



**PATIENT**

Chippie McFall

**SPECIES**

Canine

**BREED**

Yorkshire Terrier Mix

**SEX**

Male

**AGE**

13 years

**WEIGHT**

15.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sammy Burmeister

**HOSPITAL NAME**

Faith AC

**REFERRING VET**

Dr. Faith

**INVOICE**

92379

**DATE**

10/13/21

**PRESENTING CLINICAL SIGNS**

**History:** History of intermittent hypoglycemia. Treated at home primarily for diabetes and has been fairly stable per owner until the last 6-12 months. Drinking more and urinating more. Has had weight loss and intermittent vomiting and diarrhea with pendulous abdomen and muscle wasting. Currently on Enalapril daily and Insulin with w/d diet

**Abnormal PE/Chem/CBC/UA Results:** Attached is a copy of his most recent bloodwork done on 9/15/21

**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 was 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted. The left and right kidney measured 4.0 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 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

**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.

**Liver**

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. The gallbladder wall was slightly echogenic. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



**PATIENT**

**Gastrointestinal**

Chippie McFall

The **gastric** wall was mildly hypertrophied. The lumen was empty and there was no loss of curvilinear detail. However, the rugae appeared to be prominent. The small intestines and colon were unremarkable.

**SPECIES**

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**Pancreas**

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Yorkshire Terrier Mix

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.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 years

Hepatic remodeling.

Minor pancreatic remodeling.

Chronic gastritis.

**WEIGHT**

15.2 lbs

Mineralized spleen, likely secondary to diabetic state.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The abdomen appears fairly stable in this patient. Chronic gastritis and periodic pancreatitis is likely. The kidneys appear to be 50-60% compromised. The renal values should be monitored carefully for any emerging renal failure.

**IMAGING PERFORMED BY**

Sammy Burmeister

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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**Potential Causes of Diabetic Dysregulation**

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

UTI

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Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

**DATE**

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Exogenous steroids (including topical eye meds)



**PATIENT** Cushing's  
 Chippie McFall Acromegaly  
 Owner compliance

**SPECIES** Insulin quality issues  
 Canine Antibodies to insulin

**BREED** Underlying Neoplasia  
 Yorkshire Terrier Mix Diffuse liver disease

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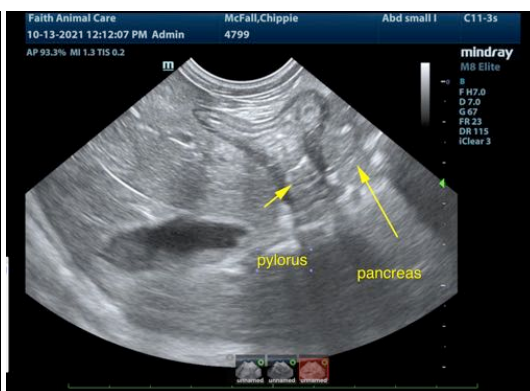
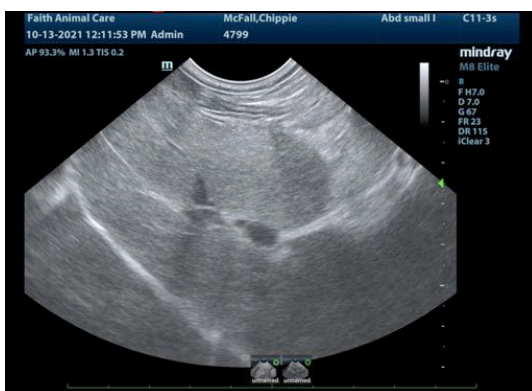
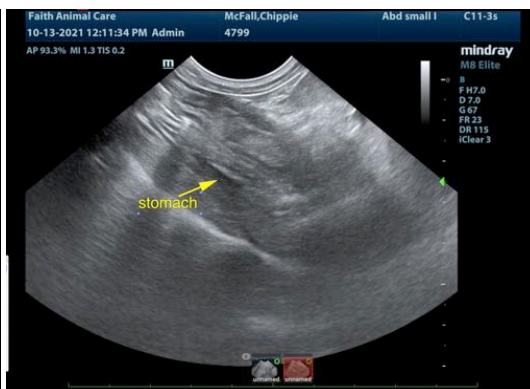
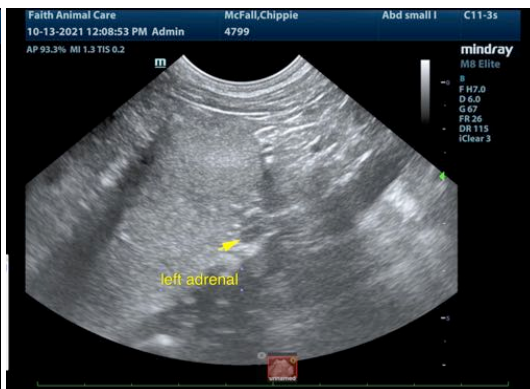
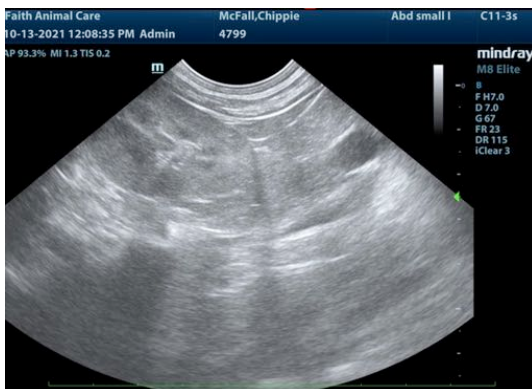
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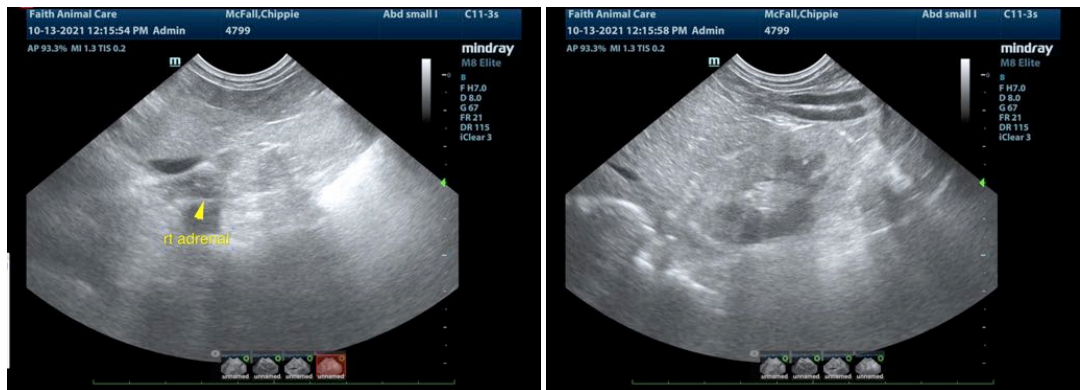
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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