

IMAGING PERFORMED BY

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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

1/16/23 Well controlled diabetic with recent history of picky appetite and weight loss. Chronic liver value elevations. Recent episode of hypoglycemia, decreased from 20 units to 15 units. Owner reports sometimes pet does not want to eat breakfast.

PATIENT

Cooper Nolan Current Medications: novolin-N recently 15 units BID, ocuglo, flubiprofen, apoquel 8 mg SID, chronic pepcid 10 mg every 12-24 hours 1/11/23

SPECIES

Canine

Lab Results: 1/11/23: ALKP 1117, ALT 670. 11/25/22: ALKP 1354, ALT 202
Date of Previous IntraPet Ultrasound: 12/2019. Hepatic remodeling, undefined nodular changes, chronic inflammatory hepatopathy. Nodular changes suspected to be benign.

BREED

Weimeraner

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Requested/Approved.

Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

AGE

2/20/10

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria.

WEIGHT

39.6 Pounds

However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 6.74 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.37 cm x 0.48 cm at the caudal pole and 0.81 cm at the cranial pole. The left adrenal gland measured 2.4 cm x 0.68 cm at the caudal pole and 0.90 cm at the cranial pole, slightly enlarged.

HOSPITAL NAME

Everhart Vet Hospital

Spleen

The **spleen** was mildly swollen with slight irregular contour. Splenic vasculature appeared normal.

REFERRING VET

Dr. Notarangelo

Liver

The **liver** presented uniform swelling and coarse architecture. Hypoechoic nodular changes noted, more prominent than on the prior sonogram, the largest of which measured 1.83 cm. FNA indicated. Some of the lesions had target appearance with capsular expansion, which is more dramatic than the prior sonogram. The gallbladder and common bile duct were unremarkable.

INVOICE

44242

Gastrointestinal

The **gastric** wall was thickened with hypertrophied mucosa, measuring up to 1.78 cm. Enhanced mesentery noted around the stomach. Loss of mural detail noted throughout the stomach. The small intestine and colon were unremarkable.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

An epigastric lymph node was enlarged. Heterogeneous omental changes noted.

ULTRASONOGRAPHIC FINDINGS

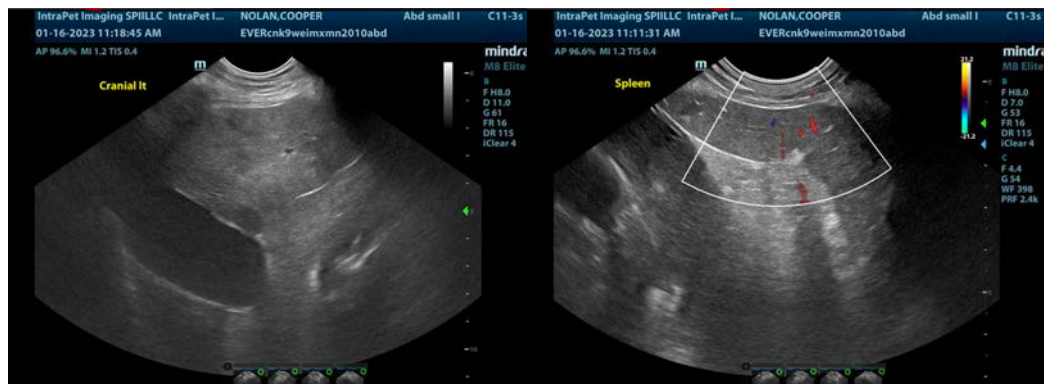
- Infiltrative gastric pattern with regional lymphadenopathy
- Multifocal nodular hepatic changes, more prominent than on prior sonogram
- Mildly swollen spleen

