



**PATIENT**

Jayda Giardina

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

11 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Verhalen

**INVOICE**

13039

**DATE**

12/13/21

**PRESENTING CLINICAL SIGNS**

History: newly diagnosed diabetic (DKA) on 12/10/21. Serum ketones neg as of last night. rDVM rads concerning for mass on or near liver. On entyce, vetsulin, unasyn, famotidine.

Abnormal PE/Chem/CBC/UA Results: 12/10/21: WBC 32,000 with monos incr 1.95 and neuts incr 28; ALKP 1197, amylase 1389, phos 6.9, glucose 353; UA: protein 2+, mod ketones, glucose 3+, trace cocci; CPL abnormal

**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 minor 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 4.23 cm. The right kidney measured 4.35 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 right adrenal gland measured 2.05 cm x 0.6 cm at the caudal pole and 0.41 cm at the cranial pole. The left adrenal gland measured 1.64 cm x 0.59 cm at the caudal pole and 0.43 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** 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 remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a minor change.

**Gastrointestinal**

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



**PATIENT**

Jayda Giardina

demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

**SPECIES**

Canine

The **pancreas** revealed extensive mixed hypoechoic parenchymal changes with regional inflammation consistent with extensive pancreatitis occupying the left and right limbs. Ultrasound guided FNA of the pancreas would be ideal to ensure underlying carcinoma is not playing a role in this patient.

**BREED**

Yorkshire Terrier

**ULTRASONOGRAPHIC FINDINGS**

- Extensive pancreatitis
- Benign hepatopathy
- Diabetic nephropathy

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

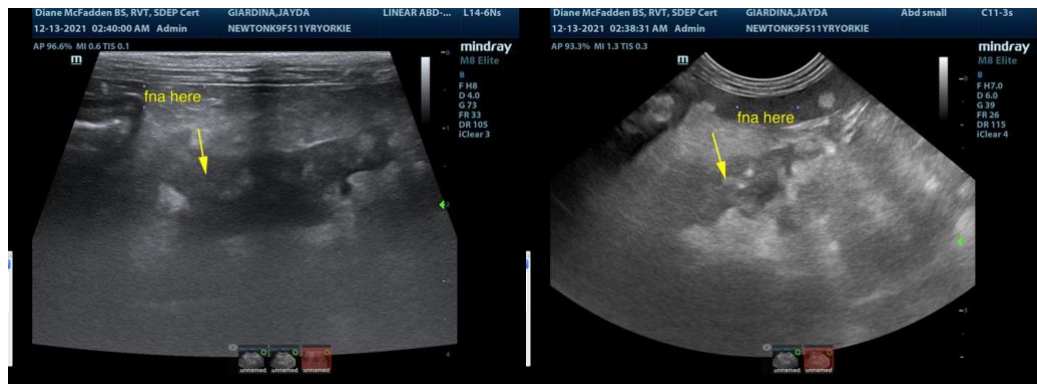
**AGE**

11 Years

FNA of the pancreas recommended to ensure underlying carcinoma is not an issue as areas of the pancreas appeared to be mineralized. Pancreatitis therapy warranted in the meantime with plasma expanders, broad spectrum antibiotics and GI protectants. Insulin adjustments should be made cautiously as medical management reduces inflammation; pancreatic insulin production may return to some extent. Guarded prognosis.

**WEIGHT**

11 Lbs.



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden



**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Verhalen

**INVOICE**

13039

**DATE**

12/13/21



**PATIENT**

Jayda Giardina

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

11 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

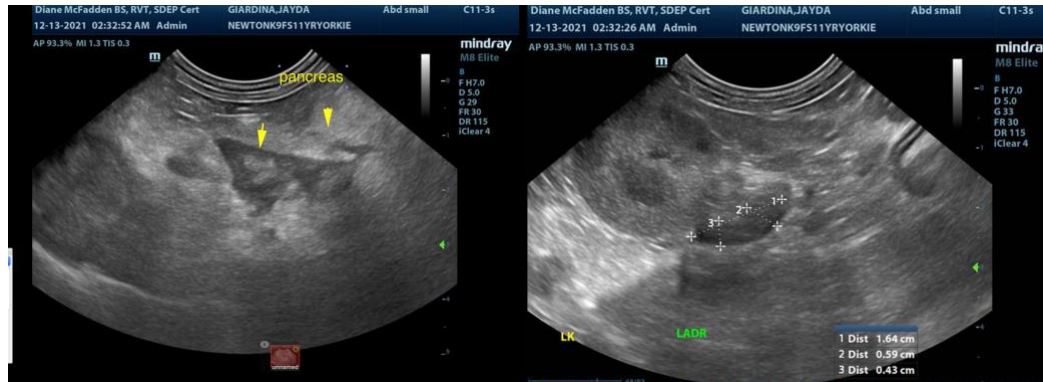
Dr. Verhalen

**INVOICE**

13039

**DATE**

12/13/21



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.

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