



PATIENT PRESENTING CLINICAL SIGNS

Lily Mondanaro Previously well controlled DM, in the last month- 1.5 months, NOT well controlled. Current med: NPH 5 units.

SPECIES Abnormal PE/Chem/CBC/UA Results: BG 515, pending full bloods.

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Shih Tzu

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.

SEX

Spayed Female

The right kidney is normal in size (4.7 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. A hyperechoic band parallel to the corticomedullary border is present.

AGE

11 Years

The left kidney is normal in size (4.12 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. A hyperechoic band parallel to the corticomedullary border is present.

WEIGHT

15.4 Pounds

Adrenal Glands

The caudal pole of the left adrenal gland is visible and maintains a normal shape but is large in size, measuring 1.0 cm thick. The cranial pole is not well visualized.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The area of the right adrenal gland is visualized, and what appears to be the right adrenal gland is normal with a cranial pole of 0.76 cm and a caudal pole of 0.42 cm.

Spleen

IMAGING PERFORMED BY

Kelly Vazquez

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.

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Liver

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.

REFERRING VET

Dr. Vivian Ng

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.

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

9/28/22



PATIENT	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
Lily Mondanaro	
SPECIES	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
Canine	
BREED	Pancreas
Shih Tzu	The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. A 1.0 cm x 2.0 cm anechoic structure caudal to the stomach appears to be associated with the pancreas. Enhanced hyperechoic ill-defined surrounding fat is noted.
SEX	Free Abdomen
Spayed Female	There is no evidence of free peritoneal effusion noted in these images.
	There is no apparent lymphadenopathy noted in these images.
AGE	ULTRASONOGRAPHIC FINDINGS
11 Years	<ul style="list-style-type: none"> Mild acute pancreatitis possible/suspected based on these images with an anechoic structure that appears to be associated with the pancreas, likely a pancreatic cyst, although an abscess, mass, etc. cannot be ruled out.
WEIGHT	<ul style="list-style-type: none"> The adrenal glands are not well visualized. However, the caudal pole of the left adrenal gland is large, which may imply hyperadrenocorticism as a cause for this patient's difficult to regulate diabetes.
15.4 Pounds	<ul style="list-style-type: none"> Hyperechoic hepatomegaly - 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.
INTERPRETED BY	<ul style="list-style-type: none"> Medullary rim sign - This finding is of unknown clinical significance and can be a normal variant, often idiopathic. Medullary rim sign can be present with renal disease including FIP, lymphoma, hypercalcemic nephropathy, Leptospirosis, tubular disease, other and should be interpreted in combination with other more specific indications of kidney disease such as isosthenuria, proteinuria, azotemia, etc. This is a common incidental finding in patients with diabetes mellitus.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	
Kelly Vazquez	
HOSPITAL NAME	
Animal General on the Hudson	
REFERRING VET	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Dr. Vivian Ng	This exam was reported to be partially limited based on patient demeanor. Therefore, if further imaging is elected, sedation is recommended. In the meantime, differentials for this patient's difficult to manage diabetes include either pancreatitis and/or possibly concurrent hyperadrenocorticism.
INVOICE	A quantitative PLI is recommended for further evaluation of the pancreas, and if clinical signs of hyperadrenocorticism are present and/or suspicion of hyperadrenocorticism is present based on physical exam, hypertension, proteinuria, etc., since clinical signs can mimic clinical signs associated with diabetes, then testing could be pursued in the form of a low-dose Deazamethasone suppression test.
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PATIENT

Lily Mondanaro

Urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

SPECIES

Canine

In the meantime, medical management of pancreatitis with anti-emetics, gastroprotectants, appetite stimulants or nutritional support as needed, pain management, broad spectrum antibiotics, and fluid therapy is recommended. Transition to a low-fat diet may be indicated. If laboratory changes and/or physical exam findings/clinical signs such as cranial abdominal pain, vomiting, inappetence, etc. suggest severe acute pancreatitis, a fine needle aspirate of the cystic lesion could be considered for cytology and culture and sensitivity if patient's coagulation status is appropriate. However, this could be a chronic or benign incidental finding, and monitoring may be warranted in a non-clinical patient.

