



PATIENT PRESENTING CLINICAL SIGNS

Benson Lott History: Muscle loss along spine, normal hydration, BCS 5/9. No palpable masses, ears swollen due to long term allergies. Diet consult recommended Veggie/HA as best option. Poorly managed diabetic, non DKA. Pancreatitis, allergies, mature cataracts. On cerenia, omeprazole and Caninsulin.

SPECIES

Canine

BREED

Cocker X

Abnormal PE/Chem/CBC/UA Results: 02-09-2022 (lab work done at Niagara vet emerg clinic)
BW: Sodium 129 (L) Chloride 99 (L) Calcium, Ionized 1.07 (L), Glucose 28.2, MPV 13.6 (H), Alkp 262 (H) UA: Glucose 4+, Ketones 1+ (Ketostix 0.5mmol/L), Spec Grav: 1.020 Snap cPLI: abnormal 12-14-2021 Recheck Fructosamine level: 536 11-09-2021 Fructosamine recheck Fructosamine : 585 10-06-2021 glucose 23.3 high (7.7) amylase 2938 high (1125) precisionPSL 3159 (140) supportive of pancreatitis, this may be the trigger for DM or a chronic condition glucose 3+ urine sp. gr. 1.051 T4 10

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

8 years

The prostate is normal in size (1.02 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

12.9 kg

The left kidney presented normal size (4.26 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The right kidney presented normal size (5.75 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

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Adrenal Glands

The left adrenal gland is normal size (0.62 cm at cranial pole) (0.46 cm at caudal pole) (1.98 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

Village Centre AH

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.63 cm at caudal pole) (1.62 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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Spleen

The spleen is normal in size (1.40 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small myelolipomas are observe in thre region of the hilus. Splenic vasculature is normal.

INVOICE

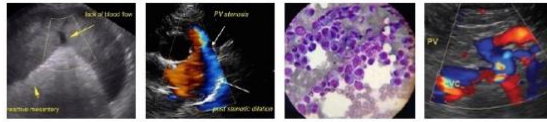
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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or

DATE

2/10/22



PATIENT

regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

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SPECIES

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Canine

Gastrointestinal

The gastric lumen is distended with fluid and chyme and is hypomotile. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

BREED

Cocker X

SEX

Pancreas

Neutered Male

The right limb is visible/prominent with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat. No focal lesions are observed. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic effusion.

AGE

Free Abdomen

8 years

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

12.9 kg

Primary Findings

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- Gastric ileus.
- The right pancreatic changes are suggestive of chronic pancreatitis.

**Possible causes for poor diabetic regulation include chronic pancreatitis, occult urinary tract infection, occult disease in the chest, insulin antibodies, other

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.

HOSPITAL NAME

- A urine culture and sensitivity should also be considered to assess for occult pyelonephritis.

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- Also consider a malabsorption panel GI Panel (send to Texas A&M), to further evaluate for pancreatitis as well as maldigestion/malabsorption.

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- If the above tests do not reveal an obvious cause for the insulin resistance, consider switching to a different insulin type.

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WEIGHT

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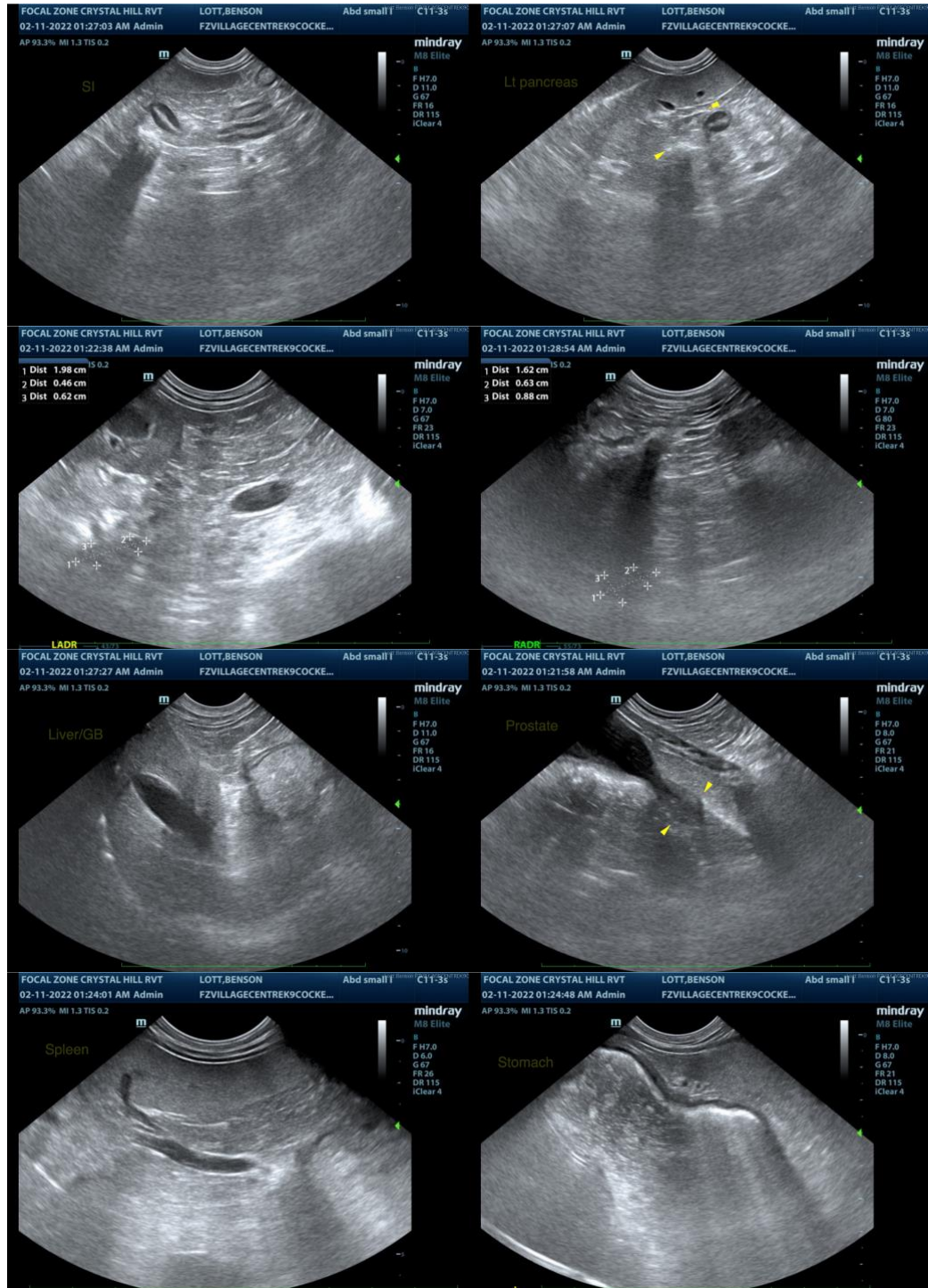
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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