



**PATIENT PRESENTING CLINICAL SIGNS**

Rocky Spadafora

History: Previous diagnosis (from rDVM) Diabetes mellitus, KCS (bilateral/severe changes), suspect Cushing's (not on medication) Vomiting, lethargic, diarrhea with blood and mucous. Poor appetite. Current Medications Buprenorphine, gabapentin, maropitant, ampicillin, metronidazole and pantoprazole.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Sent by email. (bloodwork) cPL strong abnormal Hyperglycemia (not received insulin as inappetent) Increased SDMA and BUN. Marked increase in AlkP. Marked increase in pancreatic enzymes. Mild non regenerative anemia. WBC normal, Monocytosis, L shift UA > 1.050 but proteinuria with only 2 rbc/hpf. Glucosuria. Proteinuria 500mg/dL (Note prev DX with DM. not getting insulin as not eating) Fecal OP & Giardia is pending.

**BREED**

Yorkie

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

13 Years

Urinary bladder is adequately distended with anechoic contents. No masses are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. A 1.2 cm shadowing cystolith noted.

The area of the prostate is examined without evident prostatic pathology.

**WEIGHT**

4.46 kg

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of mineral or infarcts observed. The left kidney measures 4.8 cm. The right kidney measures 5.16 cm. Mild pyelectasia is noted bilaterally.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

**IMAGING**

**PERFORMED BY**

Kelly Reschny

Left adrenal gland is normal in size (2.09 cm long x 0.49 cm at cranial pole and 0.49 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (1.94 cm long x 1.52 cm at cranial pole and 0.43 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Hamilton Regional VEC

**Spleen**

**REFERRING VET**

Bourque

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). Multifocal well-demarcated hyperechoic homogenous nodules are noted. Splenic vasculature appears normal.

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21231

**Liver**

**DATE**

2/21/23

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



**PATIENT**

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.

Rocky Spadafora

**Gastrointestinal**

**SPECIES**

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Canine

**BREED**

The visible small intestines are normal in wall thickness and layering. Diffusely, there is subtle hyperechoic mucosal fogging or speckling is noted. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease. However, the duodenum, focally, is thick and corrugated adjacent to the pancreas.

Yorkie

**SEX**

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

Neutered Male

**AGE**

**Pancreas**

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

13 Years

**Free Abdomen**

**WEIGHT**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

4.46 kg

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Acute pancreatitis with a suspected secondary duodenitis/enteritis
- Hyperechoic hepatomegaly (canine) – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible but considered less likely.
- Subtle mucosal speckling – Mucosal speckling is often present with inflammatory bowel disease (IBD). It is not specific for type or severity of disease. Mild speckling change can occur as a normal patient variant in the post-prandial state.

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DACVIM

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**Secondary Findings**

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- A 1.2 cm urinary bladder cystolith
- Age-related kidney changes with mild bilateral pyelectasia. Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction.
- Hyperechoic splenic nodules – most consistent with benign myelolipomas. Other differentials such as fibrosis or calcification caused by old hematomas or infarcts, chronic inflammation, granulomatous disease or metastatic disease cannot be ruled out, but are considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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**SPECIES**

In the meantime, medical management of pancreatitis/gastroenteritis with antiemetics, gastroprotectants, appetite stimulants or nutritional support (as needed), pain management, broad spectrum antibiotics and fluid therapy is recommended.

Canine

**BREED**

Until this patient is reliably eating again and nonketotic (if ketones are currently present), short acting in hospital insulin administration is recommended every few hours based on blood glucose and ketone monitoring. Once patient is reliably eating again and nonketotic, transition back to patients routine at home insulin plan could be reinitiated.

Yorkie

A urine culture is recommended given the reported history of diabetes, proteinuria, etc., if not recently evaluated.

