



**PATIENT PRESENTING CLINICAL SIGNS**

Nipsy Thoming

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

7 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Maggiulli

**INVOICE**

92680

**DATE**

10/26/21

History: Presented on ER 10-23: possible insulin overdose HISTORY: Recently diagnosed with diabetes about 1wk ago. Started insulin 3d ago. Recently rescued about 5wk ago. E/D wnl. eliminations wnl. recently stopped Enalapril (was thought that pt had CKD but rDVM changed diagnosis). Pt ate normally this evening, gave normal insulin inj (2U) - 3hr later pt started shaking, labored breathing, ataxia - could barely walk. CURRENT MEDICATIONS/SUPPLEMENTS: vetsulin 2U BID BG = 75 on alphatrak Urine drug screen - negative for all CTO - unclear if Cx at home are due to hypoglycemia. REC monitoring in hosp overnight to make sure this isn't an issue. May need to stay through tomorrow for a full curve if indicated. O agrees. EPOC = lactate 3.24, Glu 252, low iCa 1.09, lytes wnl. K 4.8, pH 7.45 Having trouble getting diabetic control. Smogyi effect  
Abnormal PE/Chem/CBC/UA Results: BG curve 11p 75 1a 262 3a 415 5a sample not collected 7a 341 8 am BG 296 INJ Vetsulin 2 units SQ 10 am BG 64 ADD 2.5% dextrose to fluids. 11 am BG 91 Owner notified of drop in BG and need for dextrose. Will REC continued monitoring overnight. 12 pm BG 132 2 pm BG 103 4 pm BG 82

**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** 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 2.68 cm. The right kidney measured 3.5 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 left adrenal gland measured 1.35 x 0.27 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland was noted visualized.

**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 was noted.

**Liver**



<b>PATIENT</b>	The <b>liver</b> images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.
Nipsy Thoming	
<b>SPECIES</b>	
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<b>BREED</b>	<b>Gastrointestinal</b>
Miniature Pinscher	
<b>SEX</b>	Examination of the <b>gastrointestinal tract</b> revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta noted in the stomach. 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.
Spayed Female	
<b>AGE</b>	<b>Pancreas</b>
10 years	
<b>WEIGHT</b>	The base and limbs of the <b>pancreas</b> 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.
7 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	Diabetic nephropathy.  Otherwise, geriatric abdomen.
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Carter	There was no evidence of significant visceral disease that would be responsible for the disrupted diabetic state.
<b>HOSPITAL NAME</b>	<b>Potential Causes of Diabetic Dysregulation</b>
Willamette VH	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>REFERRING VET</b>	UTI
Dr. Maggiulli	Dietary indiscretion/intolerance
<b>INVOICE</b>	Pancreatitis
92680	Hyperthyroidism/hypothyroidism
<b>DATE</b>	Exogenous steroids (including topical eye meds)
10/26/21	



**PATIENT** Cushing's  
Nipsy Thoming Acromegaly  
Owner compliance

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

**BREED** Underlying Neoplasia  
Miniature Pinscher Diffuse liver disease

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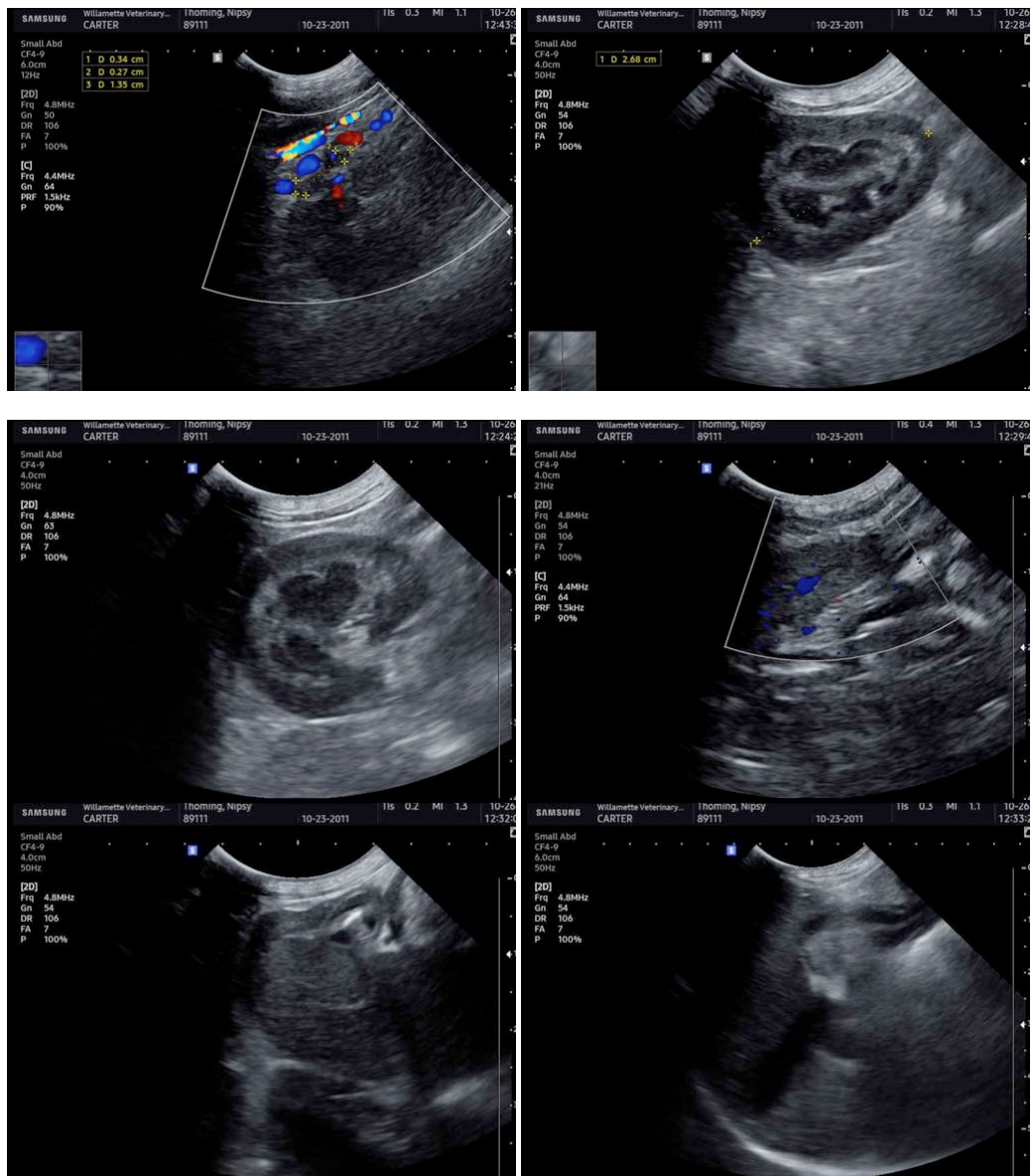
**IMAGING PERFORMED BY**  
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**PATIENT**

Nipsy Thoming

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.

**SPECIES**

Canine

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.

**BREED**

Miniature Pinscher

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

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