



**PATIENT**

Zeus Goddard

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

5.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

91179

**DATE**

8/12/21

**PRESENTING CLINICAL SIGNS**

History: Unregulated diabetic on 5 units Vetsulin BID. Vomiting and weight loss for past 2 weeks. Patient is very fragile and ultrasound was performed without generalized sedation.

Abnormal PE/Chem/CBC/UA Results: PE: Severe sarcopenia CBC: RBC 5.88, HCT 18.2% CHEM: Glucose > 686 mg/dL, BUN 73, Chol 327, K+ 2.4, Cl 105 SDMA 16 Rads: No evidence of metastatic disease in thorax, generalized loss of detail in abdomen with mass effect in cranial abdomen

**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 was noted. Ureteral papillae were normal.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. Slight pyelectasia was noted with echogenic debris. The left kidney measured 4.0 cm. The right kidney revealed a hyperechoic medullary rim sign.

**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.

**Spleen**

The **spleen** was not visualized and is likely volume contracted and displaced dorsally given the ascites.

**Liver**

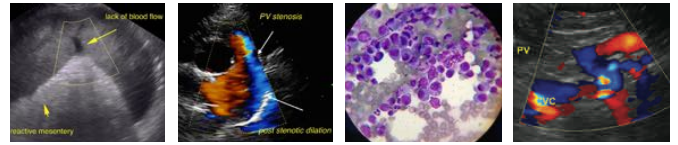
The **liver** revealed increased portal markings. The gallbladder wall is slightly echogenic.

**Gastrointestinal**

The **stomach** was over distended with chyme. The small intestine was full as well. Delayed outflow appears to be an issue. There was no obvious evidence of neoplasia; however, the free fluid is concerning.

**Pancreas**

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.



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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.

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**Free Abdomen**

Free fluid was noted in the abdomen.

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**ULTRASONOGRAPHIC FINDINGS**

Pyelonephritis renal pattern.

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Mild hepatic remodeling.

Full GI tract.

**AGE**

10 years

Age related pancreas.

Otherwise, unremarkable abdomen. There was no obvious evidence of neoplasia. However, lymphomatosis, carcinomatosis or similar cannot be ruled out.

**WEIGHT**

5.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound-guided abdominocentesis with cytospin is recommended to assess for neoplastic cells or hemorrhage.

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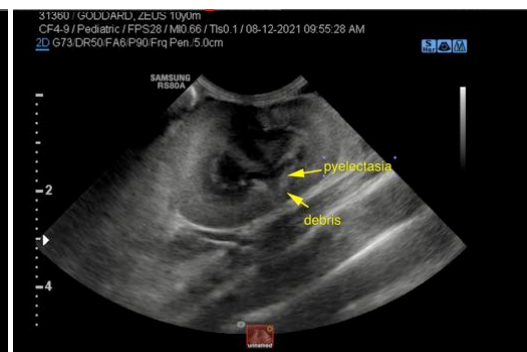
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com