

PATIENT

Rocky Papasso

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

13 years

WEIGHT

14 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Pompton Lakes AH

REFERRING VET

Dr. McConnell

INVOICE

30147

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Patient presents for uncontrolled/unregulated diabetes mellitus - on 3.5 u PZI after high BG, now hypoglycemia. Mass-like effect cranial abdomen. Holding off of insulin for now.
Abnormal PE/Chem/CBC/UA Results: Pending sdu/serum panel.

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 and no evidence of pelvic dilation was present. The right kidney measured 4.81 cm. The left kidney measured 4.1 cm.

Adrenal Glands

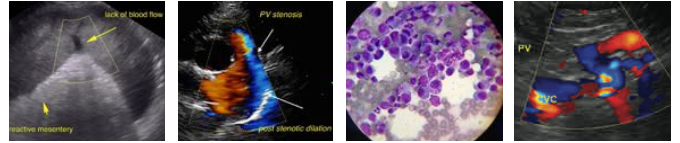
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.4 cm. The left adrenal gland measured 0.26 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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 and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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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. The mesenteric lymph nodes were mildly enlarged and measured 1.49 x 0.59 cm and is reactive.

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Pancreas

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.

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Free Abdomen

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An 8.0 cm, mixed echogenic fibrosing mass was noted in the midabdomen. The mass appears to be isolated and deriving from mesentery.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Minor mesenteric lymph nodes, mildly enlarged.

Complex cystic and mineralizing mass in the mid caudal abdomen. Liposarcoma of fibrosarcoma is suspected.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the mass is not likely to be diagnostic as the mass is cystic. However, FNA of the parenchymal portions could be considered. However, FNA of the parenchymal portions can be considered. Exploratory surgery could be considered in an attempt to remove or debulk the mass. Chest radiographs are warranted to assess for metastatic disease.

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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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Dietary indiscretion/intolerance

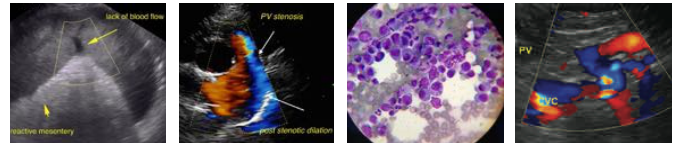
Pancreatitis

Hyperthyroidism/hypothyroidism

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Exogenous steroids (including topical eye meds)



PATIENT Cushing's
 Rocky Papasso Acromegaly
 Owner compliance

SPECIES Insulin quality issues
 Feline Antibodies to insulin

BREED Underlying Neoplasia
 Domestic Shorthair Diffuse liver disease

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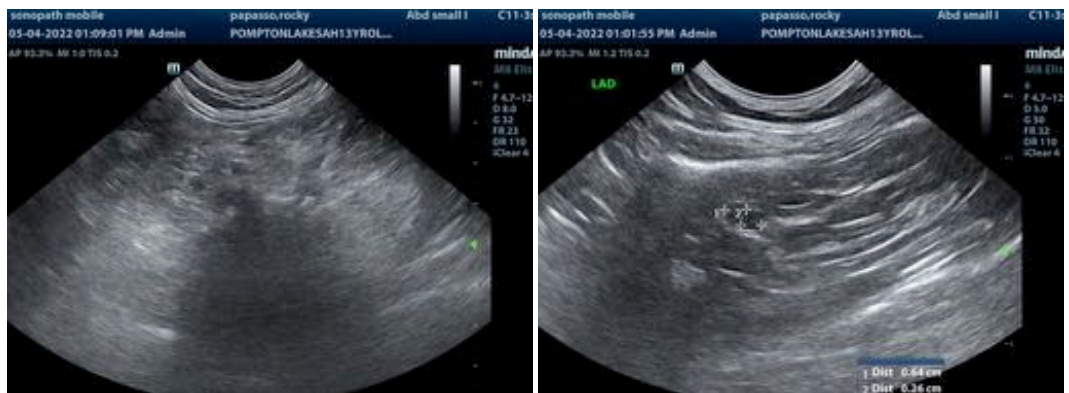
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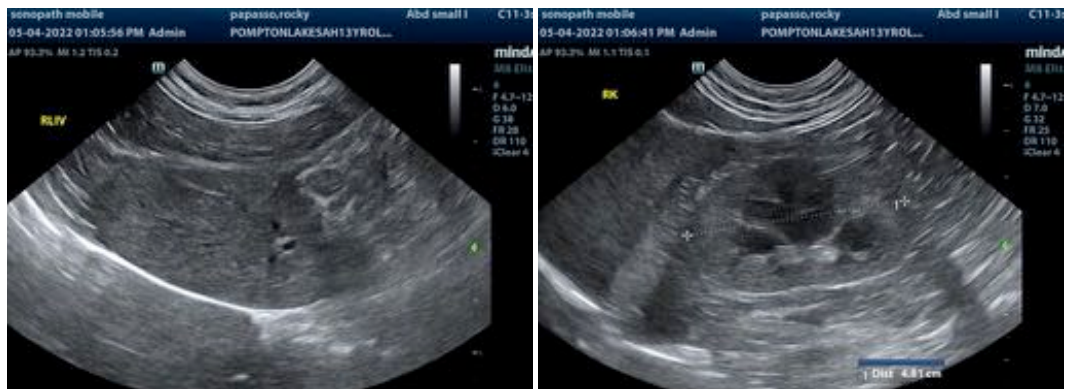
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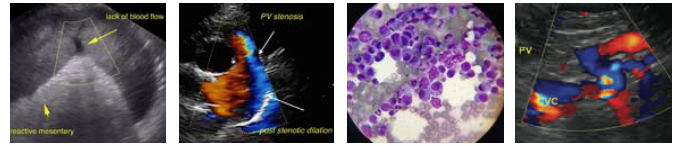


