



PATIENT PRESENTING CLINICAL SIGNS

Rosie Standi Azotemia, difficult to regulate diabetic, distended abdomen, pu/pd, proteinuria. Current meds: Vetsulin 27U bid
Abnormal PE/Chem/CBC/UA Results: Glucose 370, ALKP 278, BUN 37, Creat 1.8, Chol 588, Tri 680, USG 1.036, UPC 2.4, Glucose +3, Protein +3, Culture pending.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED Urinary System

Hound Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

SEX

Spayed Female

AGE

6 years

The **kidneys** revealed increased cortical echogenicity and slight areas of pinpoint mineralization. This is consistent with non-specific, minor degenerative changes. The left kidney measured 8.2 cm. The right kidney measured 8.2 cm.

WEIGHT

82.7 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, 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 3.04 x 1.17 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.29 x 0.54 cm at the cranial pole and 0.55 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Animal Care Center of
Flanders

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Hallihan

Liver

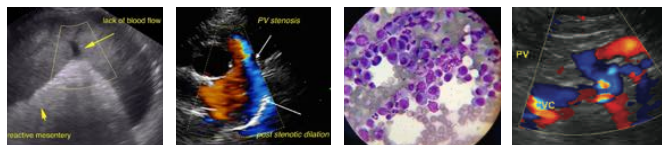
Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

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DATE

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PATIENT

Gastrointestinal

Rosie Standi

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

6 years

Mild, non-specific degenerative renal changes.

Vacuolar hepatopathy pattern.

Otherwise, unremarkable abdomen.

WEIGHT

82.7 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical signs screening for Addison's is warranted with ACTH stimulation. However, structurally the adrenal glands appear normal to low normal in size.

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Eric Lindquist, DMV
DABVP, Cert. IVUSS

