



PATIENT

Bentley Berry

SPECIES

Canine

BREED

Silky Terrier

SEX

Neutered Male

AGE

12 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

35122

DATE

1/27/22

PRESENTING CLINICAL SIGNS

concern for hepatic neoplasia, hx of controlled DM recently uncontrolled in past 3 weeks Current meds Vetsulin

Abnormal PE/Chem/CBC/UA Results: Stress Leukogram, Glu 401 ALY 135 ALP 1760 Fruc 602 U/A RBC's present no bacteria SG 1.024

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pelvic and corticomedullary mineralization noted. The right kidney measured 4.64 cm.

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 1.76 cm x 0.63 cm at the caudal pole and 0.73 cm at the cranial pole. The left adrenal gland measured 1.9 cm x 0.72 cm at the caudal pole and 0.73 cm at the cranial pole.

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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

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

Bentley Berry

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with remodeling
- Moderate degenerative renal changes with calculi

BREED

Silky Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia.

SEX

Potential Causes of Diabetic Dysregulation

Neutered Male

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

UTI

AGE

Dietary indiscretion/intolerance

12 Years

Pancreatitis

WEIGHT

Hyperthyroidism/hypothyroidism

13.5 Pounds

Exogenous steroids (including topical eye meds)

Cushing's

INTERPRETED BY

Acromegaly

Eric Lindquist, DMV

Owner compliance

DABVP, Cert. IVUSS

Insulin quality issues

IMAGING PERFORMED BY

Antibodies to insulin

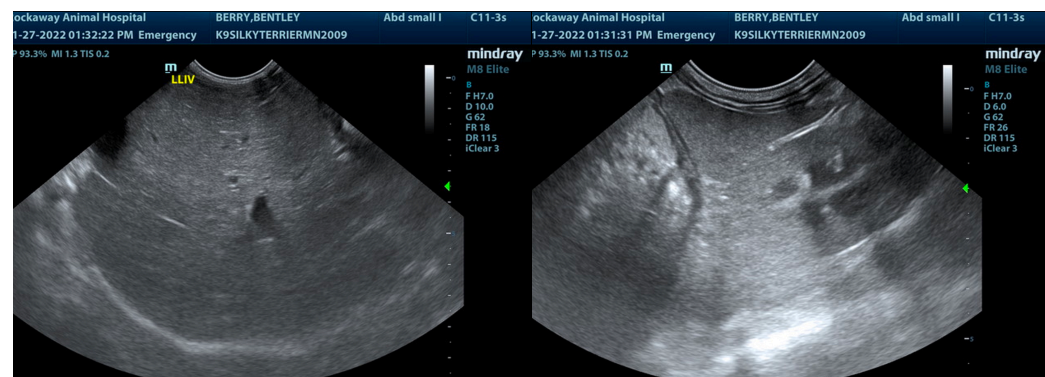
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Underlying Neoplasia

Diffuse liver disease

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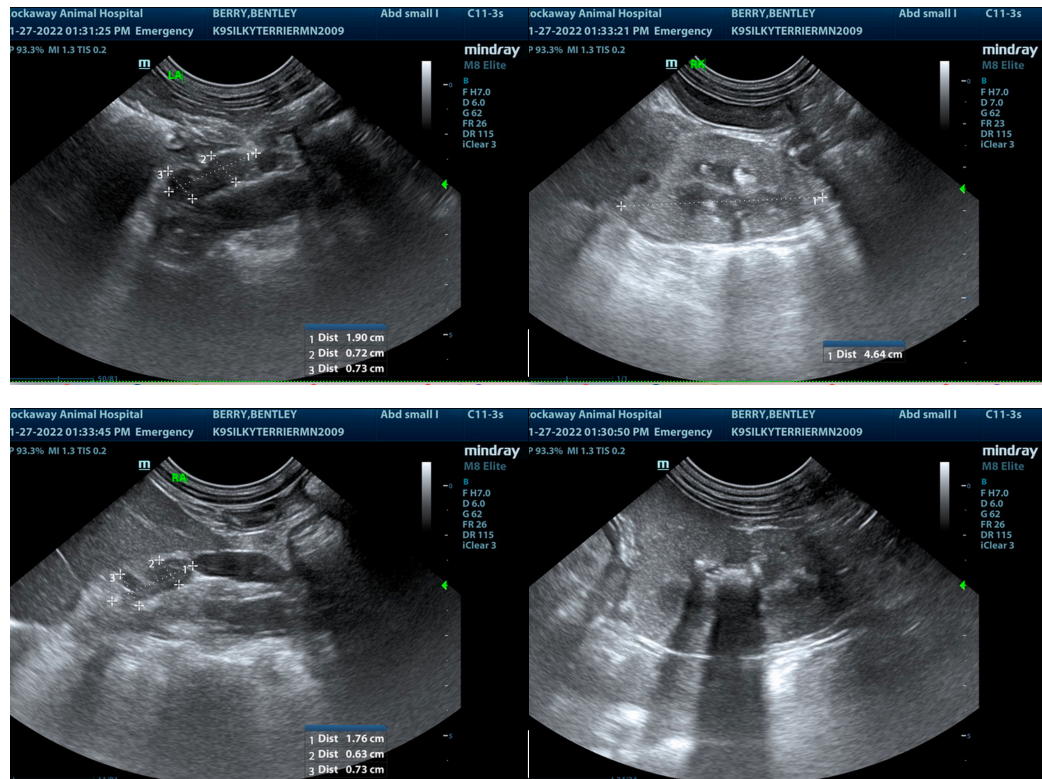
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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