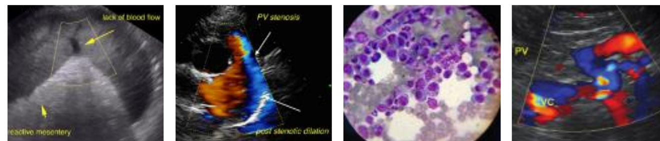
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

PATIENT

Mia Kofler

SPECIES

Canine

BREED

Pug

SEX

Female

AGE

9 Years 5 Months

WEIGHT

8.3 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

13830

DATE

10/17/21

PRESENTING CLINICAL SIGNS

History: Presented for acute vomiting 24-48 hrs duration. Diabetic Inappropriate elimination in house

Abnormal PE/Chem/CBC/UA Results: Weak, dehydrated, painful abdomen, lots of regurgitation and initially a very full bladder hence foley catheter and NG tube. Neutrophilia with some toxicity Hyperglycemia Mild hyponatremia/chloremia/kalemia Mild elevation ALP Elevated LIPASE Abnormal cPL Glucosuria, ketonuria, reasonably concentrated, quite a high number of non-hyaline casts.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Foley catheter was present in the empty **urinary bladder** with minor thickening. Assessment for UTI indicated.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with mild 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. Both kidneys measured 5.25 cm each.

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 1.24 cm x 0.69 at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 1.61 cm x 0.41 cm at the cranial pole and 0.64 cm at the caudal 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 coarse in architecture and mildly hyperechoic to falciform fat. The common bile duct measured 0.23 cm. The gallbladder was unremarkable. A comet tail lung pattern was noted through the diaphragm, may be related to alveolar disease.

Gastrointestinal

The **stomach** revealed nasogastric tube and some minor ingesta. Some shadowing material was noted in the ingesta consistent with kibble and/or medication, however, should be monitored as foreign matter could not be completely ruled out. The pylorus revealed minor thickening. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed heterogenous parenchymal changes with remodeling. A history of pancreatitis with likely low grade inflammation probable.

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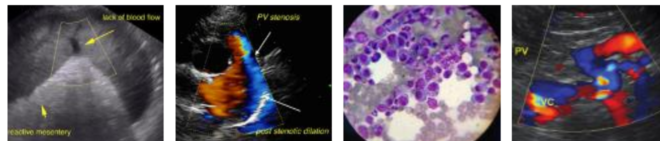

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ULTRASONOGRAPHIC FINDINGS

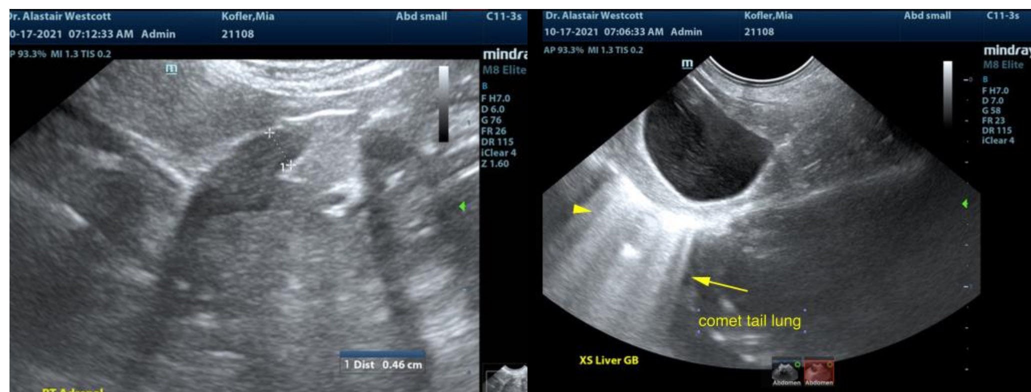
- Diabetic nephropathy and hepatopathy
- Gastritis
- Chronic active pancreatitis
- Comet tail lung pattern noted in the diaphragm- maybe related to alveolar disease- chest radiographs indicated
- Possible concurrent UTI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diabetic related abdominal changes. Treatment for gastritis/pancreatitis, broad spectrum antibiotics, GI protectants, fluid support and diabetic regulation recommended. The patient should respond to therapy and stabilize over the next 48-72 hours, if not, then recheck sonogram indicated.

