



PATIENT

Charlie McCarthy

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

8 years

WEIGHT

11 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Pierson

INVOICE

91325

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: DKA (2x in 1 month), bloody diarrhea. Current meds: Prozac 2.5U bid, currently on IVECCS protocol DKA insulin. Convenia given 8/14.

Abnormal PE/Chem/CBC/UA Results: BG >500, chol 300, CL 93, K+ 3.2, Na 146, Ck 1, USG 1.050, glucose +++, Protein +++, Ketones +++

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 mildly swollen with slightly thickened cortices. The left kidney measured 4.92 cm. The right kidney measured 5.25 cm.

Adrenal Glands

The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.58 cm.

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.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Generalized enlargement was present. No post hepatic obstruction was noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Upper **duodenal** thickening was noted and continued into the pyloric outflow and was enveloped by the regional pancreatic inflammation. Small intestinal thickening was noted elsewhere. Trace amounts of free fluid were noted.



PATIENT	Pancreas
Charlie McCarthy	The pancreas is enlarged in the right limb and right base. The right limb and right base was hypoechoic and irregular with enhanced surrounding mesentery. The pancreatic pathology occupied the right limb and the right base.
SPECIES	
Feline	Free Abdomen
BREED	Minor regional lymphadenopathy was present.
Domestic Shorthair	
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered male	Pancreatitis pattern with thickened duodenum and regional lymphadenopathy, possibility of emerging neoplasia.
AGE	Bilateral adrenal enlargement.
8 years	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
WEIGHT	Ultrasound-guided FNA of the pancreas with culture and cytology is recommended. Treatment for pancreatitis is warranted with IV fluid support, broad-spectrum antibiotics and pain management. A recheck sonogram is recommended in 48-72 hours to ensure that the pyloric outflow presentation is resolving. There is a potential for underlying acromegaly given the adrenal enlargement. Enrofloxacin and Metronidazole combination, pain management and IV fluid support are all indicated.
11 lbs	
INTERPRETED BY	Potential Causes of Diabetic Dysregulation
Eric Lindquist, DMV DABVP, Cert. IVUSS	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
IMAGING PERFORMED BY	UTI
Shari Reffi, CVT	Dietary indiscretion/intolerance
HOSPITAL NAME	Pancreatitis
Newton VH	Hyperthyroidism/hypothyroidism
REFERRING VET	Exogenous steroids (including topical eye meds)
Dr. Pierson	Cushing's
INVOICE	Acromegaly
91325	Owner compliance
DATE	Insulin quality issues
8/18/21	Antibodies to insulin
	Underlying Neoplasia
	Diffuse liver disease



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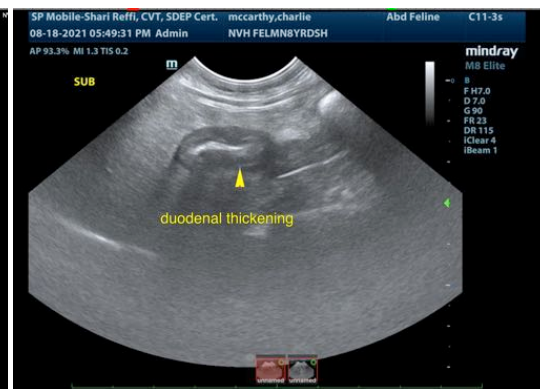
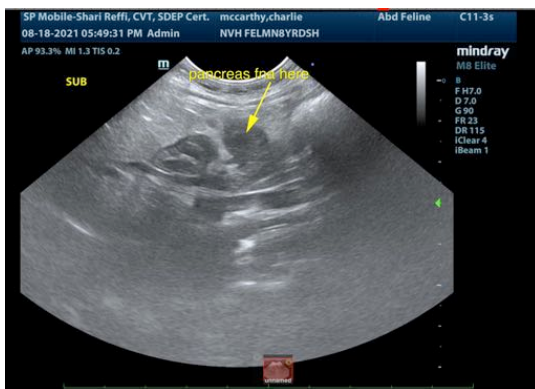
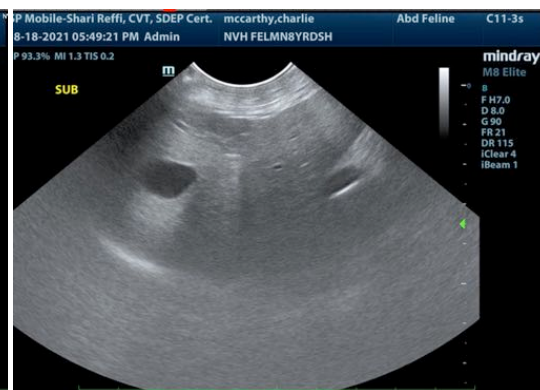
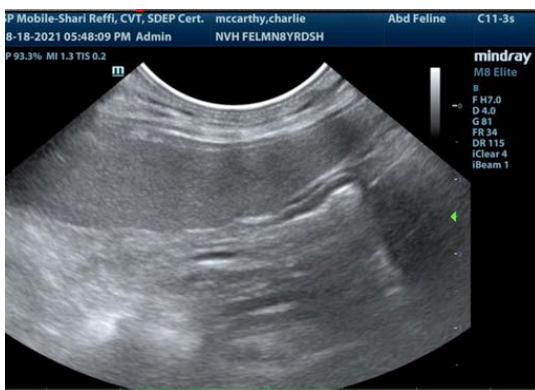
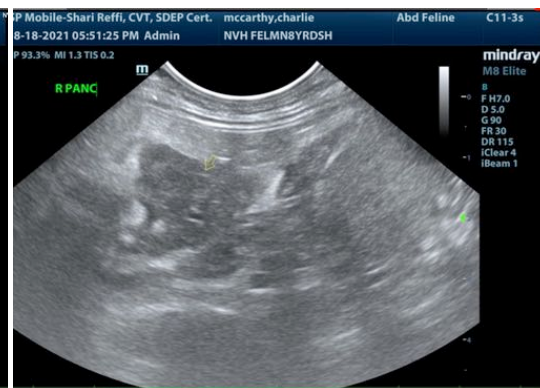
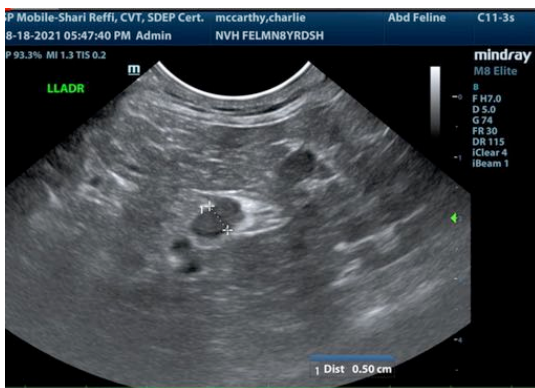
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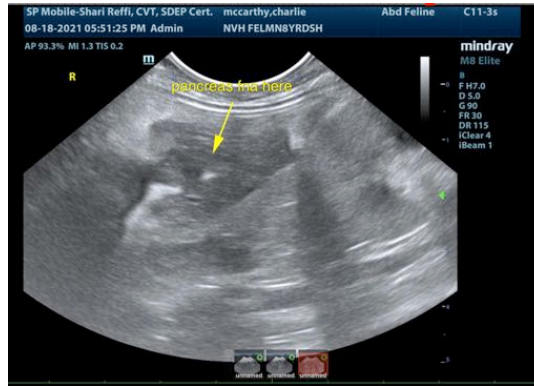
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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8 years

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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11 lbs

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