



PATIENT

Eli Sublett

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

13 Years

WEIGHT

12 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Adriana Olijnyk &

Dr. Patricia Praes

HOSPITAL NAME

McGilvray VH

REFERRING VET

Dr. Adriana Olijnyk

INVOICE

37446

DATE

5/5/22

PRESENTING CLINICAL SIGNS

prev diabetic cat, currently in remission since feb - past few days off food, very lethargic - no v+/no d+, urination wnl; - appetite decreased, drinking water

Abnormal PE/Chem/CBC/UA Results: T = 102.1, P = 188, R = 32; 5-7% dehydrated; mildly reactive on abdo palp; remainder normal Chem ABN: HIGH Glucose 21 (3.95-8.84) HIGH ALT 207 (12-130) HIGH GGT 11 (0-4) HIGH TBIL 36 (0-15) HIGH Chol 6.0 (1.68-5.81) CBC abns; NeutropENIA = 0.42 (2.30-10.29), suspected bands Monocytosis = 1.66 (0.05 - 0.67) URINE: USG 1054 protein 2+ glucose 3+ ketone trace bilirubin 1+ pending fructosamine, CBC path review

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 were 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys measured 3.5 cm each.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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 were noted.

Liver

The **liver** was swollen and hypoechoic. The gallbladder and common bile duct were unremarkable. No evidence of post hepatic obstruction.

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 a hypoechoic, ill-defined mass measuring approximately 2.0 cm x 3.0 cm at the pancreatic base. An extensive amount of hyperechoic, ill-defined mesentery noted around the pancreas, suggestive for inflammation or carcinomatosis type presentation. Regional free fluid noted.



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ULTRASONOGRAPHIC FINDINGS

- Pancreatic mass and swollen liver with regional free fluid – pancreatic necrosis with acute hepatitis possible, yet underlying pancreatic and/or hepatic neoplasia is a strong potential.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA liver and pancreas indicated. Prognosis is very guarded.

