



**PATIENT PRESENTING CLINICAL SIGNS**

Satchmo Bishop

History: Satchmo is a 15 year old male neutered diabetic DSH who originally presented to an emergency clinic after an episode of hypoglycemia. He was hospitalized there and diagnosed with a urinary tract infection. At his follow up a few days later, he presented for inappropriate urination and was given clavamox. His symptoms went away and then returned early June. His urine was then cultured. E-coli was found which was susceptible to all antibiotics. Satchmo was seen today for his annual and gave us a urine sample of mostly blood. An ultrasound was performed and the images are attached.

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

10.9 lbs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed an apical mass that measured 2.6 x 1.3 cm. It appears resectable. The caudal 2/3 of the bladder and cystourethral junction appeared unremarkable. However, micrometastasis cannot be completely ruled out.

The iliac trifurcation was unremarkable.

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 left kidney measured 4.5 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Dr. Dorris

**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.

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**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. A hyperechoic, subjectively benign 1.0 cm nodule was noted in the left cranial liver. The nodule was non-disruptive. 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

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**PATIENT**

Satchmo Bishop

LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**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.

**BREED**

Domestic Shorthair

**Pancreas**

**SEX**

Neutered male

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

15 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.9 lbs

Apical bladder mass, appears resectable.

Otherwise, geriatric abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of metastatic disease. I suspect bladder carcinoma. Chest radiographs are warranted followed by ventral, apical, dorsal approach is recommended for full resection. Approximately 40% of the apical bladder would be necessary. The cause of diabetic regulation is unclear.

**IMAGING PERFORMED BY**

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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)

Cushing's

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Acromegaly



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Owner compliance  
Insulin quality issues  
Antibodies to insulin

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Underlying Neoplasia  
Diffuse liver disease

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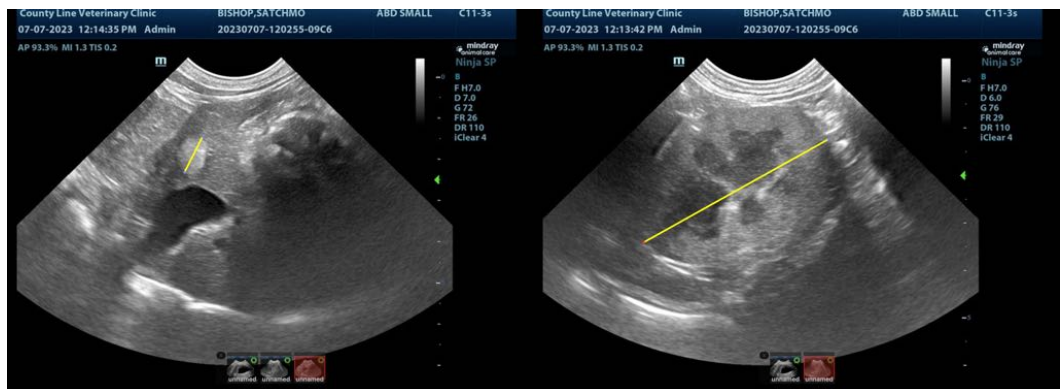
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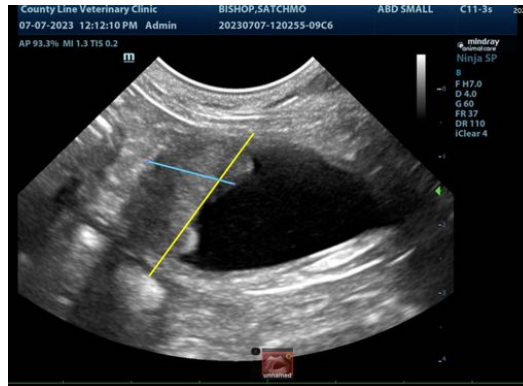
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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