



PATIENT PRESENTING CLINICAL SIGNS

Jackson Kline Patient has diabetes and is on vetsulin, Concern for Cushings based unregulated diabetes and pot belly appearance with thin hair coat on abdomen Currently on clavamox
Abnormal PE/Chem/CBC/UA Results: U/A: USG: 1.042, glucose 100, ketone 1.5, ubg 12, bili 1, blod 250, WBC 1/hpf, RBC >50 HPF, cocci, non -squamous < 1/hpf ACTH stim pre 2.15 ug/dL and post >24 ug/dL ALT 283 ALKP 1410

SPECIES

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

Urinary System

SEX

Neutered male

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 was noted. Ureteral papillae were normal.

AGE

12 years

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. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The kidneys measured 5.0 cm each.

WEIGHT

36 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The right **adrenal gland** was normal in size and contour with heterogenous parenchymal changes. The maximum width measured 0.85 cm. The left adrenal gland caudal pole measured 1.1 cm and 0.76 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Griffin

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

HOSPITAL NAME

Northside VC

Liver

REFERRING VET

Dr. Griffin

The **liver** in this patient was mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris.

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Gastrointestinal

DATE

1/18/22

The **stomach** revealed shadowing material that measured 1.5 cm. This is consistent with medications or possible small foreign matter. There was a minor amount of gastric stasis noted. Transit of chyme into the small intestine was visible. The small intestines and colon were unremarkable.



PATIENT

Pancreas

Jackson Kline

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SPECIES

Canine

BREED

Mix

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy. Suspect PDH.

SEX

Neutered male

Possible foreign matter or oral medications in the stomach.

Diabetic hepatopathy and diabetic nephropathy.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver +/- bile acid profile would be ideal for long term management of the liver presentation.

WEIGHT

36 lbs

Potential Causes of Diabetic Dysregulation

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

INTERPRETED BY

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UTI

Dietary indiscretion/intolerance

Pancreatitis

IMAGING PERFORMED BY

Dr. Griffin

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

HOSPITAL NAME

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Cushing's

Acromegaly

Owner compliance

REFERRING VET

Dr. Griffin

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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Diffuse liver disease

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HOSPITAL NAME

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REFERRING VET

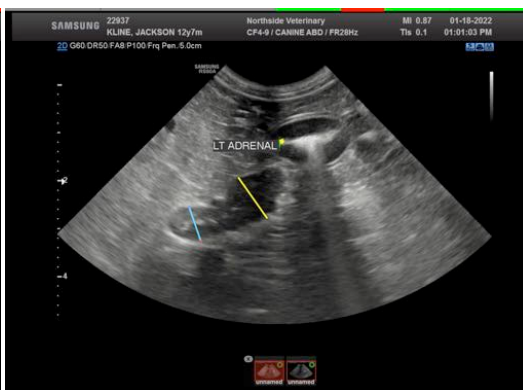
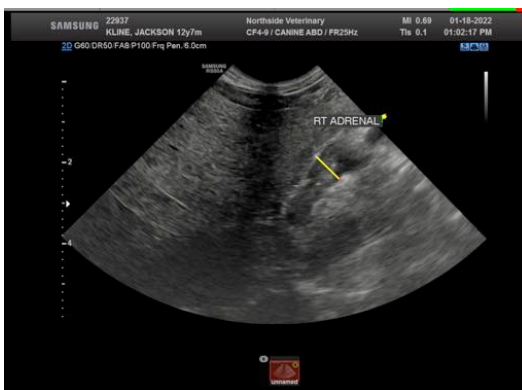
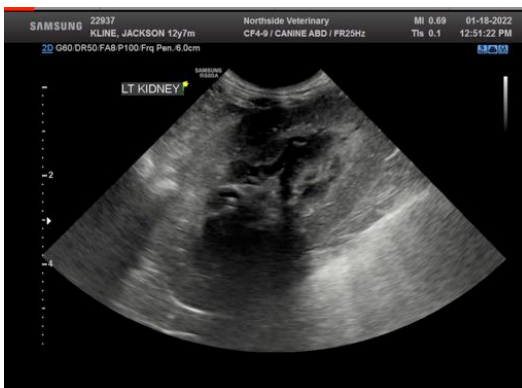
Dr. Griffin

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PATIENT

Jackson Kline

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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.

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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