



PATIENT

Clover LCCR Rescue

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

10 years

WEIGHT

3.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

30425

DATE

5/17/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for: adopted pet 5 weeks ago, then started with diabetes and distended abdomen. Patient had an emergency spay and was started on Insulin on 4/9. Patient presented today for unwilling to eat or move for the past week, still has a distended abdomen, and excessively drooling. Previous Health Concerns: Unknown Current Medications/Supplements/OTC: Prozac 0.5 Units BID Abnormal PE/Chem/CBC/UA Results: Cardiovascular: no murmur heard, slight gallop rhythm, est 10-12% dehydration Respiratory: loud referred upper airway noise, no crackles/wheeze, no nasal discharge but stertor Abdominal: tense cranial abdominal palpation, abdominal distention but no fluid wave Musculoskeletal: cachexia, sunken topline, evidence of rapid weight loss Integument: intact spay incision ventral abdomen with slight thickened feel Radiographs: generalized bronchointerstitial pattern, redundant aortic arch prominent V/D, loss of detail cranial abdomen, gas filled colon, empty stomach, possible mass like effect cranial abdomen on V/D Chemistry: Globulin 5.3 (Albumin 2.5 N; A/G ratio 0.47), Glucose 425 H CBC: Mono 0.06 L, Eos 0.03 L, stress leukogram, Plt 88 L EPOC: Sodium 146 L, K+ 3.4 L, Ionized Ca 1.14 L, Glucose 397 H ProBNP: normal T4: <0.5 L Brief abdominal ultrasound: no ascites noted

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** were bilaterally enlarged with thickened cortices and some loss of corticomedullary definition. The degenerative changes were minor. The left kidney measured 4.23 cm. The right kidney measured 4.39 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 0.4 cm.

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** was swollen with lobar biliary mineralization. The gallbladder was unremarkable.



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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. 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** revealed heterogenous, hypoechoic and irregular. The pancreatic duct was dilated.

ULTRASONOGRAPHIC FINDINGS

Hepatomegaly likely from the diabetic state.

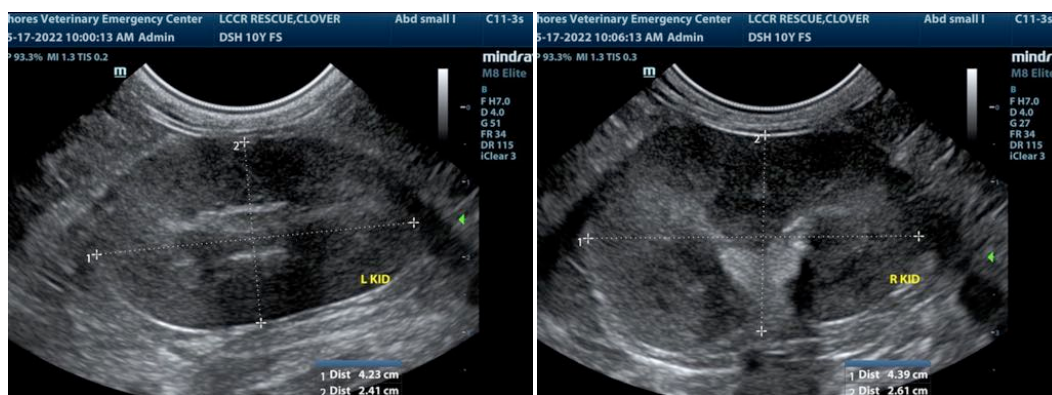
Lobar biliary mineralization.

Age related renal changes.

Minor, heterogenous pancreatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatomegaly is likely contributing to the swollen abdomen in this patient. If the liver enzymes are elevated FNA of the liver is indicated to rule out emerging round cell neoplasia; however, this is likely diabetic hepatopathy.





