


DATE
 1/14/22

PRESENTING CLINICAL SIGNS
PATIENT

Jim Weiskopf

History: Presenting Complaint: Vomiting; Not Eating. Date: 01-12-2022 Notes: Patient stopped eating 3 days ago, vomiting started around 7 pm yesterday. Since then, he won't eat, can't even hold down water. No known diarrhea. Peed and had formed BM this morning. He does eat paper and napkins. No food change, no new treats. Intermittently limping on one of his front legs for a few weeks. Assessment: Severe dehydration, acute vomiting, abdominal discomfort. DDX include dietary indiscretion, viral/ bacterial/ parasitic gastritis, organ dysfunction, pancreatitis, neoplasia, open. Plan: Reviewed history, exam and DDX with owner. I recommend hospitalization, blood work, xrays, IV fluids, additional care as indicated by diagnostic results.

SPECIES

Canine

Current Medications: Potassium, Unasyn, KCL, Buprenex, Humulin-R, Cerenia.

BREED
English Springer
Spaniel

Lab Results: Attached separately. Patient is diabetic/ presented with large ketones that are resolving but has persistent azotemia, hypokalemia, increased PCV. Also had active urinalysis, culture pending.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered Male

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE

1/12/15

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.

WEIGHT

55.5 Lbs.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with moderate 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 7.39 cm. The right kidney measured 7.39 cm.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS
Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.39 cm x 1.03 cm at the caudal pole and 0.79 cm at the cranial pole. The right adrenal gland measured 3.06 cm x 0.87 cm at the caudal pole and 0.87 cm at the cranial pole.

HOSPITAL NAME

Animal Emergency H

REFERRING VET

Dr. Goessling

Spleen

The **spleen** revealed a focal hypoechoic (0.93 cm) nodule at the medial aspect of the spleen. The remainder of the spleen was unremarkable and only mildly heterogeneous.

INVOICE

13433

Liver

The **liver** was diffusely hyperechoic to falciform fat with minor free fluid between the liver lobes. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** revealed variable thickening with gastric stasis. The upper duodenal tract was enveloped by the pancreatic pathology causing delayed outflow. Duodenal spasming noted and variable thickening.

Pancreas

The **pancreas** in this patient revealed extensive mixed hypoechoic pancreatic pathology with regional inflammation, consistent with necrosis. The largest portion of pancreatic pathology measured 7.3 cm x 3.7 cm in the left limb, Regional free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Extensive pancreatitis
- Gastroenteritis
- Diabetic hepatopathy
- Diabetic nephropathy
- Splenic nodule
- Bilateral adrenal hypertrophy

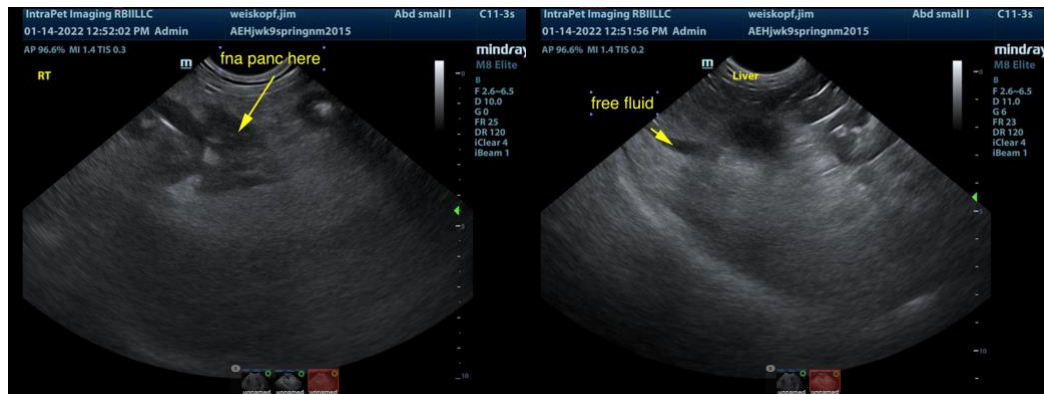
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

