



PATIENT

Frankie Riley

PRESENTING CLINICAL SIGNS

History: DKA hx of previous diabetes

SPECIES

Feline

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

BREED

DLH

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The kidneys measured 3.5 cm each.

SEX

Neutered Male

AGE

9 Years

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 0.38 cm. The right adrenal gland measured 0.58 cm.

WEIGHT

22 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

Liver

The **liver** itself revealed multifocal hyperechoic nodular changes, these are partially shadowing, possibly low-grade mineralization, likely lipid plaques or hepatic mineralization. The gallbladder was unremarkable. The common bile duct measured the upper limits of normal (0.5 cm).

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Pancreas

INVOICE

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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.

DATE

5/8/23

ULTRASONOGRAPHIC FINDINGS

- Nodular changes in the liver
- Unremarkable abdomen otherwise



PATIENT

Frankie Riley

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any weight loss or liver enzymes are an issue, then FNA is warranted. Given the diabetic state, these are likely lipid plaques.

SPECIES

Feline

Potential Causes of Diabetic Dysregulation

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

BREED

DLH

UTI

Dietary indiscretion/intolerance

SEX

Neutered Male

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

AGE

9 Years

Cushing's

Acromegaly

Owner compliance

WEIGHT

22 Pounds

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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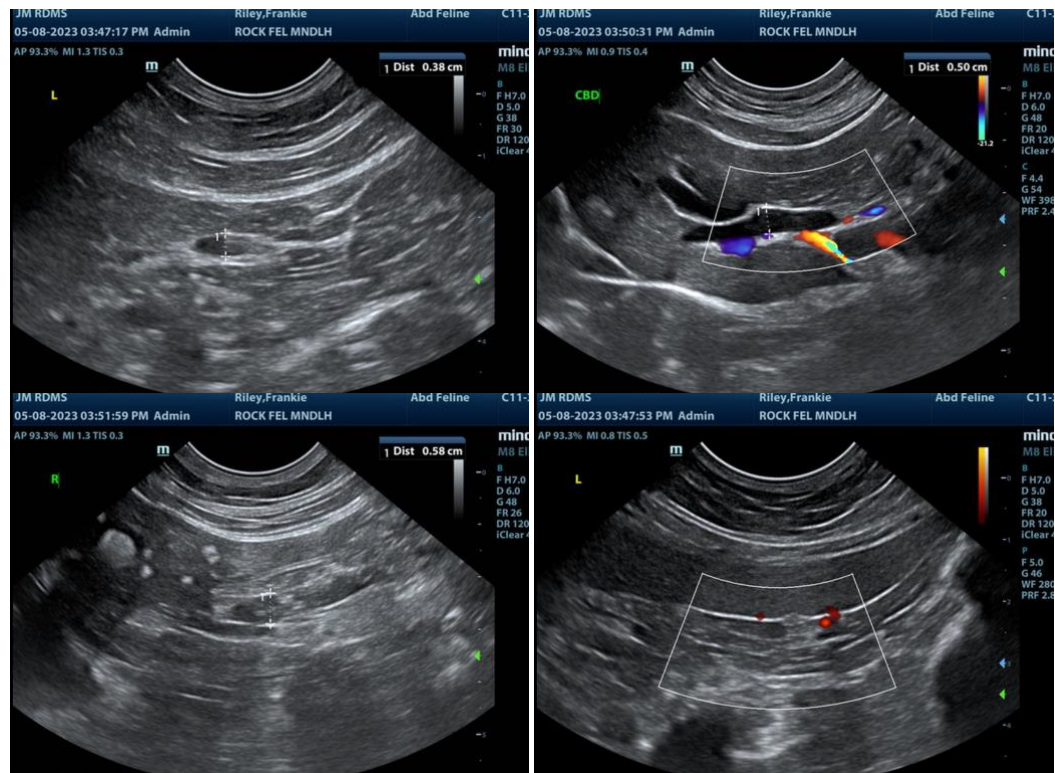
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PATIENT

Frankie Riley

SPECIES

Feline

BREED

DLH

SEX

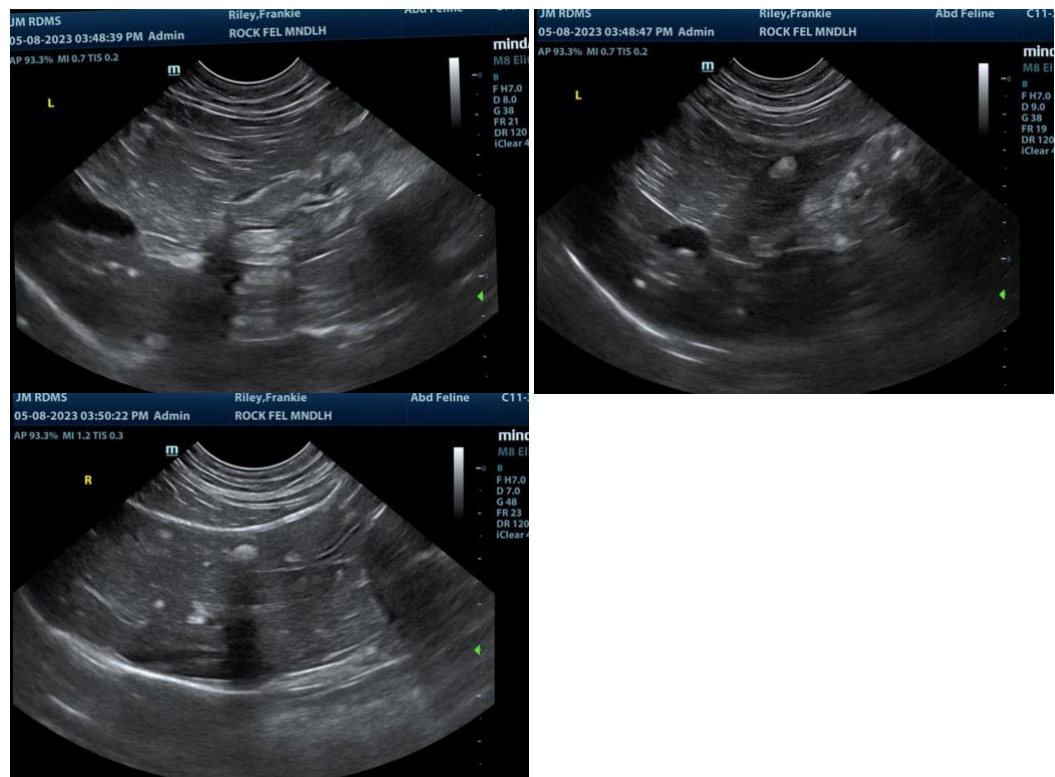
Neutered Male

AGE

9 Years

WEIGHT

22 Pounds



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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