

What criteria is used to schedule an ultrasound in diabetics?

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My mother (she was 74) passed away in mid-may.

She was a diabetic for a number of years -- she controlled it with various medications (at times she was on insulin, she was on insulin at the end of her life).

Her sugar was higher than normal for the last 6 months -- she was regularly seeing an endocrinologist and complaining about fatigue. He seemed to attribute everything to the diabetes.

In March (feb?) she lost her appetite and stopped eating. For a while, her sugar was good. She attributed it to her "diet" -- she lost about 15 pounds she was trying to lose for 30 years -- the doctor knew about the weight loss and lack of appetite and (according to my father) said "I'll give you something for that".

In late march, her blood work started to show problems, the doctor said it was a "liver infection".

She progressively went downhill, the doctor saw no reason for her to go to a hospital (in the interim he put her on insulin). He finally wanted to have an ultrasound in mid-April (he didn't schedule it, he had my parents do it -- they had to wait a week for an appointment. The ultrasound showed masses on the pancreas, gallbladder and abnormalities in the liver. The next day, she had an MRI, two days later she had an appointment with an oncologist, was put into a hospital that night (becoming jaundiced the same time). She passed away exactly two weeks later.

My family and I find this beyond belief. Essentially if she never saw a doctor, she would have been in the hospital sooner than she was (agreed it probably wouldn't have made a difference). What is the criteria to schedule an ultrasound? If they schedule regular colonoscopies, doesn't an

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abdominal ultrasound also make sense? (My mother has a history of abdominal cancer in her family).

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