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

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**REFERRING VET**

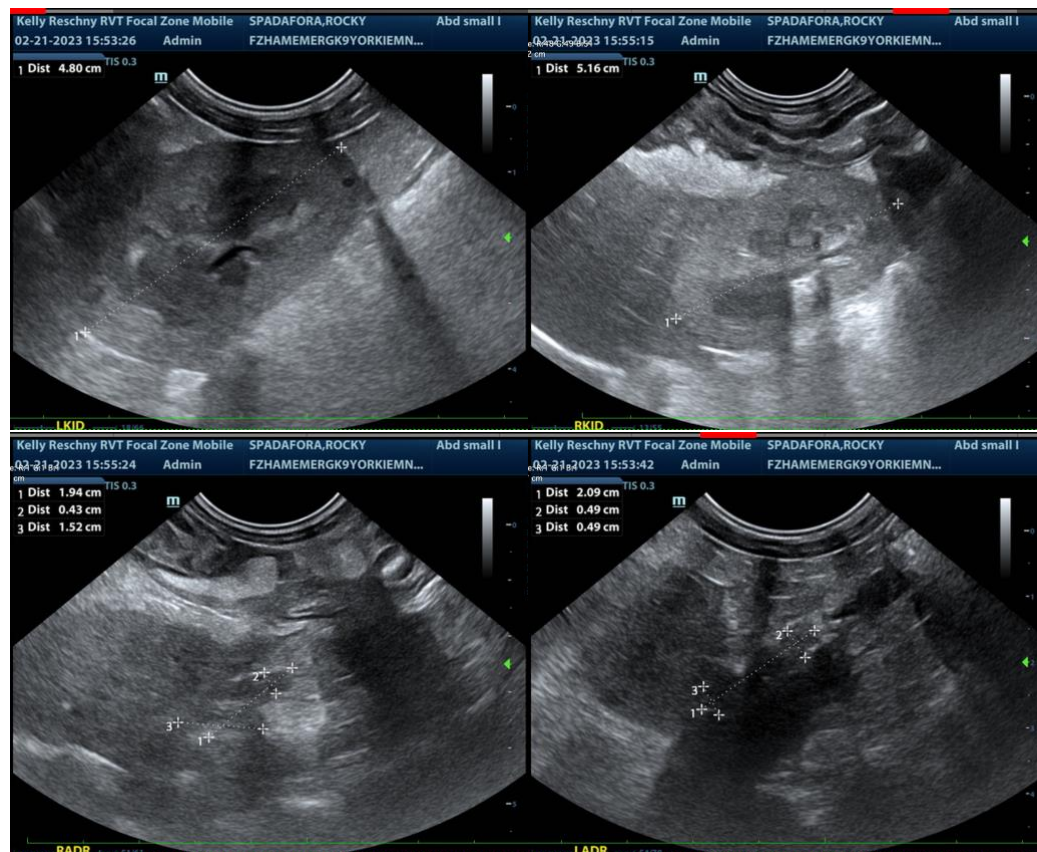
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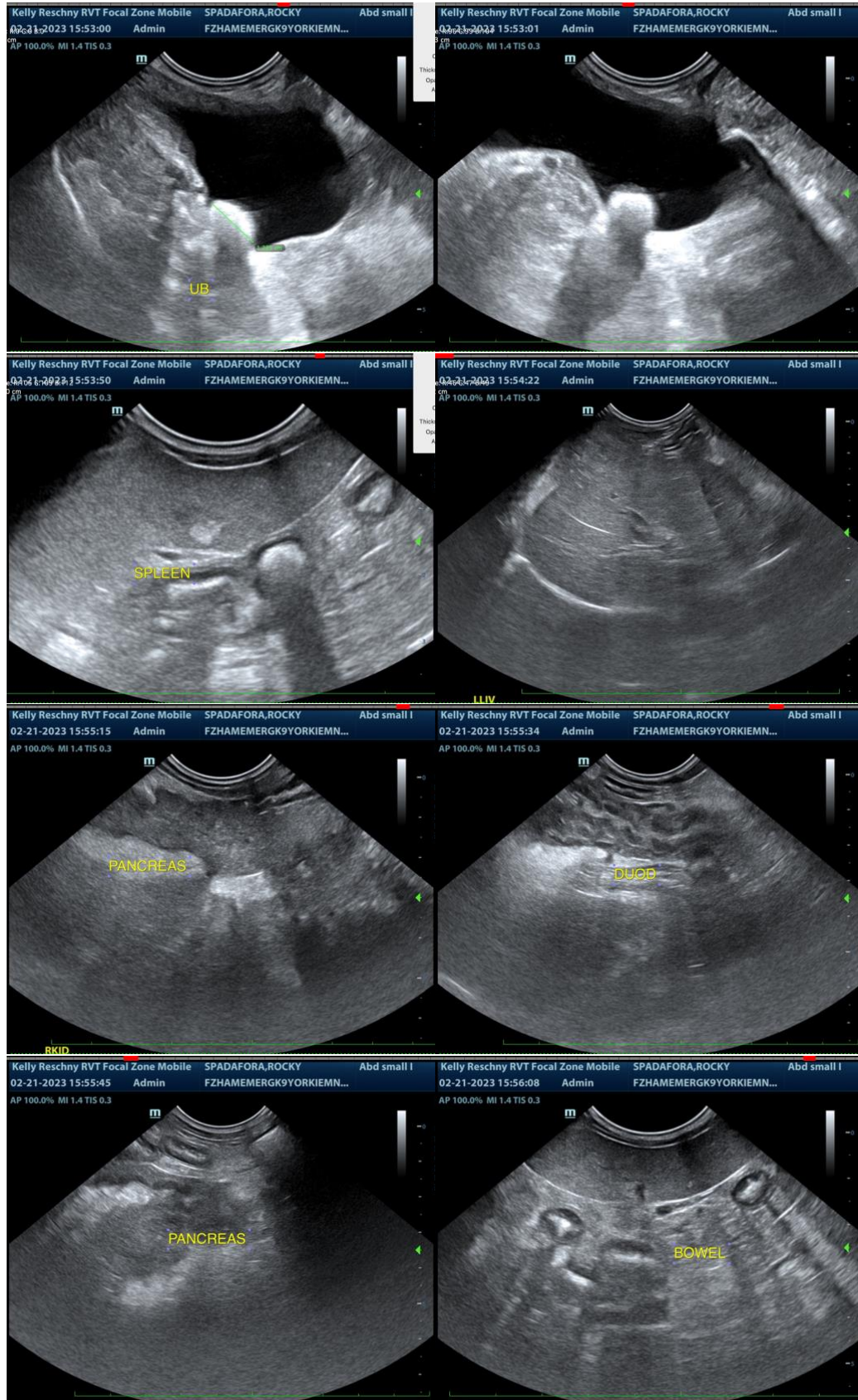
Bourque

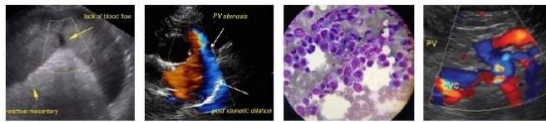
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**PATIENT**

Rocky Spadafora

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 image/video clips provided.

**SPECIES**

Canine

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**

**BREED**

Yorkie

Beth.Johnson@SonoPath.com

**SEX**

Neutered Male

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13 Years

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