Potential Causes of Diabetic Dysregulation
This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease



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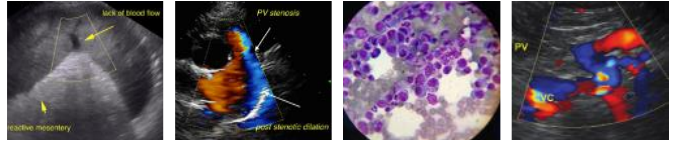

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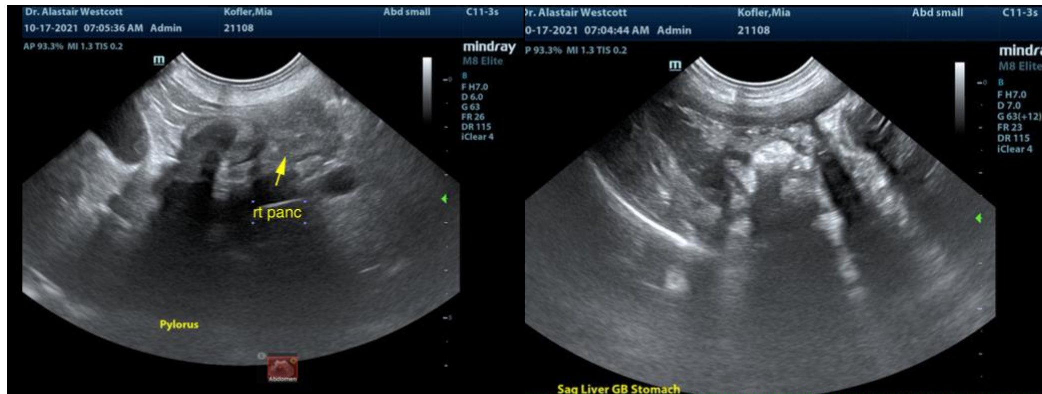

