



**PATIENT**

Dexter Snyder

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

4.62 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Michelle Bateman

**PRESENTING CLINICAL SIGNS**

Dexter presented to MDAEH on 7/25/22 because of loosing weight, not eating and being lethragic. Diagnosed with DM one month ago. Diet management not on insulin yet. Loosing weight and PU/PD 1. DKA 2. Suspect pancreatitis 3. Hepatopathy - r/o cholangiohepatitis vs. hepatic lipidosis 4. anemia--rule out possible hemolysis??

Abnormal PE/Chem/CBC/UA Results: 1. DKA - concern for worsening status 2. Suspect pancreatitis - abn fPLI 3. Hypotension - mild improvement; patient would not tolerate BP this AM 4. Ketosis - persistent 5. electrolyte derangements--worsening 6. anemia--open cause; rule out possible hemolysis? 7. Hypophosphatemia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 right kidney measured 4.25 cm. The left kidney measured 3.4 cm.

**Adrenal Glands**

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

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**Liver**

The **liver** presented diffusely hyperechoic parenchyma compared to falciform fat. The gallbladder and common bile duct were unremarkable. This is most consistent with hepatic lipidosis.

**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 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.

**INVOICE**

39917

**DATE**

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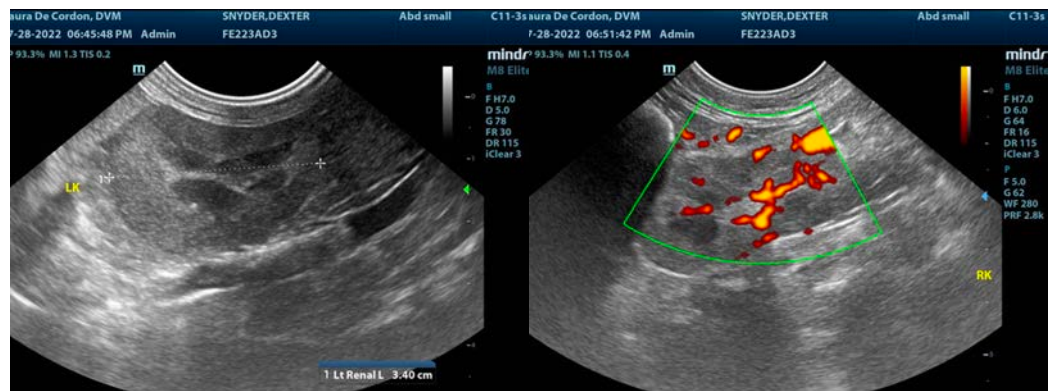
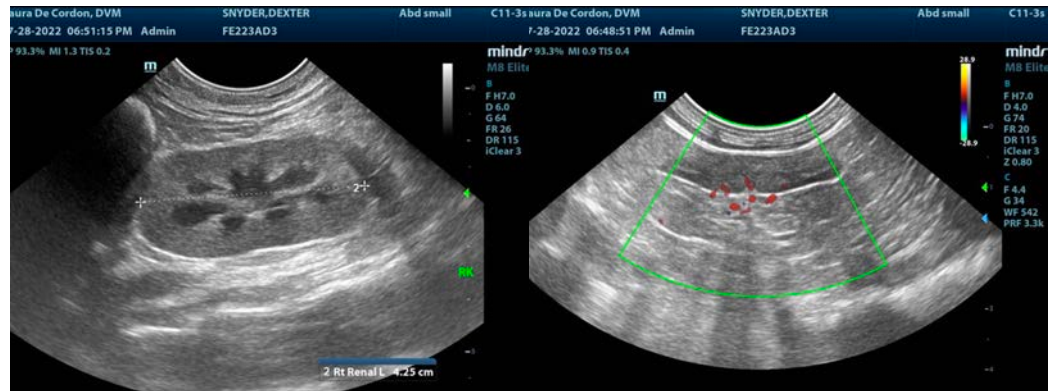
7/28/22

**ULTRASONOGRAPHIC FINDINGS**

- Hepatic lipidosis pattern
- Urinary debris – possible UTI.
- Volume contracted spleen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Coagulation panel and FNA indicated. No evidence of neoplasia. CBC path review warranted, given the anemia +/- bone marrow aspirate. Otherwise, lipidosis protocol indicated.





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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](mailto:info@SonoPath.com)