



PATIENT

Miss Mabel Halfway
Home Rescue

SPECIES

Canine

BREED

Pit X

SEX

Spayed Female

AGE

10 Years

WEIGHT

65 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

42599

DATE

11/7/22

PRESENTING CLINICAL SIGNS

re check prev u/s on 10/28 Patient is doing much better but BG continues to be high

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** presented persistent diabetic nephropathy pattern with hyperechoic medullary rim sign and slight pyelectasia. The left kidney measured 6.87 cm. The right kidney measured 7.76 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged at the caudal pole with heterogeneous changes, measuring 2.61 cm x 0.92 cm at the caudal pole and 0.75 cm at the cranial pole.

The region of the **right adrenal gland** was evaluated, no obvious pathology.

Spleen

The **spleen** was slightly heterogeneous. No evidence of masses. Hyperechoic nodules noted.

Liver

The **liver** 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. Similar presentation to prior sonogram.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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

- Slightly enlarged, heterogeneous left adrenal gland
- Minor renal pyelectasia
- Slightly heterogeneous spleen



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- Age related hepatic changes
- Gastric ingesta

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyelectasia may be indicative of persistent UTI. Assessment for UTI indicated as well as blood pressure measurements. Insulin adjustment indicated.

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

BREED

Pit X

UTI

Dietary indiscretion/intolerance

SEX

Spayed Female

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

AGE

10 Years

Cushing's

Acromegaly

Owner compliance

WEIGHT

65 Pounds

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://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>

REFERRING VET

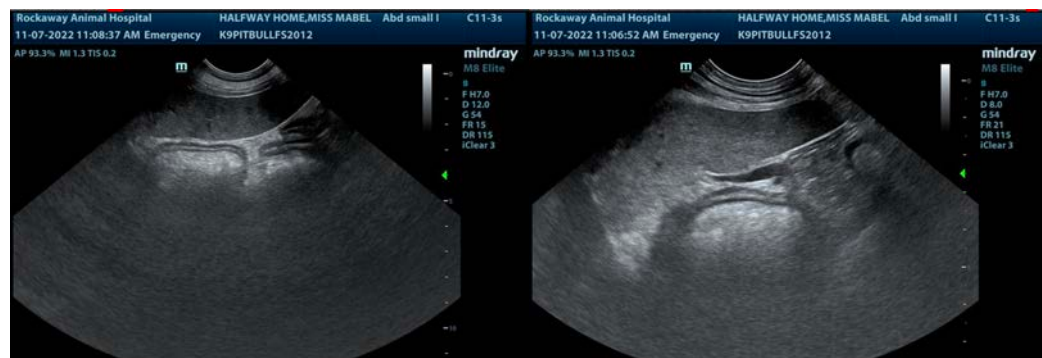
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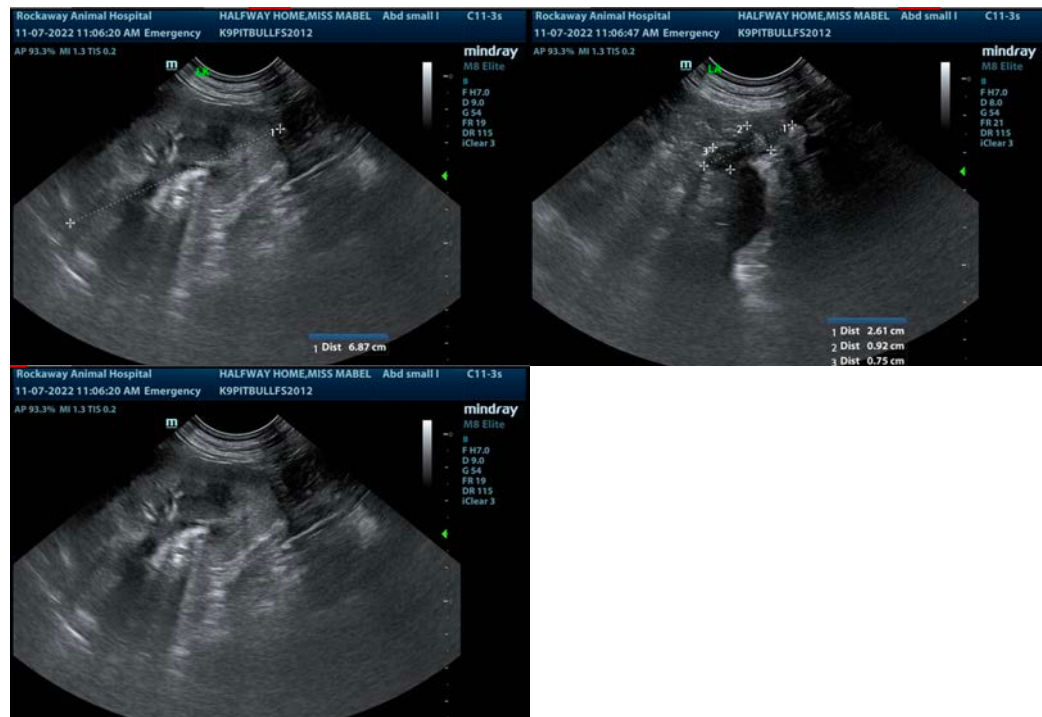
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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