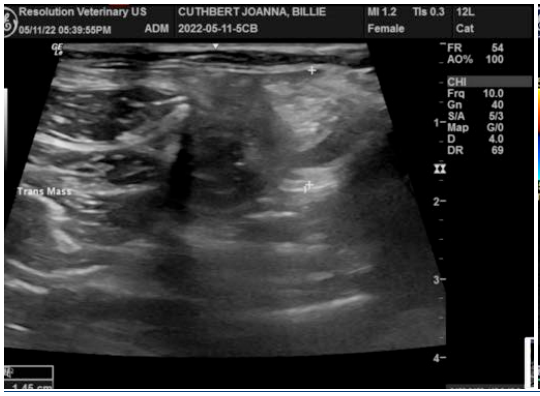
Diffuse liver disease

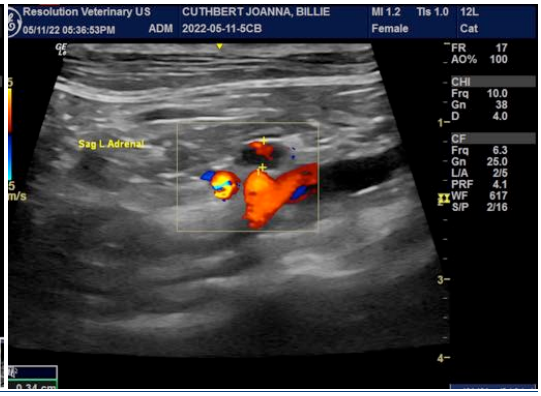












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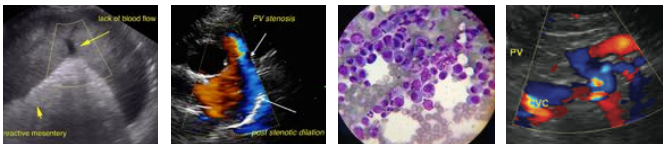

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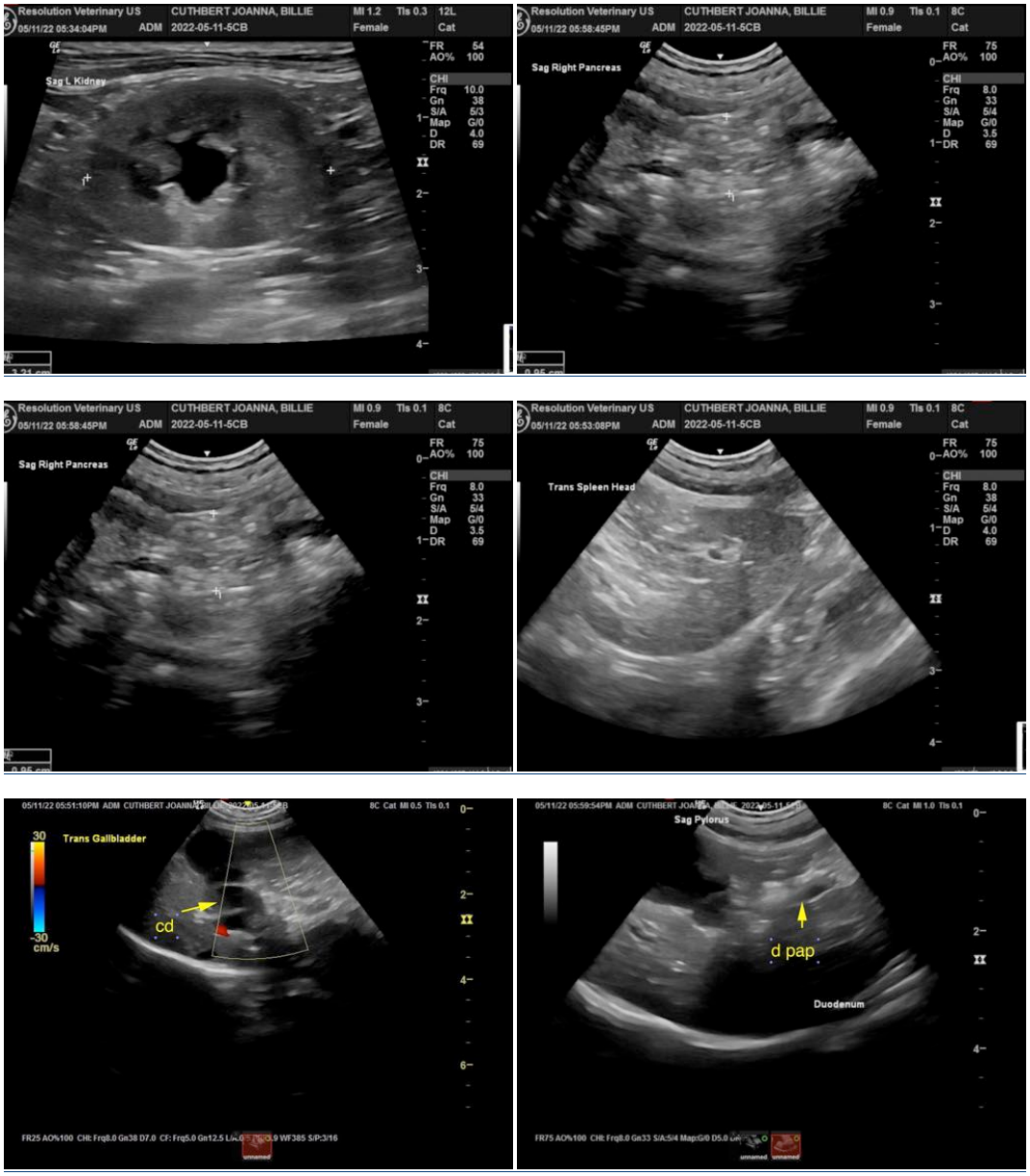

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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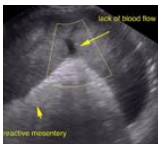

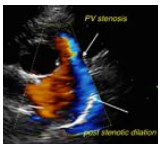

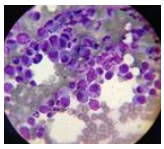
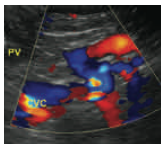

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