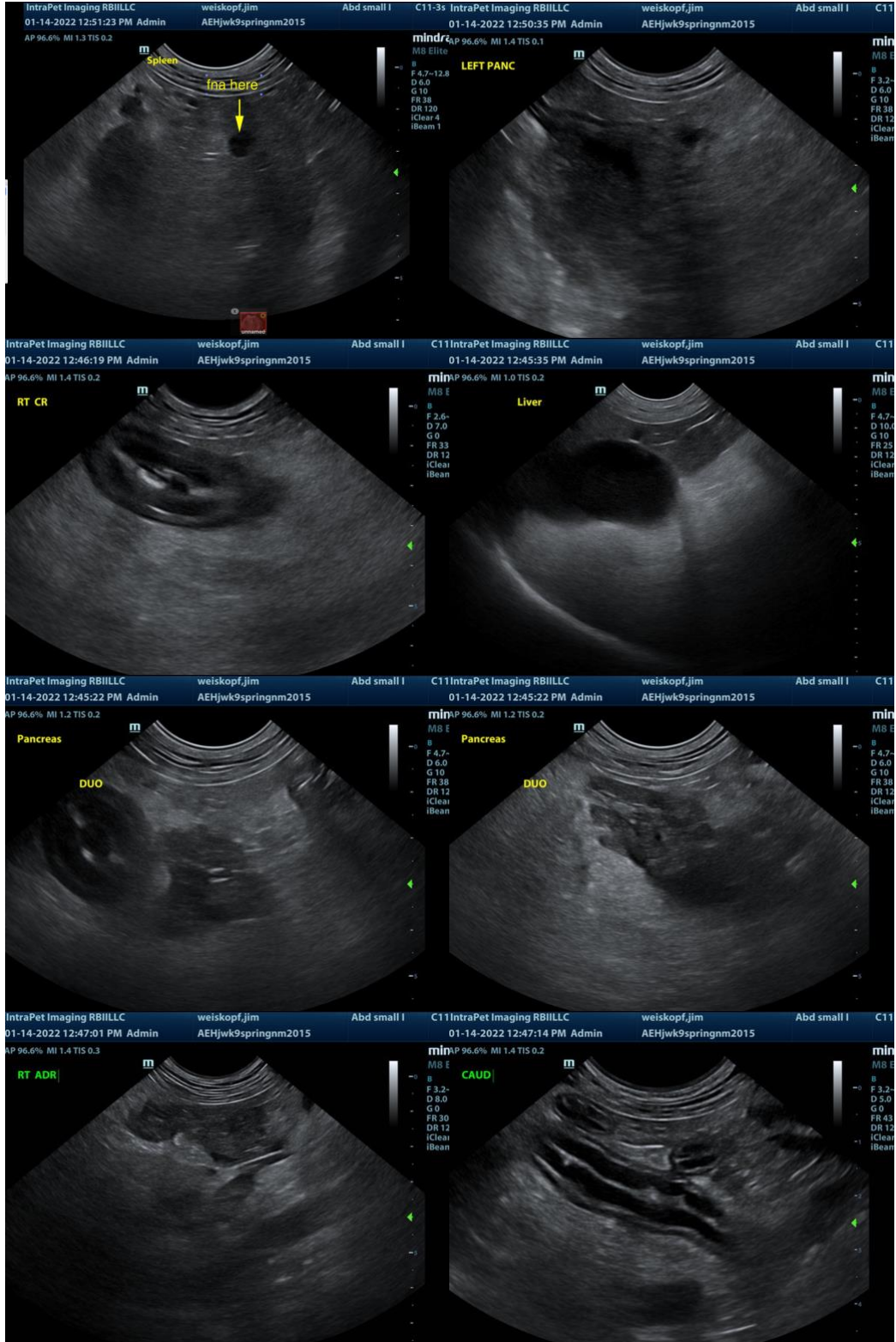
FNA of the splenic nodule and pancreas recommended. No evidence of foreign body. Aggressive treatment for pancreatitis/gastroenteritis warranted. Recheck sonogram in 72-hours. Underlying PDH/cushings may be playing a role in this patient as well.

