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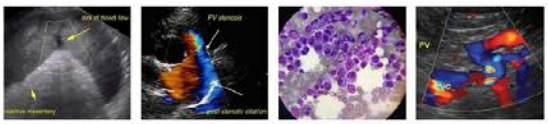


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Daisy Loving

SPECIES

Canine

BREED

Siberian Husky

SEX

Spayed Female

AGE

10 Years

WEIGHT

37 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Peavine Animal Hospital

REFERRING VET

Dr. David Baggett

INVOICE

43422

DATE

12/13/22

PRESENTING CLINICAL SIGNS

extreme weight loss in short period time- lethargy- PU/PD- newly diabetic dx - still eating- possibly blind- runs into things- pale MM-anemia- diabetes insipidus, r/o neoplasia- Started vetsulin 5u BID run BG curve

Abnormal PE/Chem/CBC/UA Results: UA: GLU 1000, KET 50, Leu 25, USG 1041, cloudy, pH 5.0 CHEM: GLU 574, ALKP 564, CHOL 392, AMYL 396, LIPA 3905, CL 104, TT4 0.5-

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.67 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. A small cortical cyst is present. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.83 cm at the cranial pole and 0.72 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

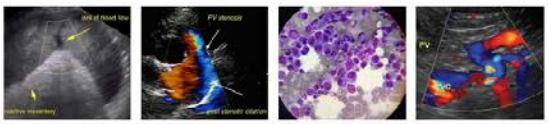
The left adrenal gland is normal in size (0.60 cm at the cranial pole and 0.61 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. The majority of the described hypoechoic nodules are less than 1.0 cm in size, with the largest being just under 2.0 cm in size. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**This patient was not fasted.

Pancreas

Pancreas is prominent (enlarged) in size and mildly irregular in shape with a slightly undulating contour. Parenchyma is coarse in echotexture and heterogenous to hypoechoic in echogenicity.

Free Abdomen

There is a scant amount of anechoic free fluid in the cranial abdomen between liver lobes.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

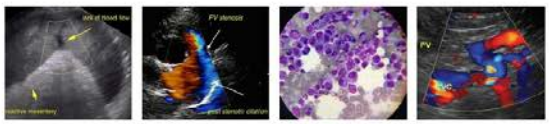
- **Heterogenous Liver –** These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.
- **Chronic active pancreatitis –** However, given the scant amount of anechoic free fluid in the cranial abdomen, mild acute on chronic or potentially resolving pancreatitis cannot be ruled out.

SECONDARY FINDINGS

- Incidental cortical cyst in the left kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient's reported weight loss and PU/PD are most likely all related to the recently diagnosed diabetes mellitus, especially given the reported concurrent ketonuria. Therefore, recommendations are continued medical management of diabetes mellitus with insulin, as well as



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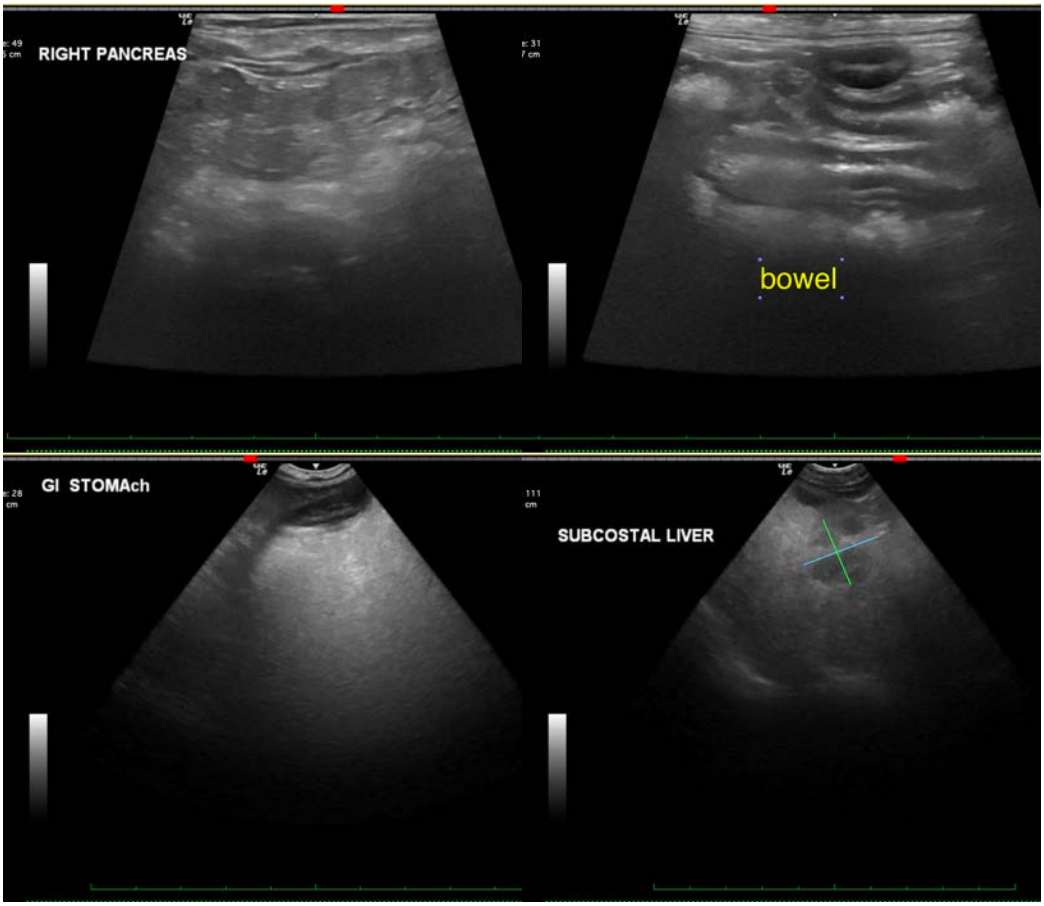
fluid therapy, antiemetics, appetite stimulants, etc. if necessary to keep patient eating, keep insulin administration possible, and eliminate ketones.