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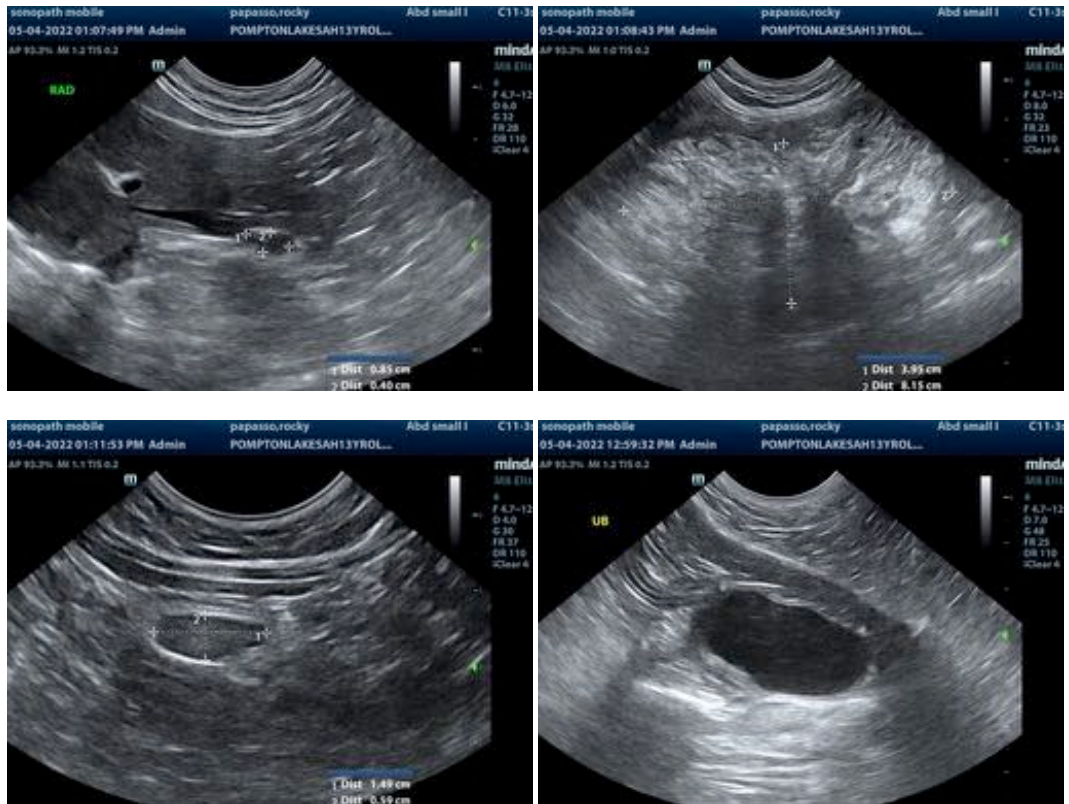
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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