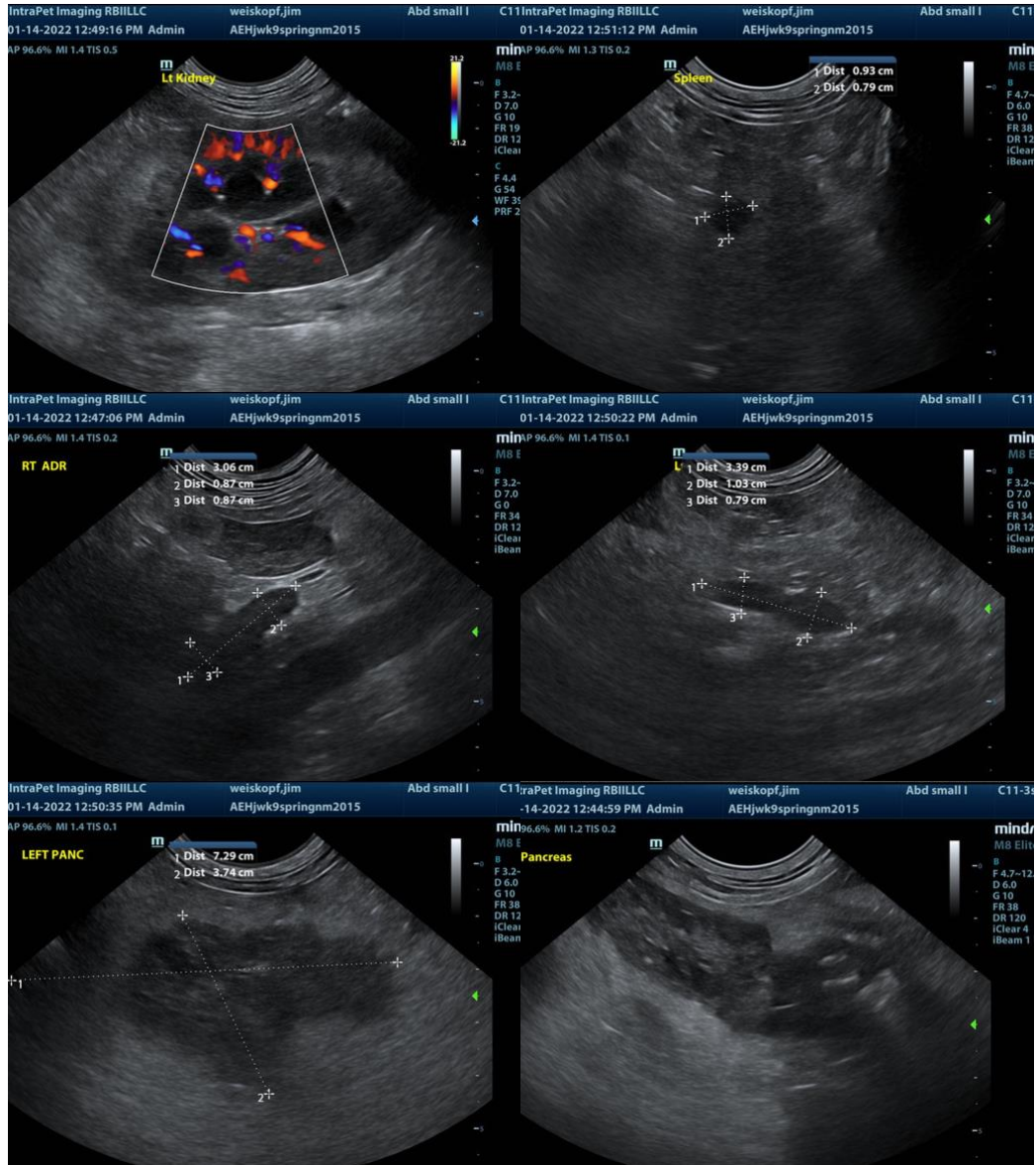
Potential Causes of Diabetic Dysregulation

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







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.

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