



PATIENT

Marley Morgan

PRESENTING CLINICAL SIGNS

2 year hx of diabetes, newly diagnosed with Cushings, anorexia, perfuse diarrhea, just defecated blue plastic piece

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Maltese

The **urinary bladder** presented multiple calculi, a grouping of which measured 4.0 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The residual prostate measured 1.0 cm.

SEX

Neutered Male

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 left kidney measured 5.0 cm. The right kidney measured 5.4 cm.

AGE

9 Years

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.88 cm x 0.71 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland was mildly heterogeneous and measured 2.11 cm x 1.27 cm at the cranial pole and 0.98 cm at the caudal pole.

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

Liver

The **liver** presented coarse architecture and increased portal markings. Mild enlargement. The gallbladder and common bile duct were unremarkable.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

A large amount of **gastric** stasis was noted. No obvious foreign matter. The small intestine was unremarkable. Soft stool noted in the colon.

REFERRING VET

Dr. Maniar

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.

INVOICE

35203

ULTRASONOGRAPHIC FINDINGS

DATE

1/31/22

- Gastric stasis and soft stool in the colon, no obvious obstruction



PATIENT

Marley Morgan

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and GI protectant protocol warranted. Recheck sonogram in 24 hours after initial treatment. Eventual cystostomy warranted.

SPECIES

Canine

Potential Causes of Diabetic Dysregulation

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

BREED

Maltese

UTI

Dietary indiscretion/intolerance

Pancreatitis

SEX

Neutered Male

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

AGE

9 Years

Acromegaly

Owner compliance

WEIGHT

14 Pounds

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

INTERPRETED BY

Eric Lindquist, DMV

Diffuse liver disease

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

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REFERRING VET

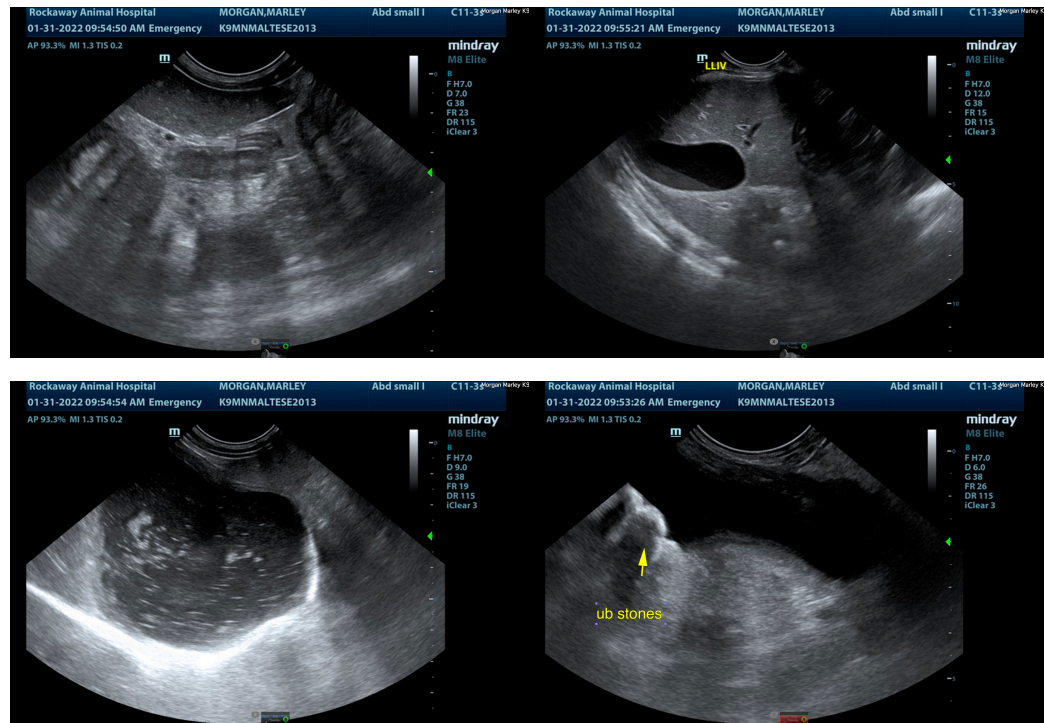
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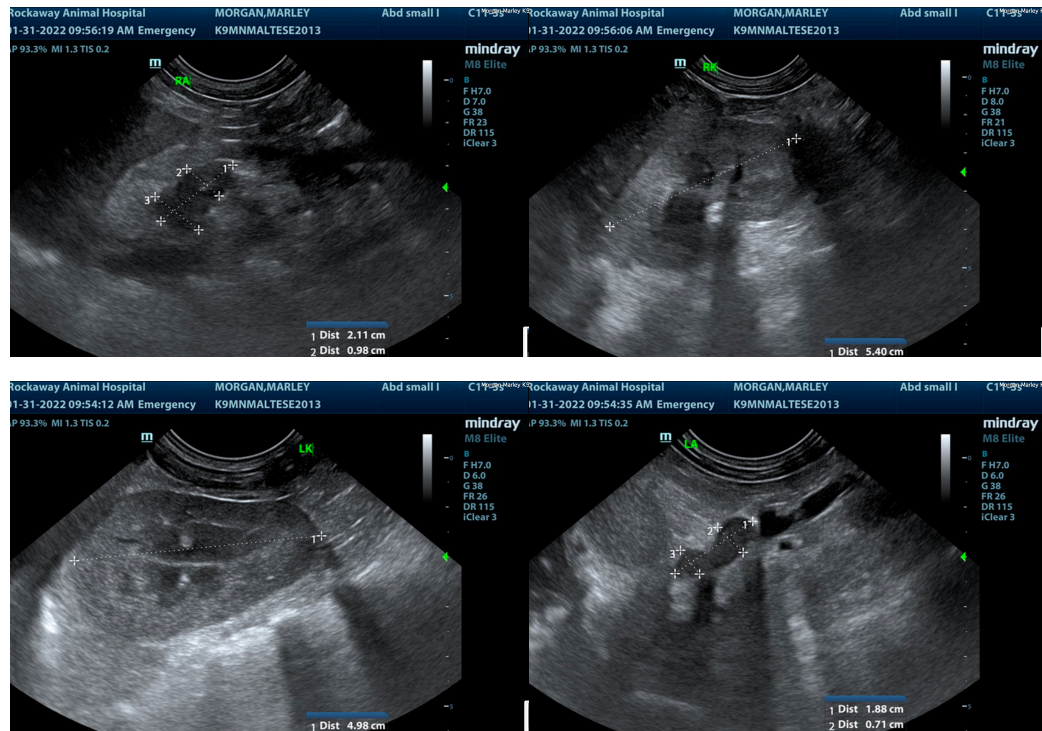
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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