BREED

Shih Tzu

SEX

Spayed Female

AGE

11 Years

WEIGHT

15.4 Pounds

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IMAGING PERFORMED BY

Kelly Vazquez

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REFERRING VET

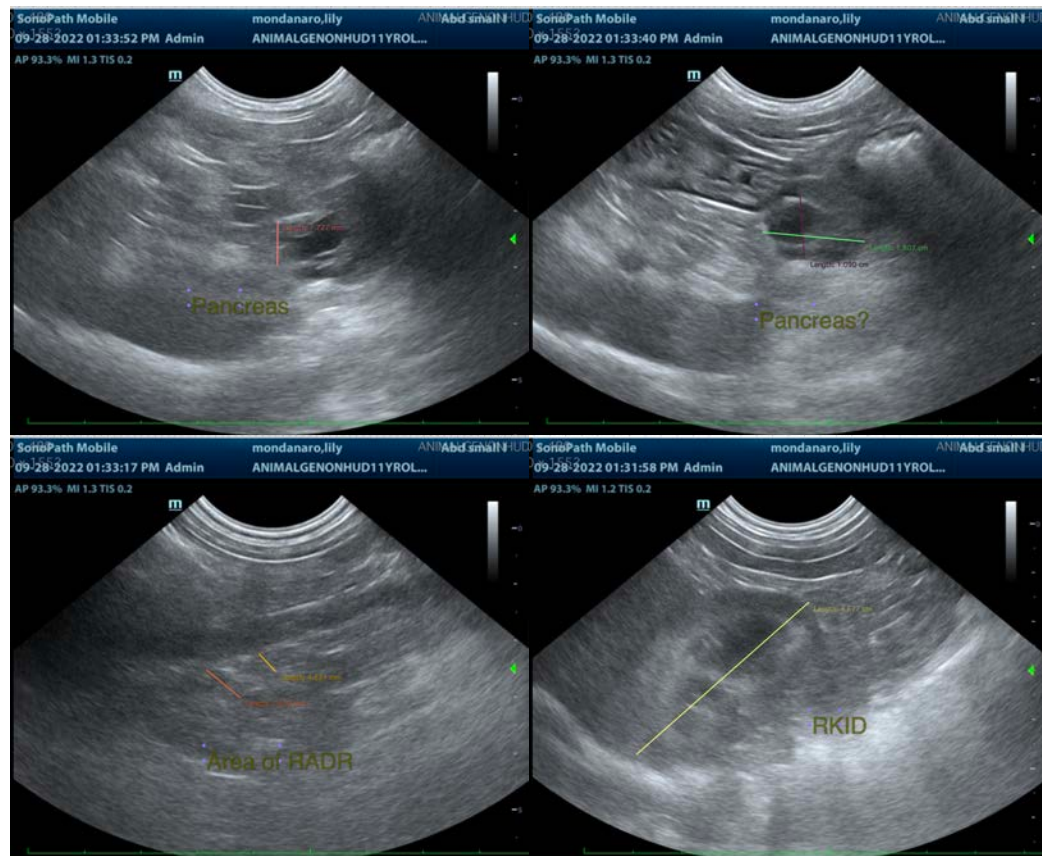
Dr. Vivian Ng

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PATIENT

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SPECIES

Canine

BREED

Shih Tzu

SEX

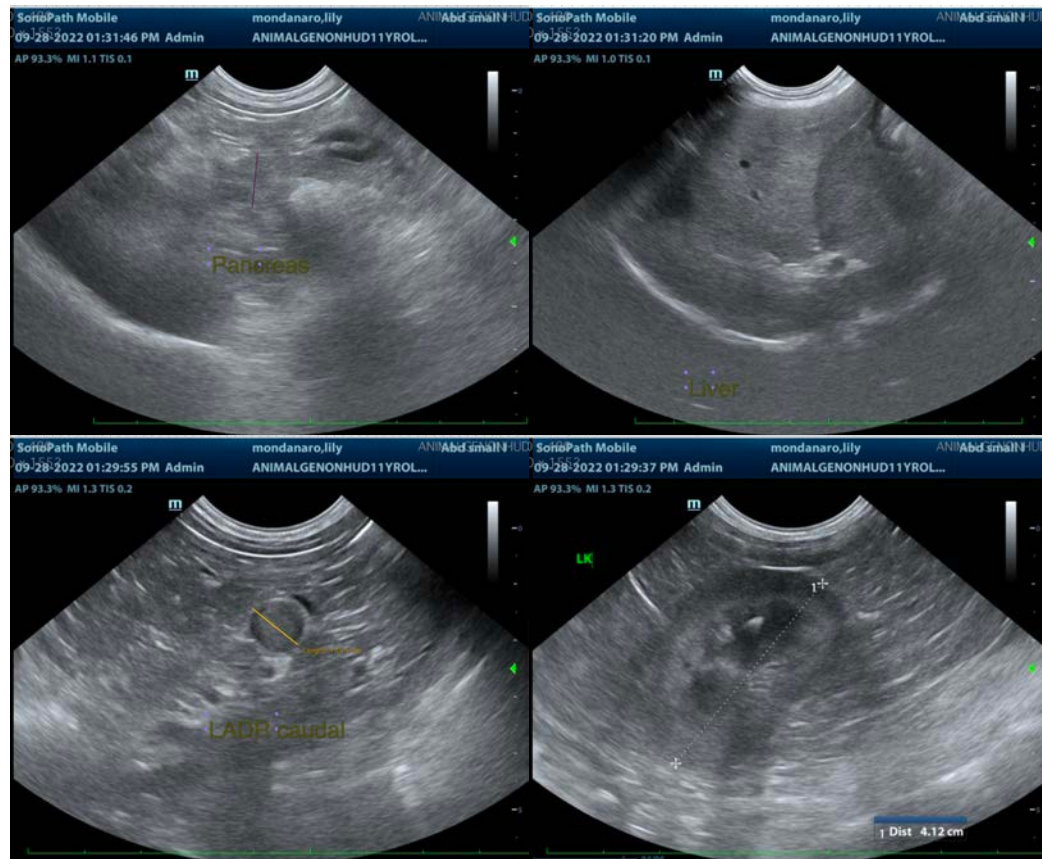
Spayed Female

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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
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