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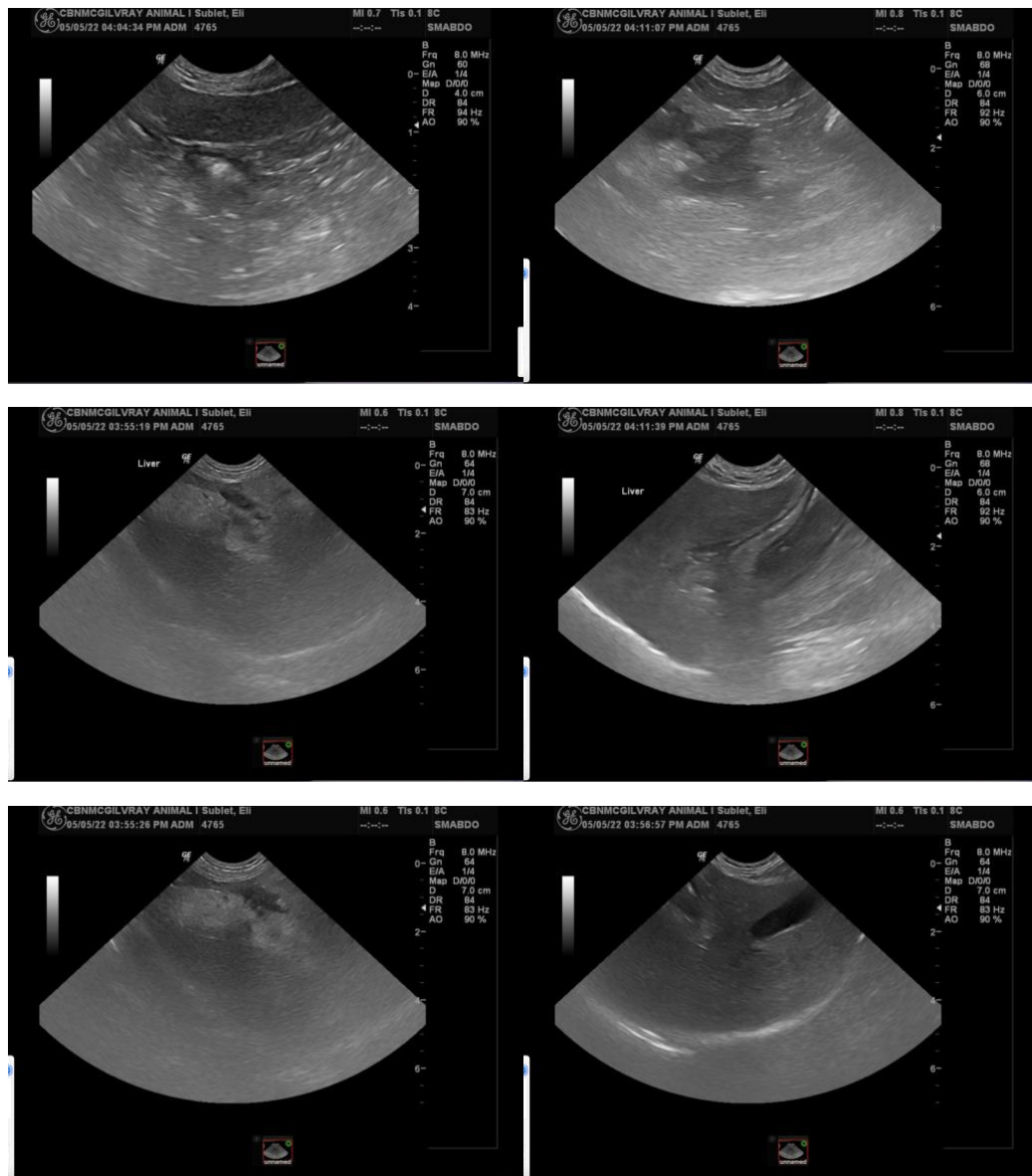
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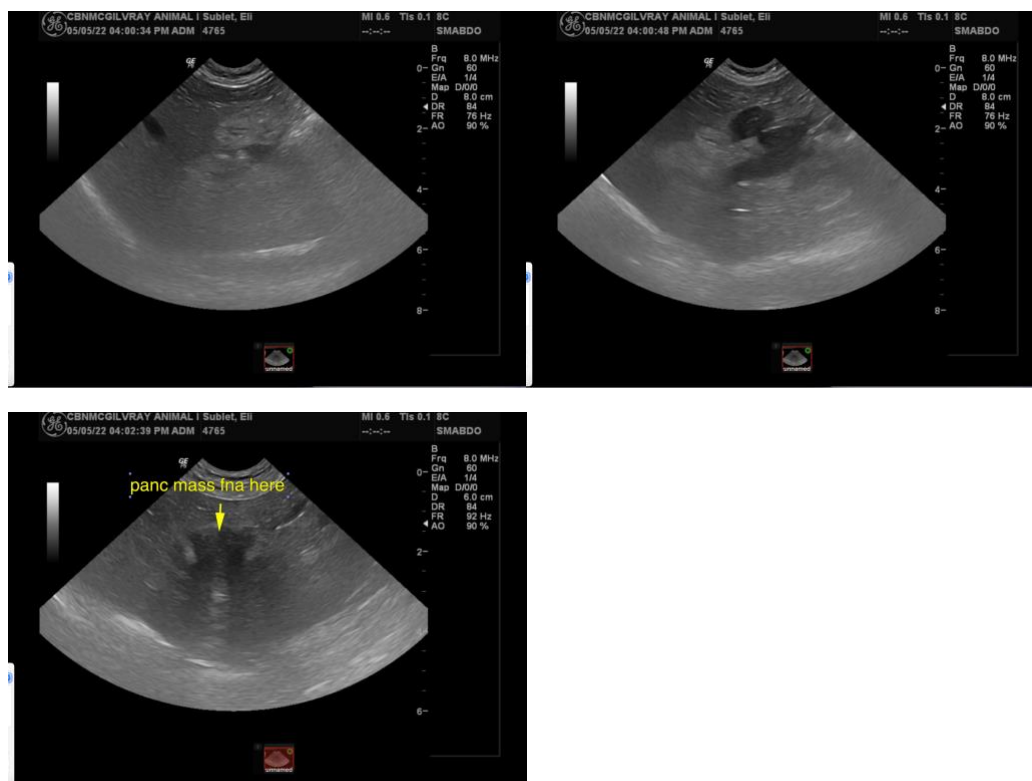
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com