While the liver nodules trend toward benign in appearance, given the scant amount of anechoic free fluid, weight loss, etc., a fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. However, it is reasonable to manage the diabetes first and see if clinical signs resolve prior to pursuing more aggressive diagnostics.



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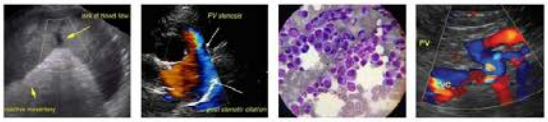

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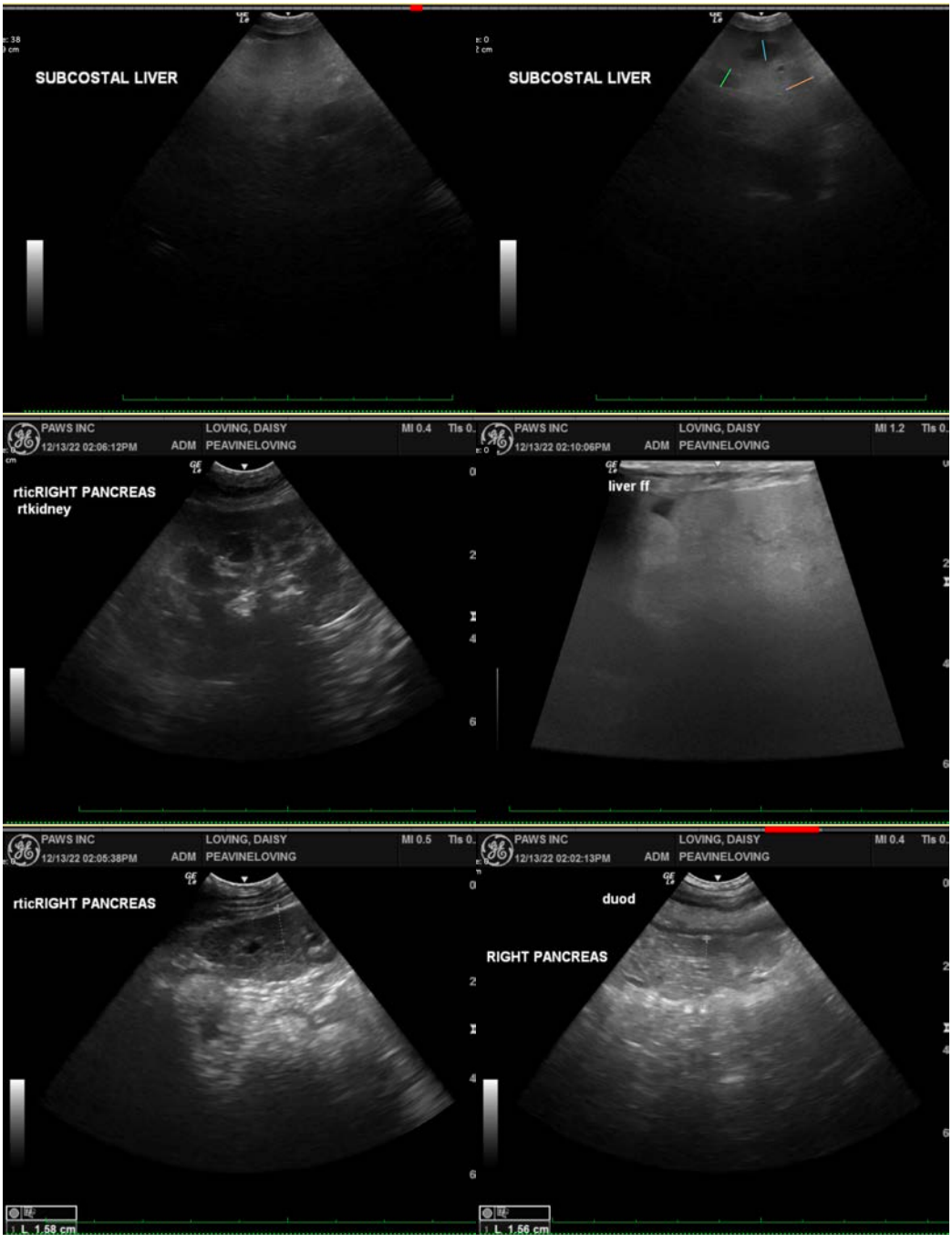