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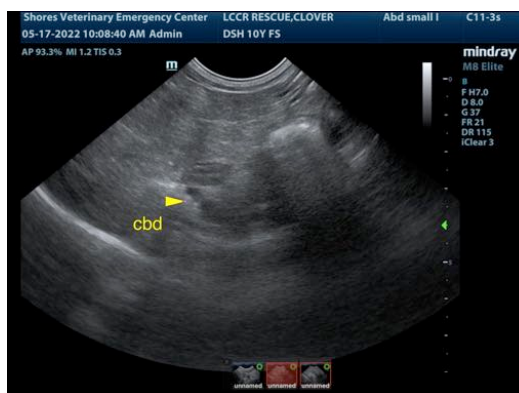
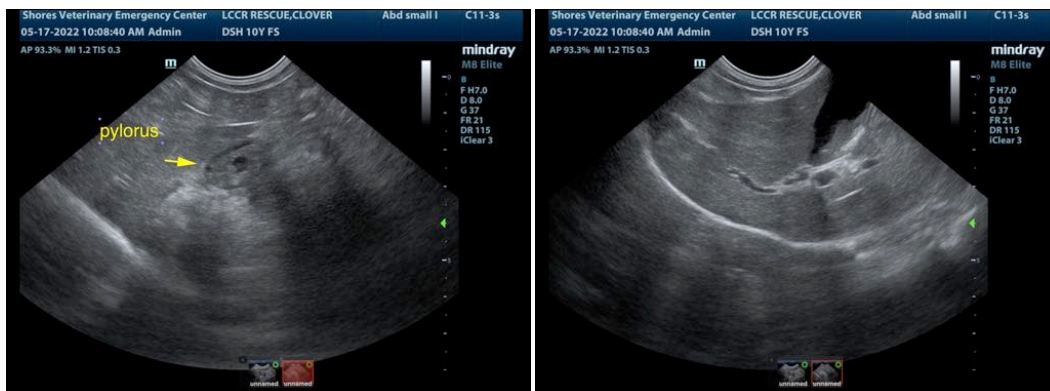
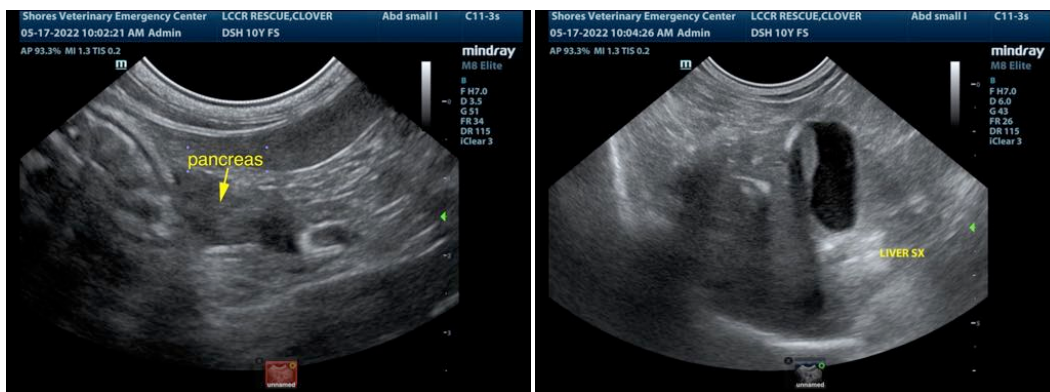
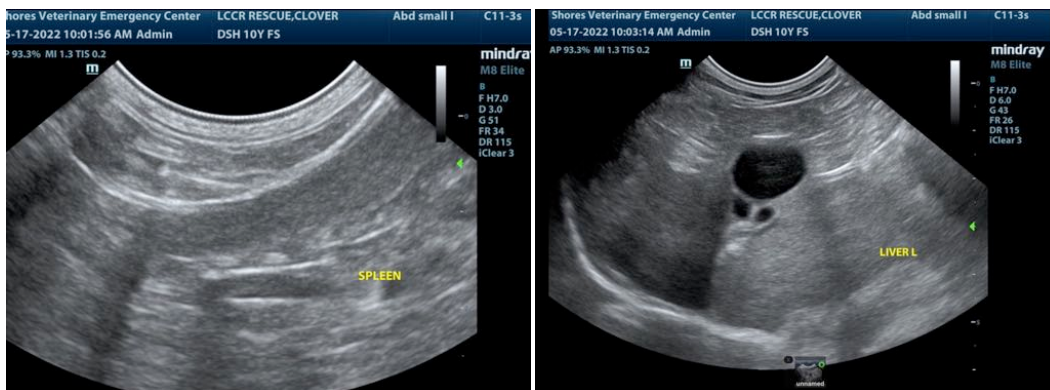
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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