



PATIENT

Choco Baldera

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

4 Years

WEIGHT

25.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Murphy

INVOICE

26003

DATE

10/1/21

PRESENTING CLINICAL SIGNS

Diagnosed on 9/30 a.m. with DKA; presented on 9/29 with vomiting/regurgitation; urine dipstick 3+ glucose/ 3+ ketones. Current meds: Humulin R, Cerenia, famotadine, unasyn, metronidazole, and Buprenex. WBC: 25.19, neut. 21.31, glucose 391, phos. 6.9, ALT 136, ALP 392, T. bili 1.6, chol. 437, amylase >2500, lipase 4496. U/A (pending): 3+ glucose, 3+ ketones on dipstick. (no ketones of dipstick today). Recheck abdominal ultrasound, R/O foreign body and survey pancreas for any changes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram, otherwise unremarkable.

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 right kidney measured 5.54 cm. The left kidney measured 4.69 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 1.88 cm x 0.34 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland measured 1.53 cm x 0.34 cm at the caudal pole and 0.32 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 diffusely hyperechoic to falciform fat. Occasional hypoechoic nodular changes noted. The gallbladder and common bile duct were unremarkable. This is most consistent with diabetic hepatopathy.

Gastrointestinal

The **stomach** was overdistended with fluid. Variable intestinal thickening and spasming noted with regional mesenteric inflammation. Shadowing material was noted in the small intestine with reactive surrounding mesentery. The material was followed by empty small intestine, creating an obstructive pattern. The colon was filled with soft stool.

Pancreas

The right limb of the **pancreas** revealed extensive mixed echogenic parenchymal changes consistent with pancreatitis.

ULTRASONOGRAPHIC FINDINGS

- Obstructive GI presentation with concurrent pancreatitis, reactive mesentery and unhealthy bowel



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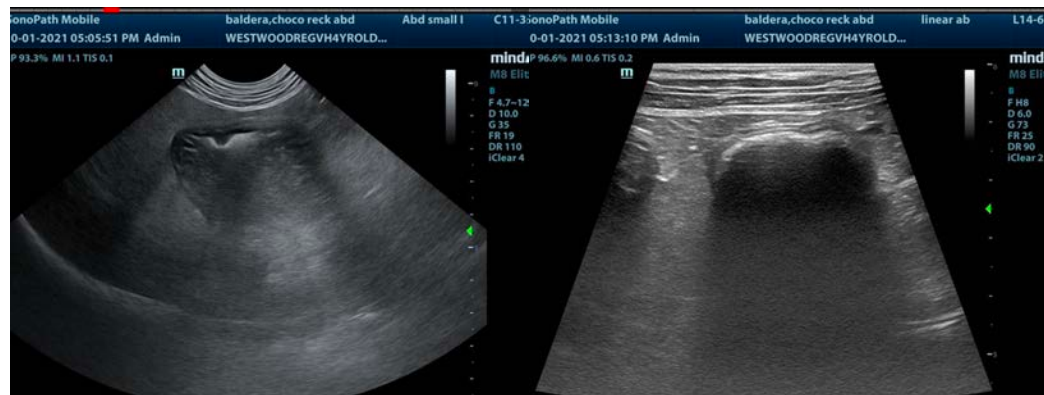
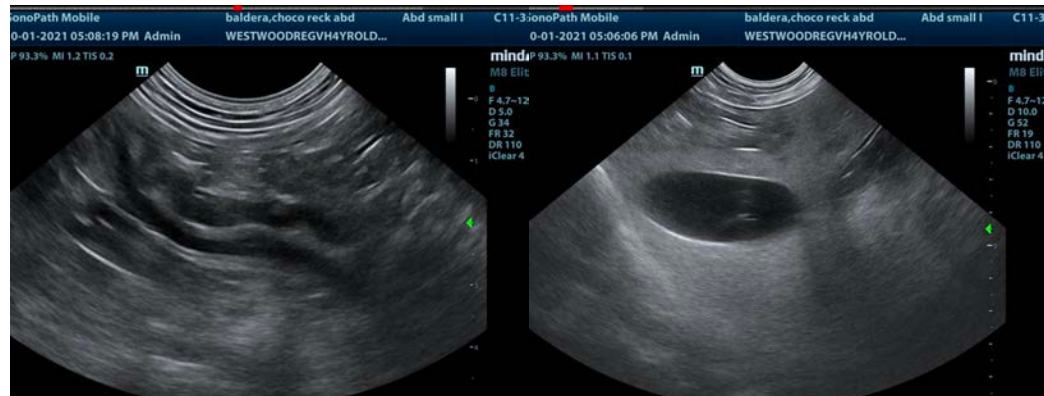
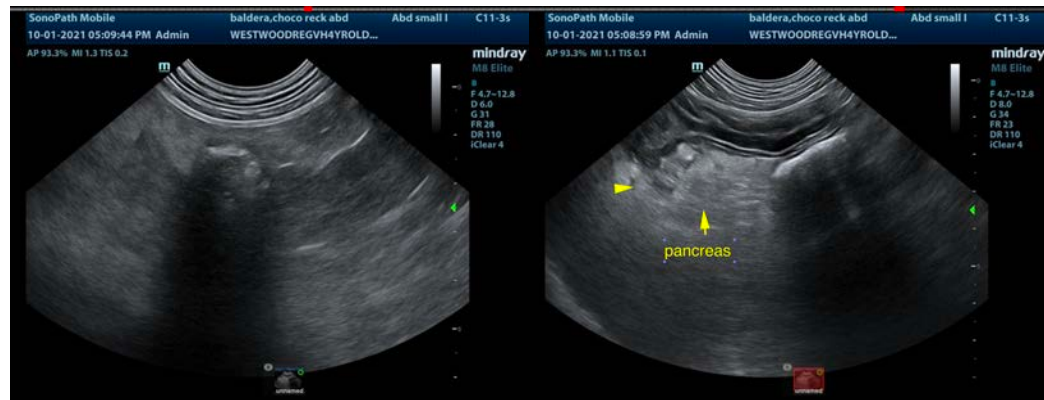
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgery is essential. Compared to the prior sonogram, the shadowing material in the stomach has likely advanced into the small intestine, now creating an obstructive pattern. Surgical intervention is essential in this case with GI biopsies, treatment for pancreatitis and liver biopsy. J-tube placement may be in this patient's best interest given the convenience of the procedure. Omentopexy recommended upon the enterotomy or partial enterectomy in this patient given that the bowel does not appear healthy.





