



PATIENT

Leo Larson

PRESENTING CLINICAL SIGNS

History: pancreatitis diabetes (not on insulin) increased drinking and urination vomiting 3 times a week

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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.

SEX

Neutered male

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 4.0 cm. The left kidney measured 4.4 cm.

AGE

14 years

WEIGHT

10.3 lbs

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

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

Rockaway AH

Liver

REFERRING VET

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Cystic and parenchymal masses were noted deriving from the caudate process of the liver and/or right pancreatic limb. The definition between the pancreas and the right liver pathology was not well defined. The cystic mass measured 4.0 cm and was adjacent to the diaphragm. The caudal aspect of the right liver revealed coalescing masses. Grouping of which measured 6.0 cm with ill-defined margins. The gallbladder and common bile duct were unremarkable.

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PATIENT

Gastrointestinal

Leo Larson

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable small intestinal thickening was noted with reactive mesentery and regional lymphadenopathy.

SPECIES

Feline

Pancreas

BREED

Domestic Shorthair

The definition between the **pancreas** and right liver pathology was not well defined and fairly undifferentiated. A cystic abscess type structure was noted in midst of the mass in the region of the pancreas. The abscess measured approximately 3.0 cm with a 0.5 cm granulation bed.

SEX

Neutered male

Free Abdomen

A minor amount of free fluid was noted in the abdomen.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

Multi-focal, hepatic neoplasia. Likely cystadenoma.

WEIGHT

10.3 lbs

Parenchymal mass was noted in the region of the caudate process and right pancreatic limb with concurrent abscessation.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided drainage of the abscess with cytology of the parenchymal portion of the liver mass is recommended to assess for underlying carcinoma or similar neoplasia as opposed to granulomatous disease. The prognosis is guarded.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

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Potential Causes of Diabetic Dysregulation

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

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UTI

Dietary indiscretion/intolerance

Pancreatitis

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly



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Owner compliance

Leo Larson

Insulin quality issues

Antibodies to insulin

SPECIES

Underlying Neoplasia

Feline

Diffuse liver disease

BREED

Domestic Shorthair

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WEIGHT

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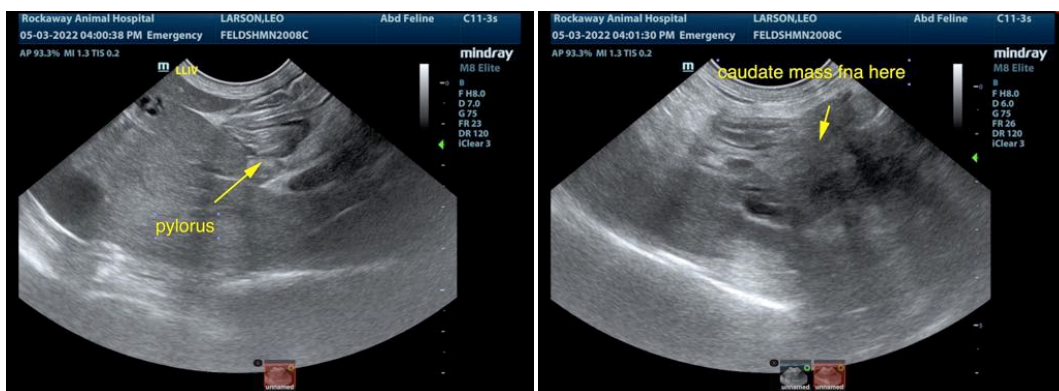
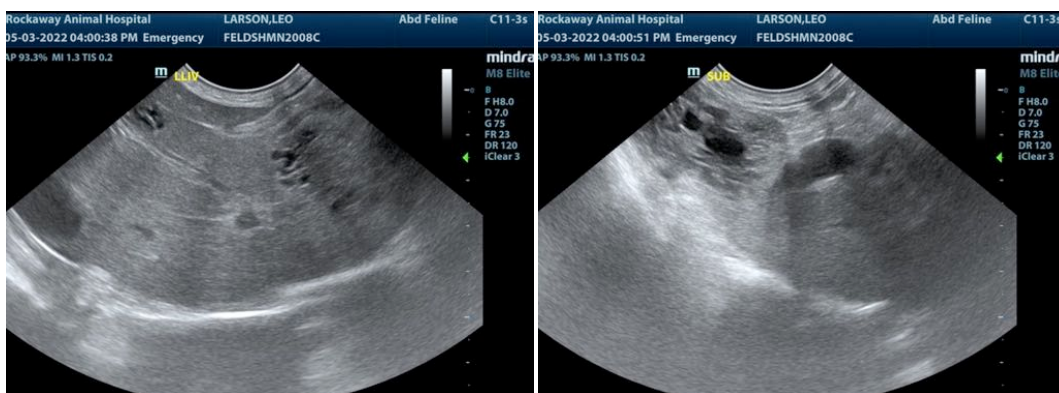
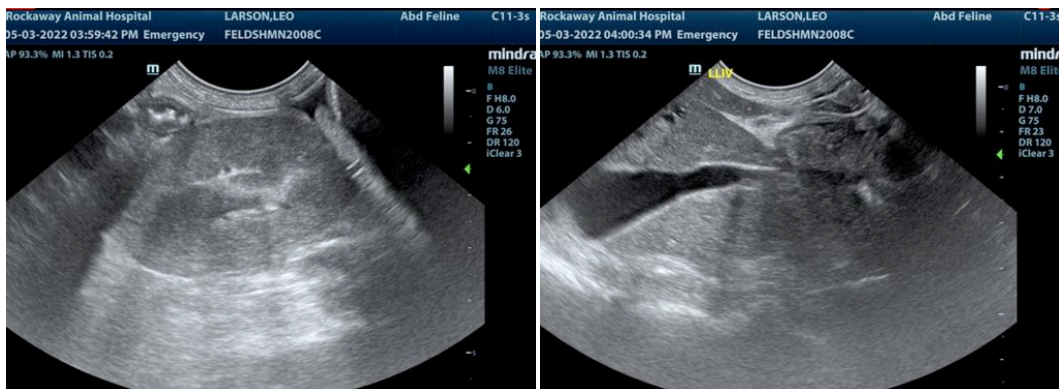
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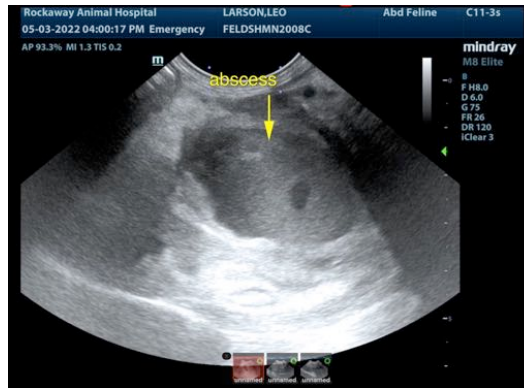
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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