



PATIENT PRESENTING CLINICAL SIGNS

Toby Willis

History: Presented at our hospital for transfer from Companion Animal Hospital. Seen 10/27 for vaccines; 10/28 vomiting and increased drinking water, decreased appetite; 10/30 diarrhea and lethargic. blood work 10/27 showed elevated glucose and elevated liver values. Seen again today and blood work showed more elevation glucose elevated liver values, elevated lipase, low chloride. Previous Health Concerns: allergies, fleas; possible diabetes, elevated liver values Current Medications: depo medrol injection 9/20 ; prednisolone 5 mg Q 12 hr since 10/27
Abnormal PE/Chem/CBC/UA Results: BG (5:30 pm): 442 mg/dL rDVM (10/ 28)/(10/31): WBC 14.4k/ 24.4 k stress leukogram glucose 348/504(H) Cl- 101/96 ALP 779/1302 Lipase 4130(10/31 only) Rad-rDVM- no obvious masses, etc.

SPECIES

Canine

BREED

Terrier Cross

SEX

Neutered male

AGE

2 years

WEIGHT

7.4 kg

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 right kidney measured 4.5 cm and the left kidney measured 4.5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** were flattened. The left adrenal gland measured 0.3 cm and 0.4 cm on the right.

IMAGING PERFORMED BY

Erin Wicks

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.

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

SPECIES

Canine

Pancreas

BREED

Terrier Cross

The right limb of the **pancreas** revealed mixed echogenic changes. This is consistent with pancreatitis.

SEX

Neutered male

Pancreatitis.

Diabetic nephropathy.

AGE

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management of the primary diabetic state and treatment for pancreatitis is indicated. A recheck sonogram is recommended in 48-72 hours if the patient is not responding well.

WEIGHT

7.4 kg

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

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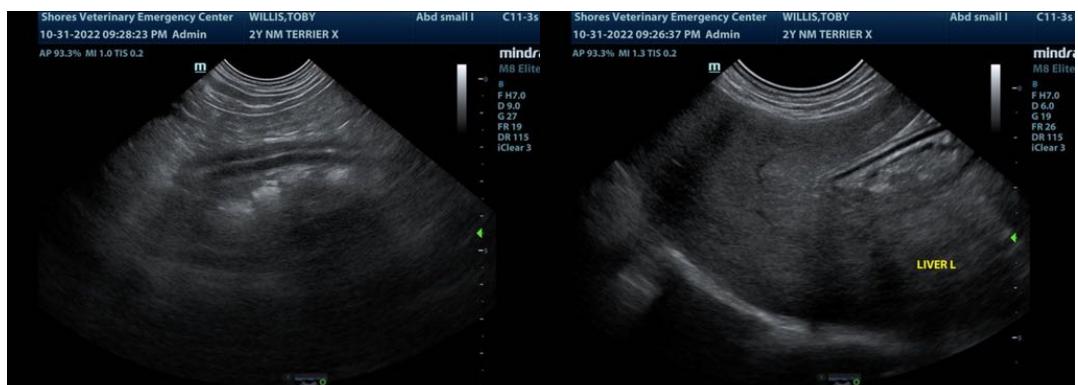
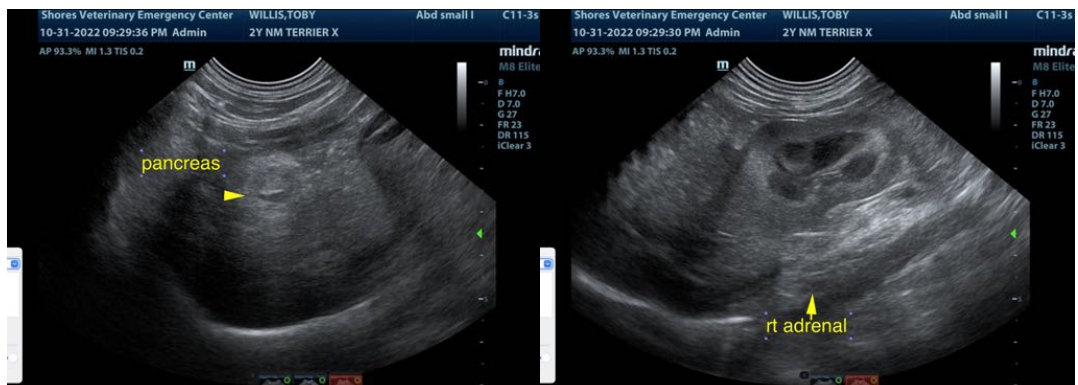
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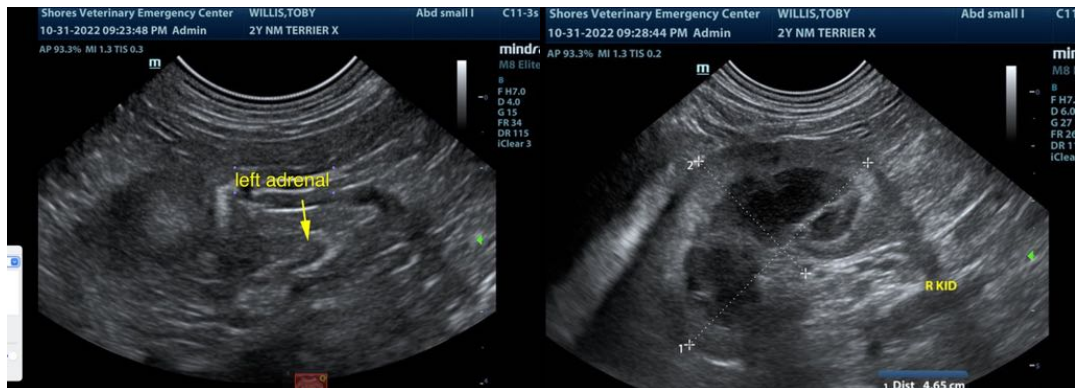
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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