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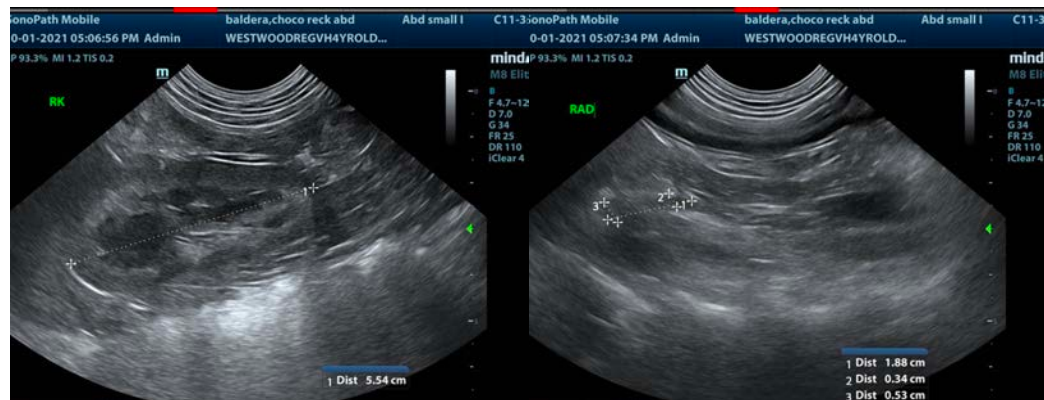
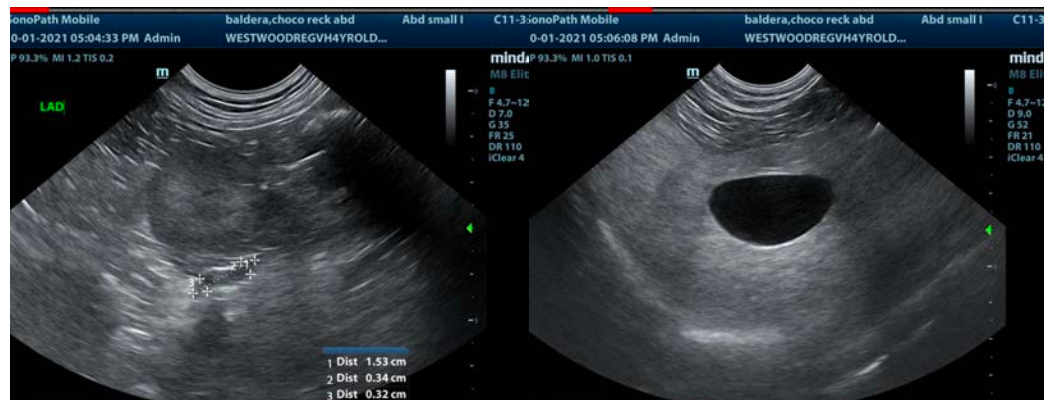
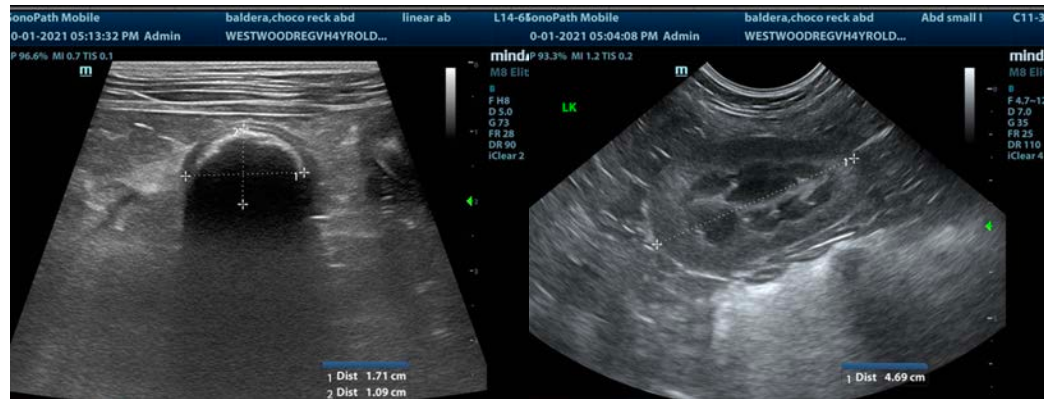
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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