

**PATIENT**

Patches Hayes

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

6.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Trudeau

**HOSPITAL NAME**

Petworks VH

**REFERRING VET**

Dr. Trudeau

**INVOICE**

91039

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: difficult to get his diabetes regulated; recurrent inappetence and vomiting; weight loss  
CBC/Chem - NSF (done last week) BG this morning - no insulin and npo this morning 16 mmol/L fpl - abnormal last week

**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** 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.58 cm. The right kidney measured 4.31 cm.

**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 0.36 cm.

**Spleen**

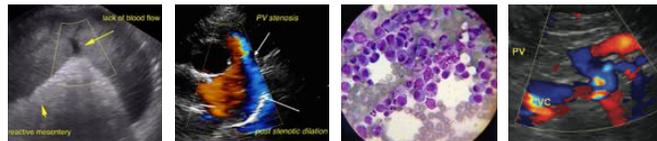
The **spleen** was mildly enlarged and folded upon itself measuring 1.0 cm in width. The spleen revealed mild, irregular contour. The spleen revealed slight, coarse architecture. A hyperechoic, lipogranulomatous change was noted.

**Liver**

The **liver** was slightly enlarged and uniform with slight, heterogenous changes. The changes are expected for diabetic patients. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor, distal small intestinal thickening was present. Slight, mesenteric lymphadenopathy was noted.



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**Pancreas**

Patches Hayes

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. The left limb of the pancreas measured 0.59 cm.

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**ULTRASONOGRAPHIC FINDINGS**

Diabetic hepatopathy.

Splenic enlargement.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient was sedated for the sonogram then the splenic enlargement may be artifactual; however, given the clinical signs I recommend 25-gauge FNA. The pancreas appeared largely unremarkable.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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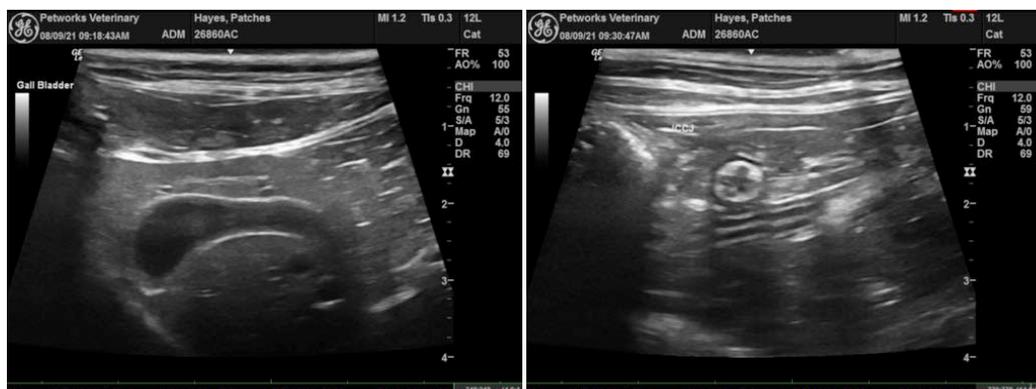
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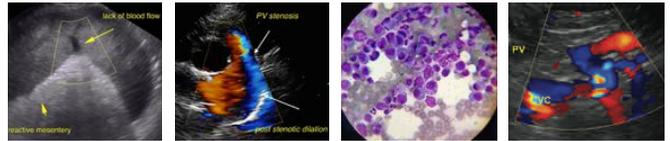
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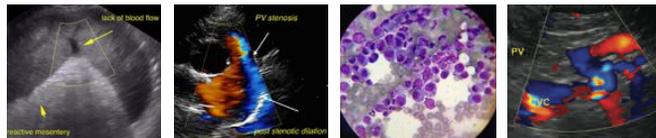
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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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