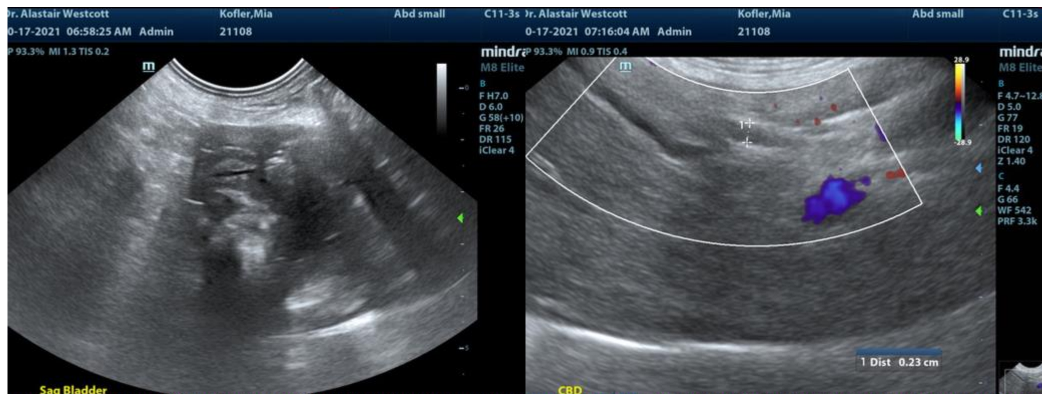

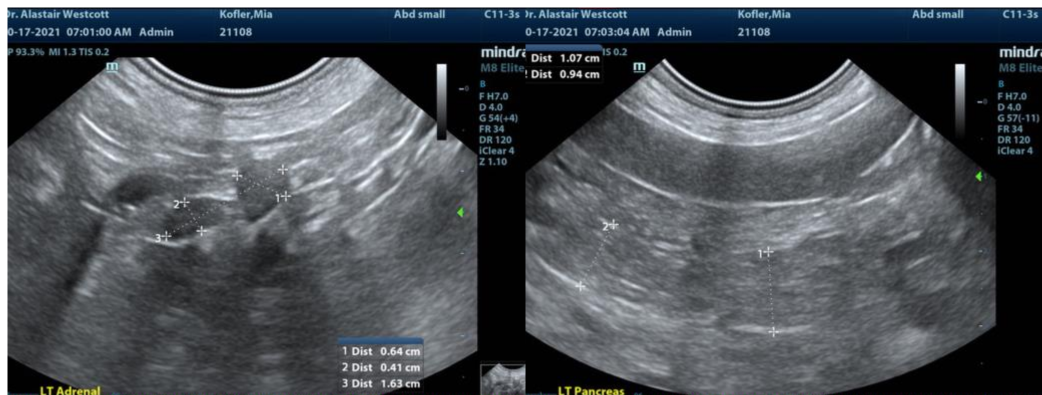

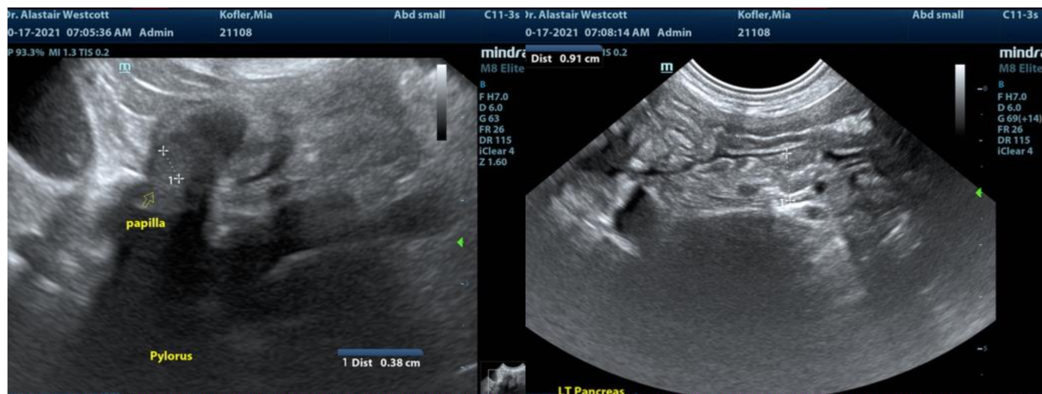

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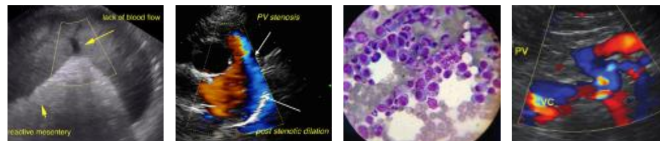

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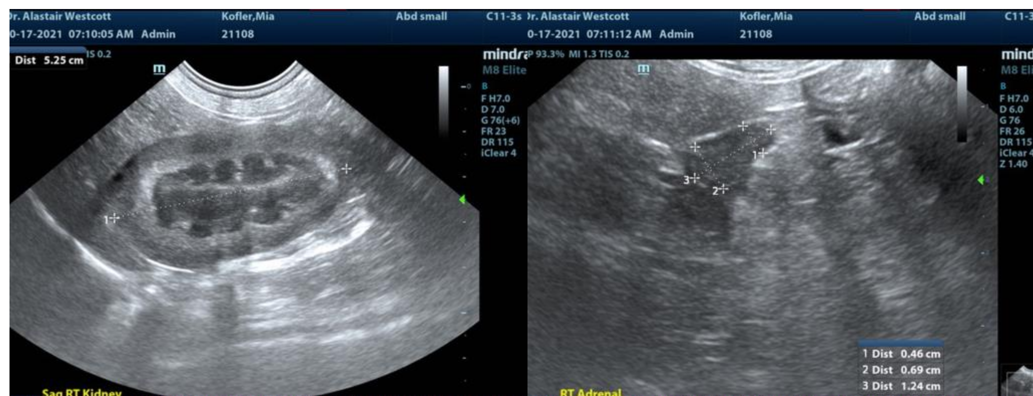

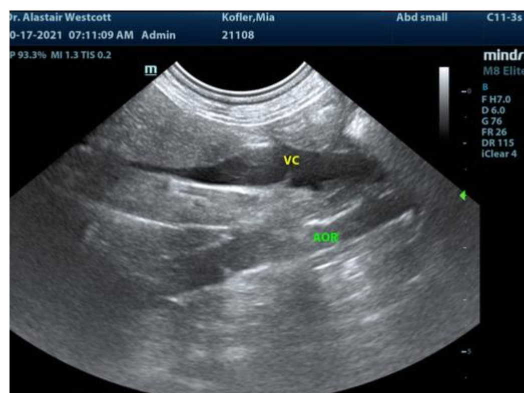

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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