Potential Causes of Diabetic Dysregulation

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

IMAGING PERFORMED BY

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UTI

Dietary indiscretion/intolerance

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Pancreatitis

Hyperthyroidism/hypothyroidism

REFERRING VET

Dr. Hallihan

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia



PATIENT

Diffuse liver disease

Rosie Standi

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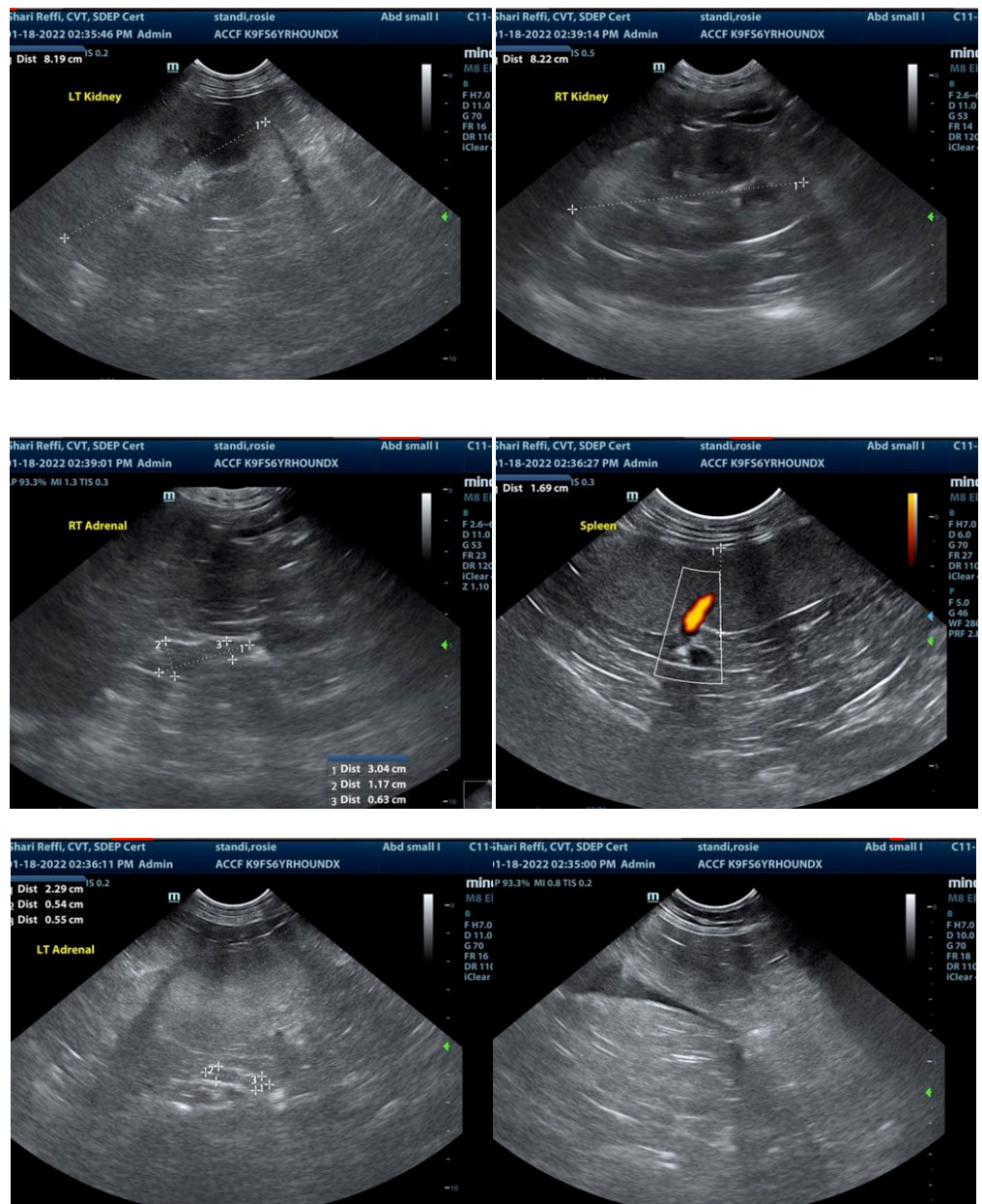
Dr. Hallihan

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PATIENT

Rosie Standi

SPECIES

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BREED

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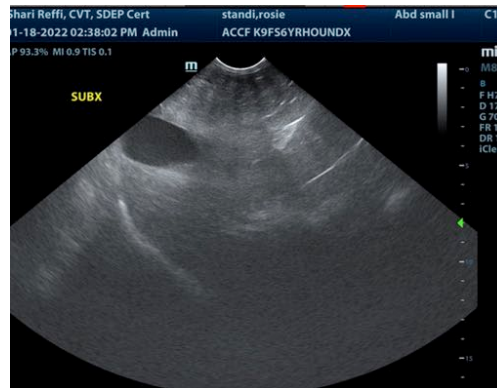
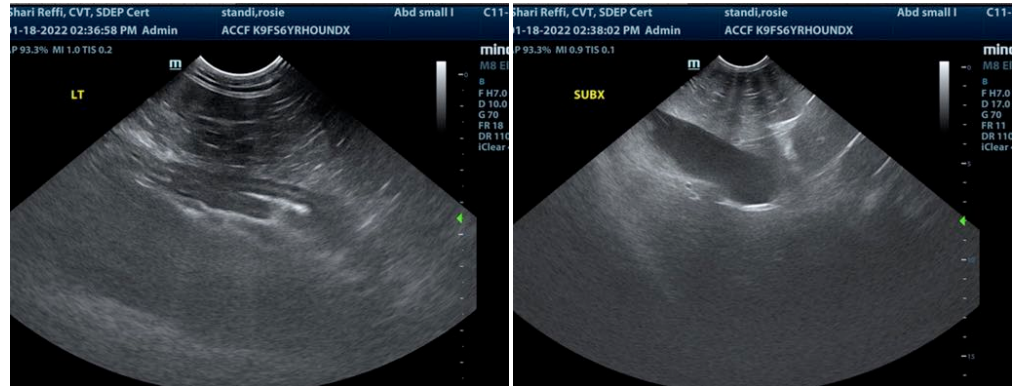
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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