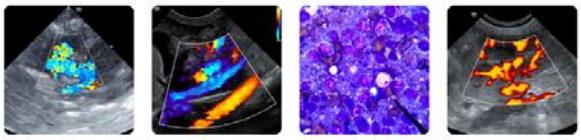


DATE

11/14/25

PATIENT

Panda Merkle

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

11/24/20

WEIGHT

76 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Goessling

INVOICE

71818

PRESENTING CLINICAL SIGNS

Patient History: Panda presents for increased water intake, urinary incontinence, coughing, and lethargy. Patient History: - Increased water intake and urination. - Worsening urinary incontinence, previously managed with Incurin. The client was reducing the frequency of the medication as it was previously under control. - Intermittent coughing and gagging for the last three weeks, as if trying to vomit, but non-productive. - Lethargy. - Appetite and defecation are reported as normal. - Lost a couple of pounds at a recent vet visit. - Heaviest historical weight was approximately 84 pounds; normal weight has been around 80 pounds. – Past medical history includes intestinal surgery as a puppy. - Client reports a history of occasional "bubbly" stomach, which is chronic. She may occasionally skip a meal but compensates later. - Has always been on the leaner side and not overweight. - Blood work performed in June was reportedly normal.

Current Medications: Insulin, Unasyn, Ondansetron.
Labwork Results: Labwork attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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 **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 7.06 cm. The right kidney measured 6.1 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 left adrenal gland measured 0.60 cm. The right adrenal gland measured 2.5 cm x 0.75 cm at the caudal pole and 0.76 cm at the cranial 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** 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The **pancreas** was mildly heterogeneous with slight irregular contour, measuring up to 1.44 cm, with some hyperechoic surrounding mesentery.

Free Abdomen

Multiple mesenteric lymph nodes were enlarged, somewhat rounded and hypoechoic, measuring 4.8 cm x 1.7 cm.

The uterine stump was visualized, unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Gastroenteritis.
- Remodeled pancreas, some level of pancreatitis likely.
- Mesenteric lymphadenopathy – reactive lymphadenitis versus round cell neoplasia.

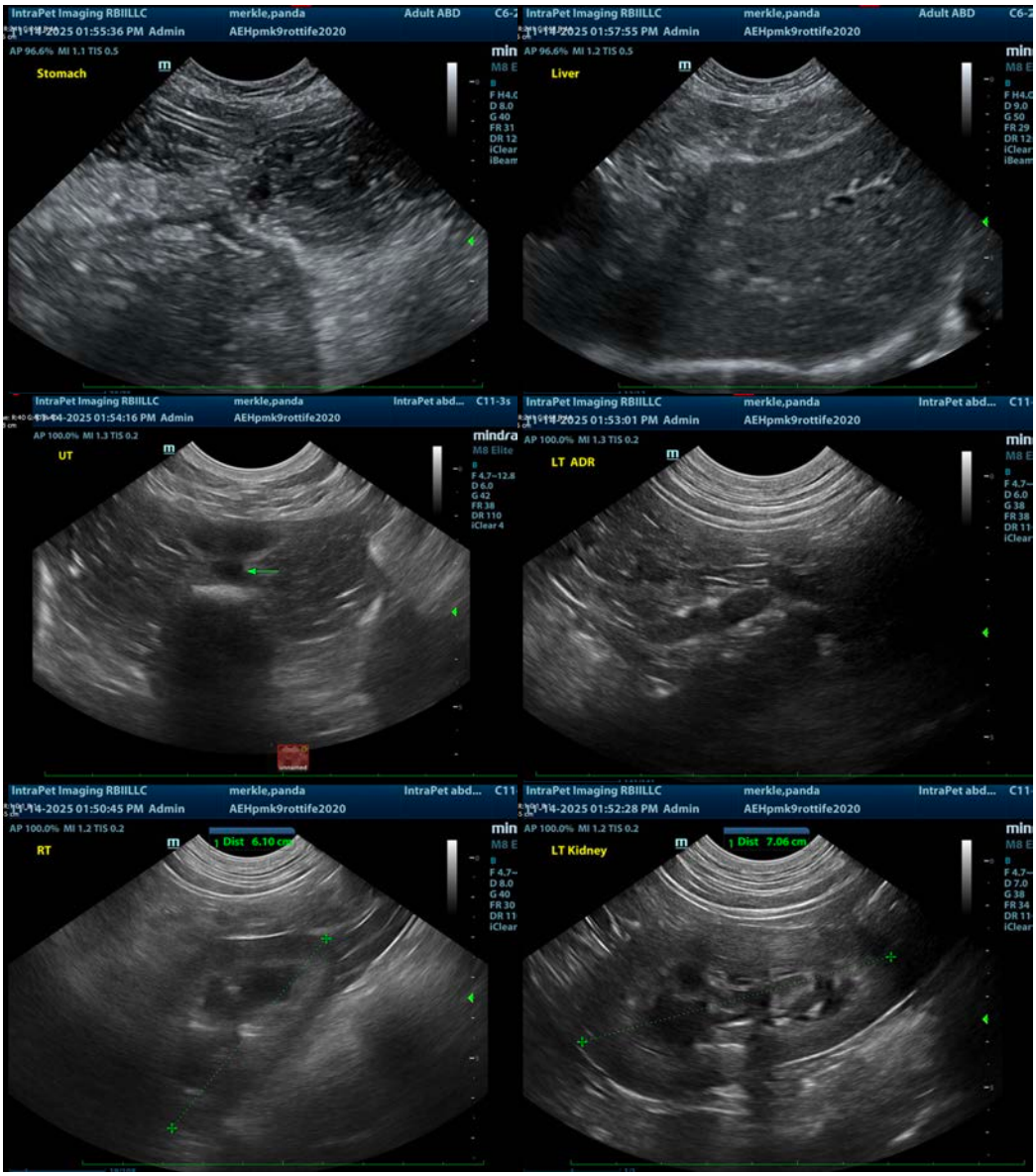
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