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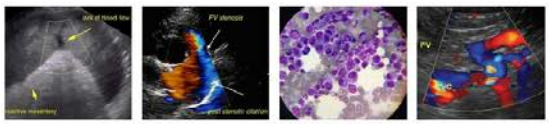

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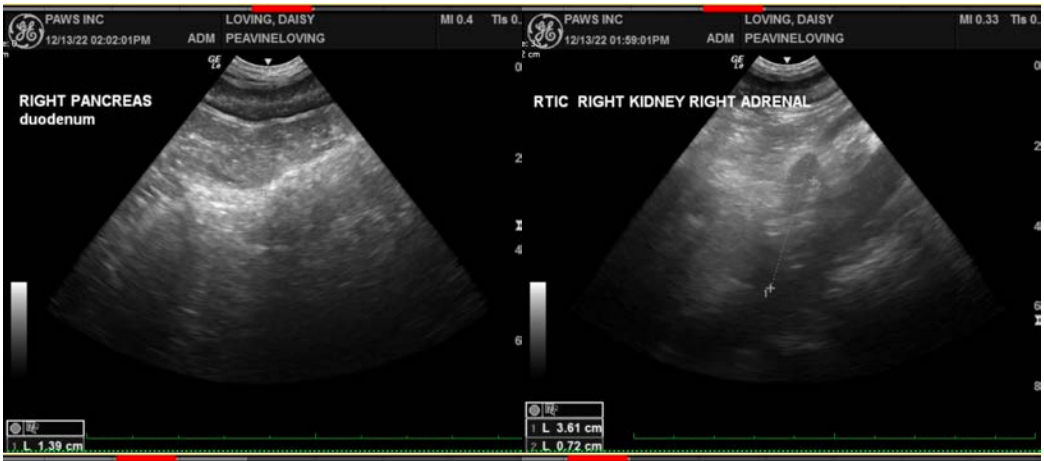

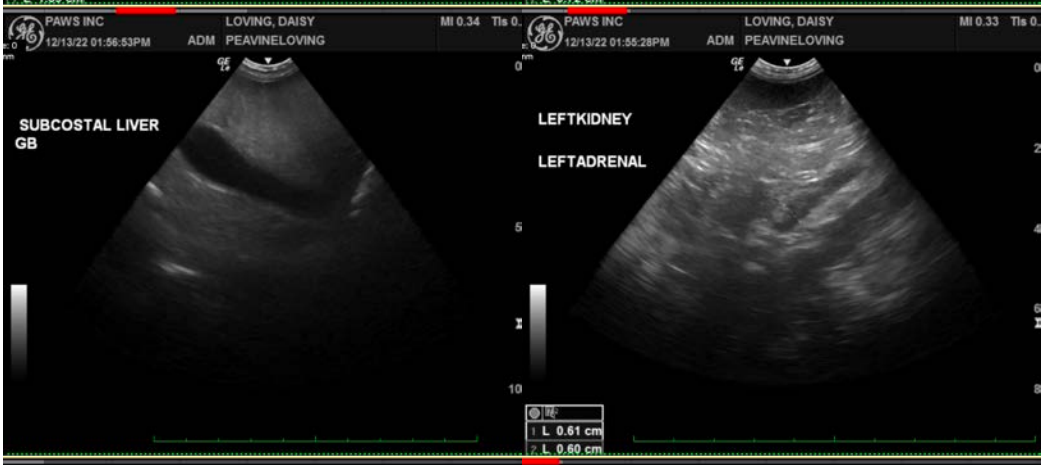

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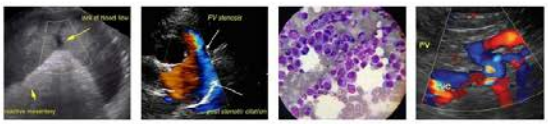

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com