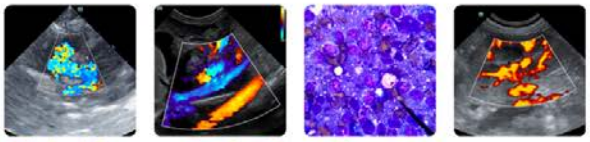

PATIENT

Luna Brown

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

9 Years

WEIGHT

106

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anthony Smatt

HOSPITAL NAME

The Pets I Love

REFERRING VET

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INVOICE

71697

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PRESENTING CLINICAL SIGNS

P was diagnosed with diabetes . She is currently on 31 units of vetsulin bid . O states that she has rapidly lost weight and has significant decreased appetite x few d duration. She is still pu/pd Patient had ultrasound 1 month ago - acutely seems to have evidence of pancreatitis and weight loss while managing diabetes - Recheck ultrasound to see if there are any changes better or worse in comparison to last ultrasound.

Abnormal PE/Chem/CBC/UA Results: In hospital bloodwork shows; Chem ; - elevated alt/ alk phos 300/376 (was normal last mth) - elevated tp/glob 8.6/5.4 R/o inflammation - elevated pancreatic enzyme 693 (-200) R/o pancreatitis - hyperglycemia 529 CBC shows; 41.8% U/A shows; Cocci and rods (previous c/s last mth showed E. coli susceptible to clavamox. Was treated x 2 wks) Glucosurea 1000 NEG ketones

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 8.2 cm with slight pyelectasia noted. Given the patient history, embedded infection is possible/low-grade pyelonephritis. The right kidney measured 7.5 cm.

Adrenal Glands

The **left adrenal gland** revealed a mixed hyperechoic nodule at the caudal pole. The caudal pole was mildly enlarged. The left adrenal gland measured 0.87 cm at the cranial pole and 0.64 cm at the caudal pole.

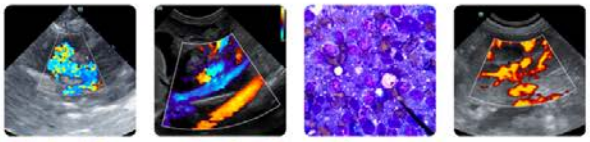
The region of the **right adrenal gland** was imaged, no gross pathology noted.

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 uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of



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remodeling and history of inflammatory component. A hypoechoic 1.0 cm nodule was noted in the left lateral liver with mild disruption of architecture. FNA indicated.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Pancreas

The base and limbs of the **pancreas** 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.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy with occasional nodule to monitor and/or sample.
- Nodular left adrenal gland.
- Diabetic nephropathy.
- Gastric ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and management of UTI indicated in this patient. Sampling of the liver nodule would be ideal. Further imaging of the right adrenal indicated if Cushing's is suspected, as PDH or right adrenal pathology could be causing the disruption of diabetic management.