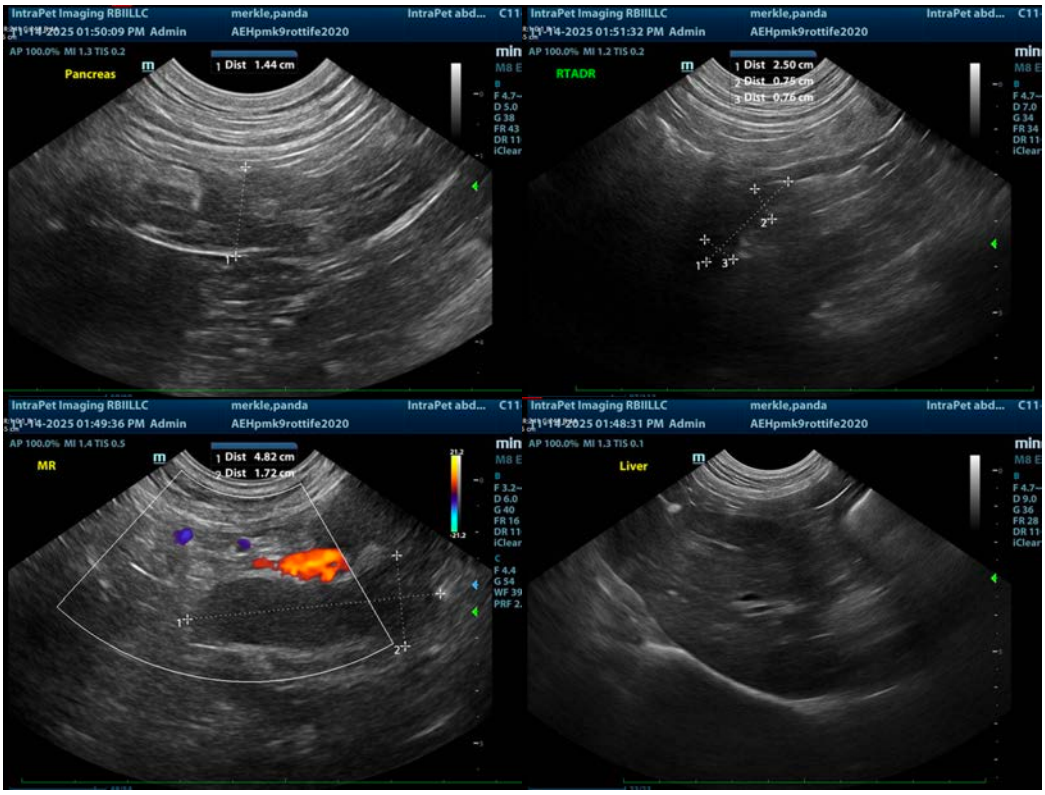
Ultrasound guided FNA with cytology and culture of the accessible lymph nodes recommended for further definition, and management for the diabetic state.

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


IntraPet Imaging RBIILLC
merkle,panda
Adult ABD
AEHpmk9rottife2020
Admin
Stomach
Liver
UT
LT ADR
RT
LT Kidney
Dist 6.10 cm
Dist 7.06 cm



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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