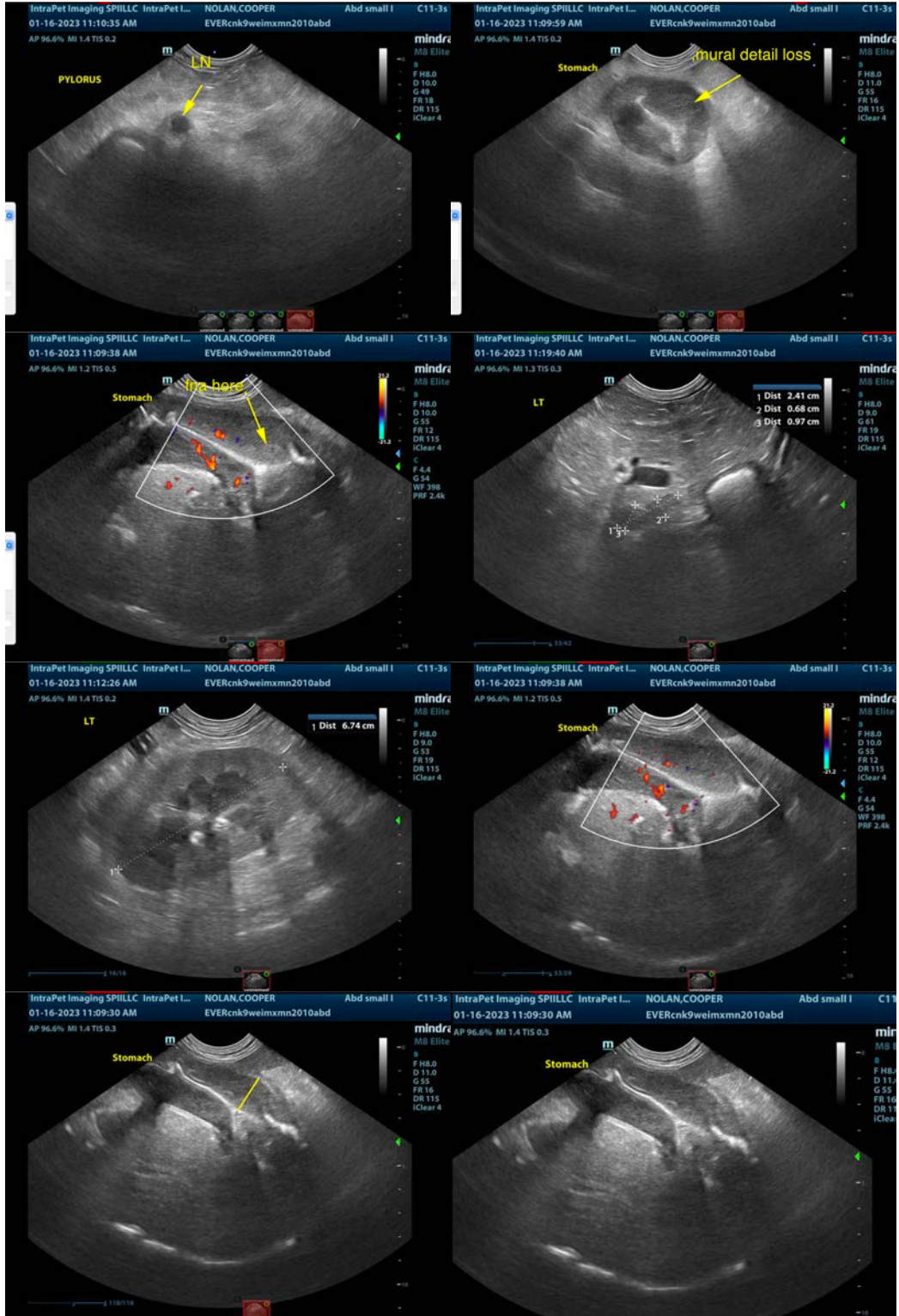
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

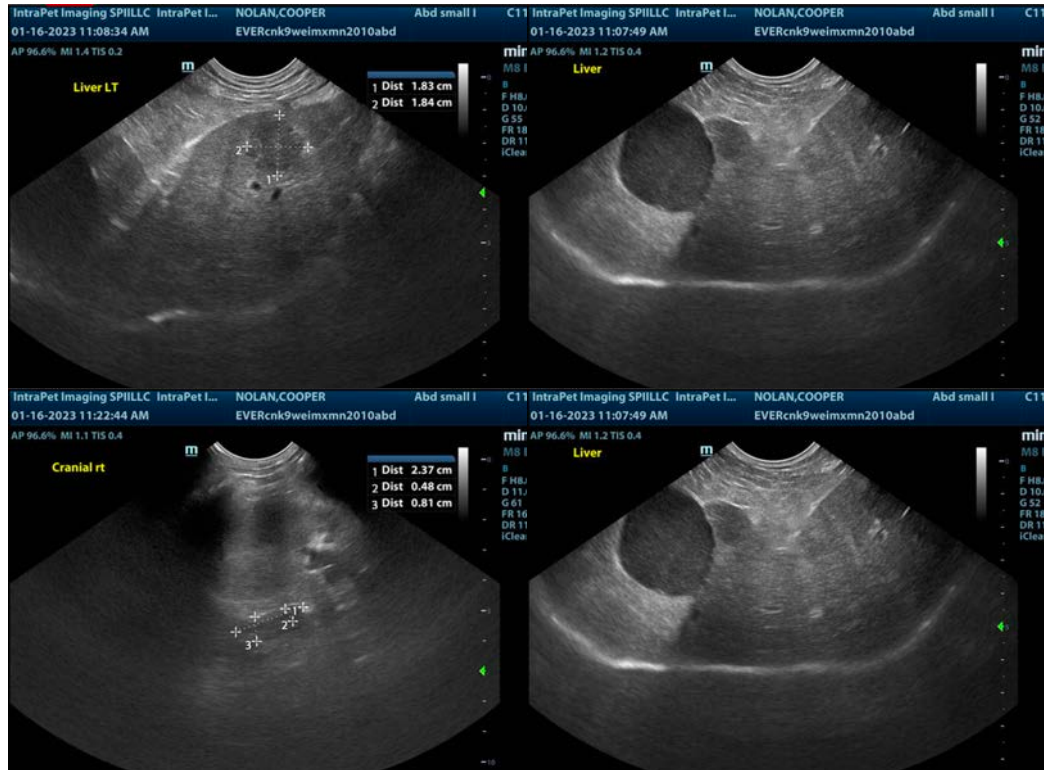
Coagulation panel, ultrasound guided FNA of the gastric wall and liver and spleen recommended. Endoscopy could also be considered. Infiltrative gastric disease such as lymphoma versus severe gastritis and regional lymphadenopathy and nodular hyperplasia of the liver. Prognosis is extremely guarded depending upon cytology results.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease







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.

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