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

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

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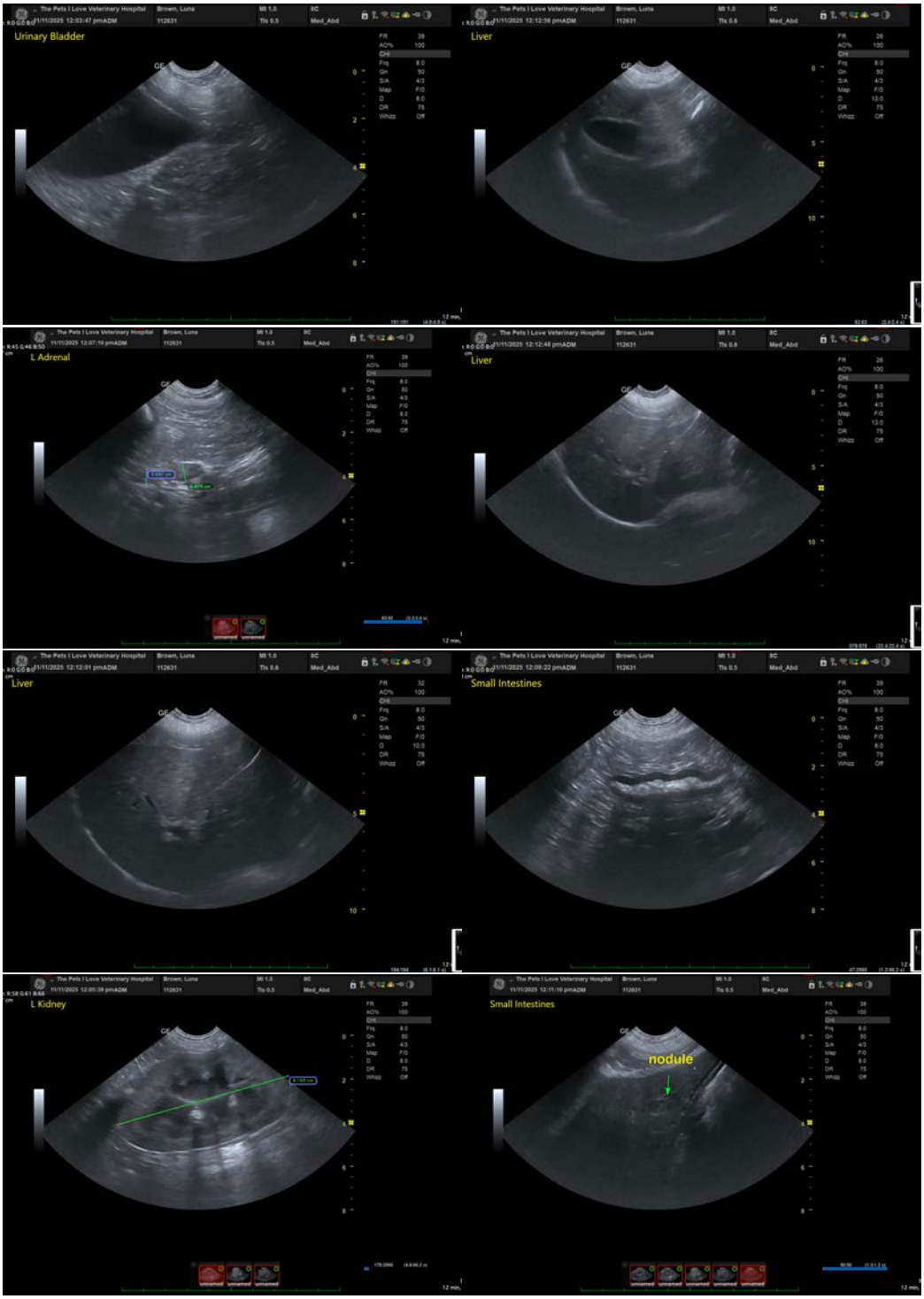
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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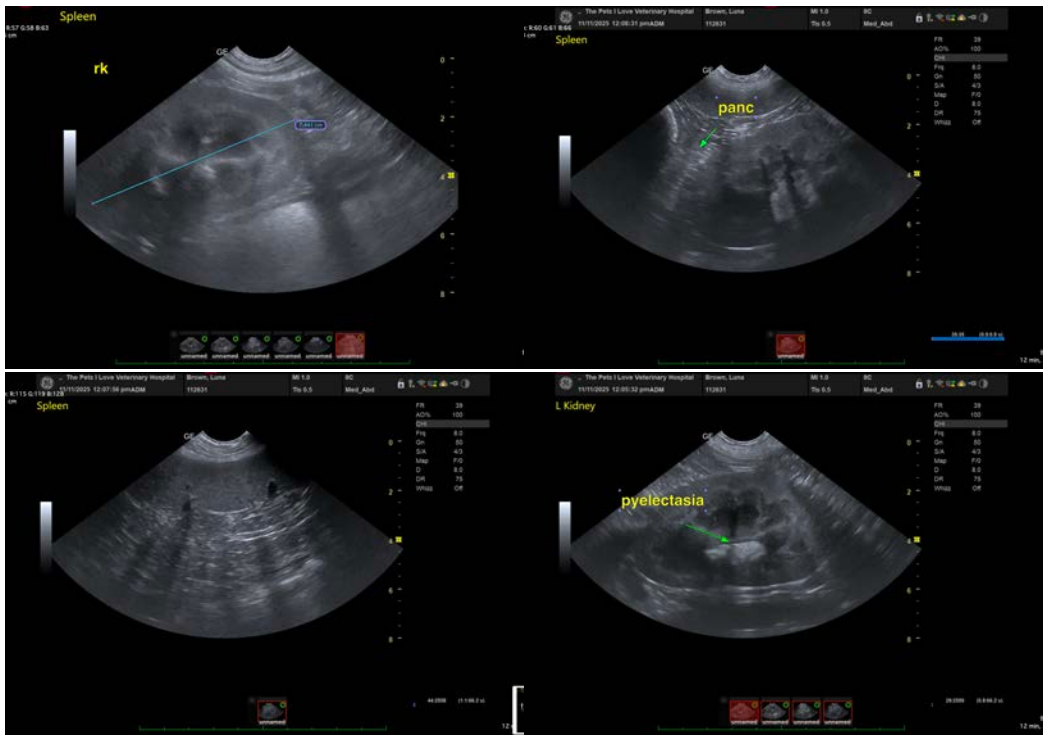

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com