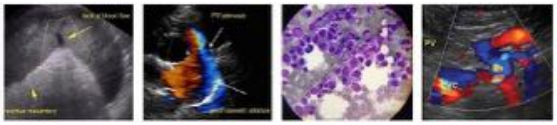


PATIENT
Gunner Kraisosky

SPECIES
Canine

BREED
Setter mix

SEX
Male, neutered

AGE
11 Yrs.

WEIGHT
31 kg.

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

IMAGING PERFORMED BY
Kelly Reschny

HOSPITAL NAME
Preston AC

REFERRING VET
Dr. Coghlan

DATE
12/14/22

PRESENTING CLINICAL SIGNS

History: -dx with diabetes in Sept/21, never had great control d/t eating habits, owner challenges to manage, but has done ok. -several episodes of gastroenteritis in the past few months -recent episode of signs of hypoglycemia but bloodwork (incl fructosamine) always runs high -yesterday presented shortly after episode of weakness, shakiness - had a normal blood glucose (4.7) which is highly unusual for him!, (and this was over 12 hours since his evening insulin dose) blood glucose gradually increased throughout the day Current Medications Prozinc insulin, was on 16IU in the am and 15IU in the pm, reduced to SID (16IU in the am) only now

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal size (6.79 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.

The right kidney is normal size (6.64 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 left adrenal gland is normal size (0.83 cm at cranial pole) (0.78 cm at caudal pole) (2.34 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.

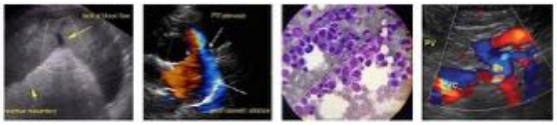
The right adrenal gland is normal size (2.00 cm at cranial pole) (0.75 cm at caudal pole) (2.46 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.46 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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



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distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated with chyme (mild). 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.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

*Given the history of episodes of hypoglycemia in the face of an elevated fructosamine there is concern about the possibility of a Somogyi phenomenon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider reducing insulin to a starting dose (i.e., 7 units subcutaneously every 12 hours). Alternatively, consider switching insulin and initiating a starting dose. Blood glucose curves should be performed every 7-10 days until the diabetes is well-regulated.
- Other diagnostic considerations include:
    1. Urine culture and sensitivity to assess for occult infection, which is common diabetic patients.
    2. Given the recnet episodes of gastroenteritis, consider a malabsorption panel including serum cobalamin, folate, TLI and PLI as well as a fecal evaluation for ova and Giardia. Also consider initiation of a probiotic.

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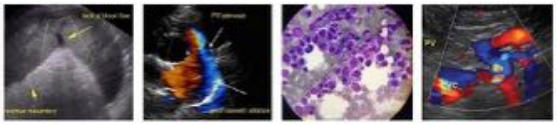

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 infoethefocalzone.com

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SPECIES

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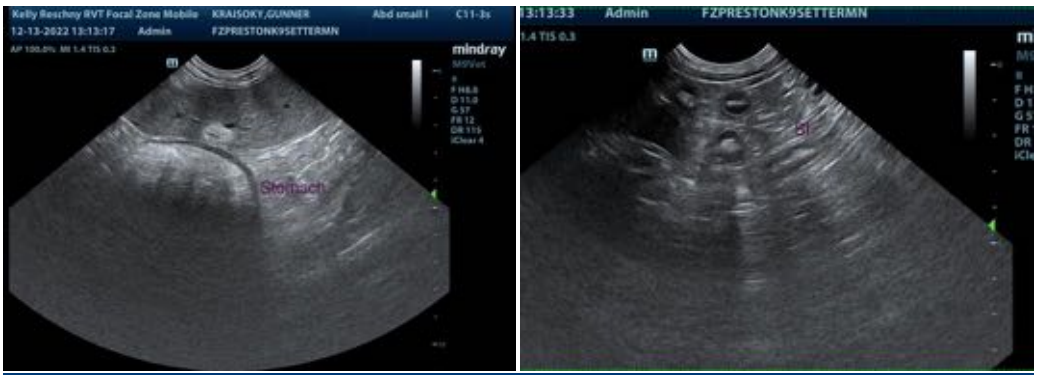

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com

DATE

12/14/22