



PATIENT

Bud Seibert

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

7 Years

WEIGHT

6.6 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

15796

DATE

05/05/26

PRESENTING CLINICAL SIGNS

The owner reports that Bud was diagnosed with diabetes about 2 years ago. He has been well-managed on Bexacat since then. The owner reports that he seemed to be completely normal yesterday. The owner found him hiding today. He seems lethargic. He has refused to eat or drink today. He had some diarrhea this morning. He has not had any vomiting.

Abnormal PE/Chem/CBC/UA Results: rDVM Faithful Friends 5/5/26 Glucose 242 ALT 343 Cholesterol 254 Globulin 5.5 Blood ketones 4.1 fpl 0.8 Wilvet Salem 5/5/26 BG Wilvet 252 EPOC-pO₂ 64.8 mmHg (H), cSO₂ 91.7% (H), pCO₂ 27.4 mmHg (L), TCO₂ 14.4 mmol/L (L), BE -10.6 mmol/L (L), hyponatremia 145 mmol/L, hypocalcemia 1.16 mmol/L, BUN 36 mg/dL (H), glucose 309 mg/dL Mg- 1.85 mg/dL P- 4.1 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 thickened echogenic cortices with slight pyelectasia bilaterally. A slight hyperechoic medullary rim band was noted likely owing to the diabetic state. The left kidney measured 4.55 cm in length. The right kidney measured 5.09 cm in length and presented mildly enlarged.

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 0.40 cm width. The right adrenal gland measured 0.40 cm width.

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** presented diffusely hyperechoic parenchyma with generalized enlargement. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach containing a minor amount of gastric stasis. The small intestine and colon were unremarkable. This presentation is consistent with ileus.

Pancreas



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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.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Diabetic hepatopathy- potential underlying lipidosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia. Management for gastritis is indicated. Coagulation panel and 25-gauge FNA of the liver is indicated to ensure a more significant disease is not underlying. Separative hepatitis is also possible given the diabetic state. Full urinary work up is warranted to assess for any evidence of UTI.

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
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease





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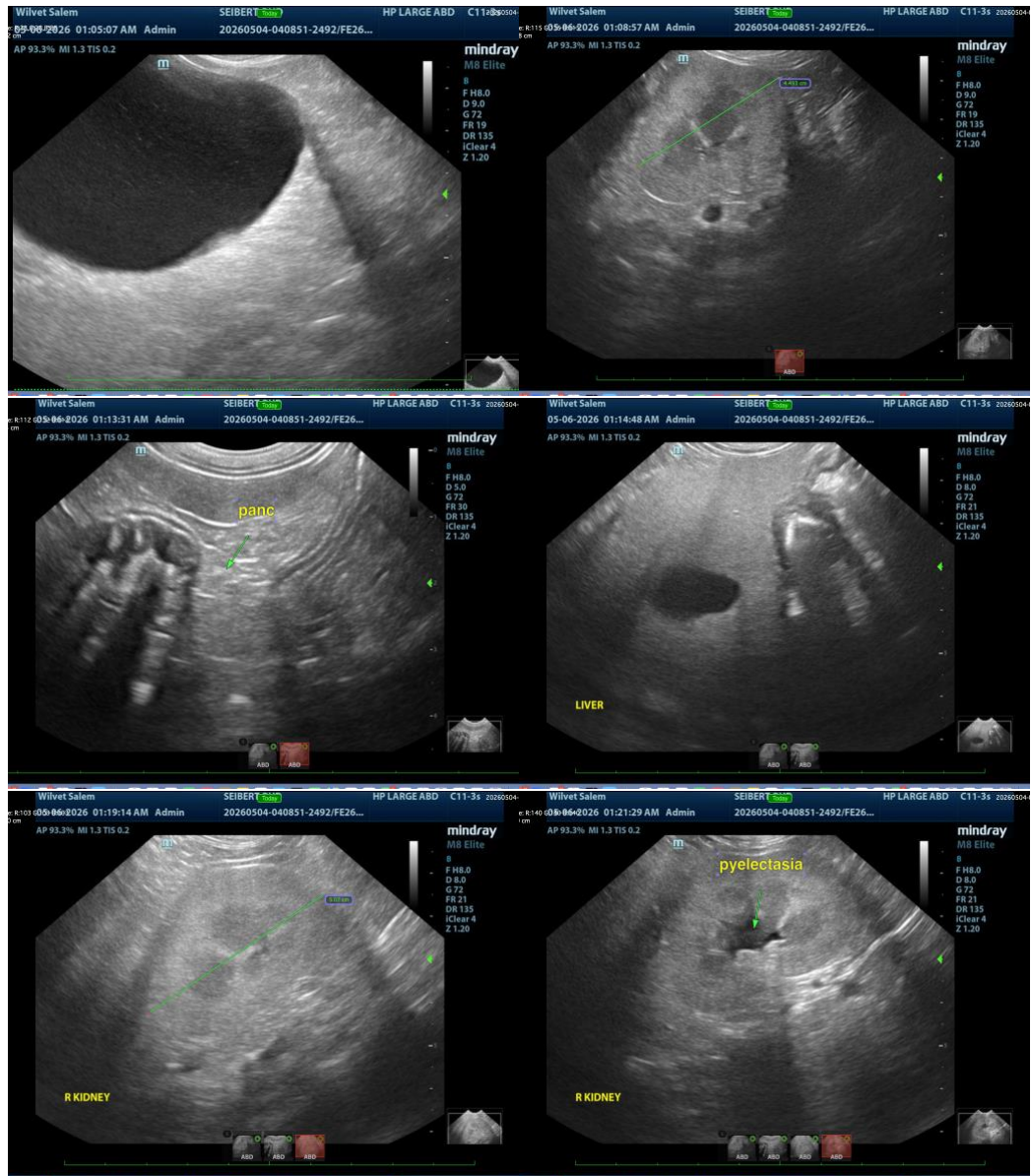
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com



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