



PATIENT

Maverick Grimes

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male

AGE

7 Yrs.

WEIGHT

97 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Carl Fulton

INVOICE

11974

DATE

8/30/31

PRESENTING CLINICAL SIGNS

History: Uncontrolled diabetes mellitus. First diagnosed in May 2021, unable to have the blood glucose in a normal range. On Vetsulin 15 units q 12 hr.
Abnormal PE/Chem/CBC/UA Results: Weight loss. PU/PD. Blood glucose ranges from 472 to 212. CBC WNL. Chemistry hyperglycemia. UA glucosuria.

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 distended. A small amount of suspended echogenic debris is observed within the lumen. 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.

The prostate is enlarged (4.19 cm in width) with a relatively normal shape. The parenchyma is hyperechoic to slightly heterogeneous in appearance. Several small ill-defined cystic areas are observed within the parenchyma. The prostatic urethra is not overtly dilated.

The left kidney is normal size (7.59 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. A 0.75 cm anechoic cyst is observed within the parenchyma. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (7.34 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is well visualized and normal size (0.62 cm width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed.

Spleen

The spleen is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

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The gastric wall and pylorus are normal in thickness with a normal layering pattern. The gastric lumen is moderately distended with ingesta. 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 disease is noted.

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Pancreas

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The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

SEX

Free Abdomen

Male

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

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings:

- An obvious cause for the unregulated diabetes is not identified in this study. Considerations include occult urinary tract infection, occult neoplasia, underlying metabolic disease, insulin antibodies, other.

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Secondary Findings:

- Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gallbladder debris- incidental.
- Minor age-related renal pathology.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A urine culture is recommended to further evaluate for a urinary tract infection.
- Three-view thoracic radiographs are recommended to assess for occult neoplasia.
- A T4/free T4 by equilibrium dialysis is recommended if not already performed.
- Given that the patient is not technically insulin resistant at the current insulin dose, consider increasing the Vetsulin dose and performing a blood glucose curve in 5-7 days.

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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



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image/video clips provided.

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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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Andrea.nicastro@sonopath.com

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