



**PATIENT PRESENTING CLINICAL SIGNS**

Bella Werley acute onset, PU/PD anorexia vomiting, severe pancreatitis, new diabetic  
Abnormal PE/Chem/CBC/UA Results: BW increased BG, ALT, ALP, Tbili, Chol, and Fructosamine

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

BREED

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 2.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 4.7 cm. The right kidney measured 4.5 cm.

AGE

10 Years

**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 1.96 cm x 0.66 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 1.68 cm x 0.58 cm at the caudal pole and 0.56 cm at the cranial pole.

WEIGHT

22 Pounds

**Spleen**

INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

**Liver**

The **liver** was diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Hepatic lipodosis is suspected.

HOSPITAL NAME

Rockaway AH

**Gastrointestinal**

Variable upper **gastrointestinal** thickening noted. The small intestine and colon were empty, yet enveloped by regional inflammation deriving from the pancreas.

REFERRING VET

Dr. Maniar

**Pancreas**

The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery in the left and right limbs.

INVOICE

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**ULTRASONOGRAPHIC FINDINGS**

- Extensive pancreatitis
- Diabetic nephropathy
- Lipidosis hepatic presentation, possible suppurative hepatitis

DATE

12/15/21



**PATIENT**

Bella Werley

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

22 Pounds

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**HOSPITAL NAME**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aggressive treatment for pancreatitis and cautious insulin treatment recommended. As pancreatic inflammation recedes, insulin production may return to some extent. Coagulation panel and 25-gauge FNA of the liver warranted. Guarded prognosis. Recheck sonogram in 72 hours.

**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

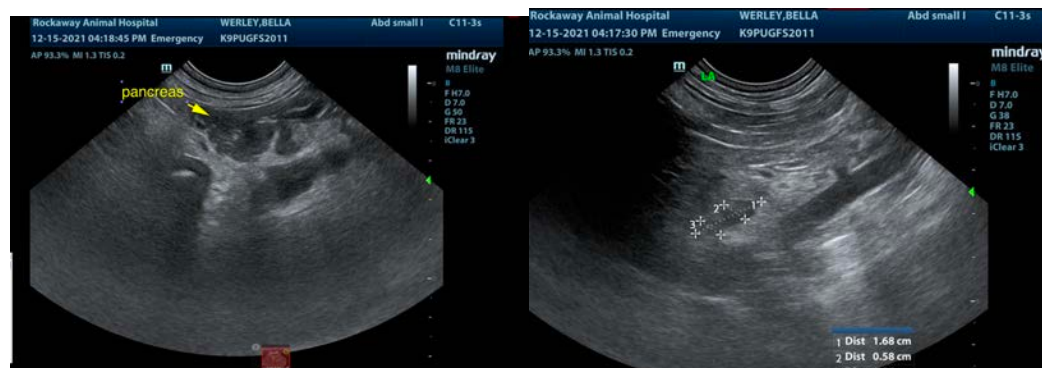
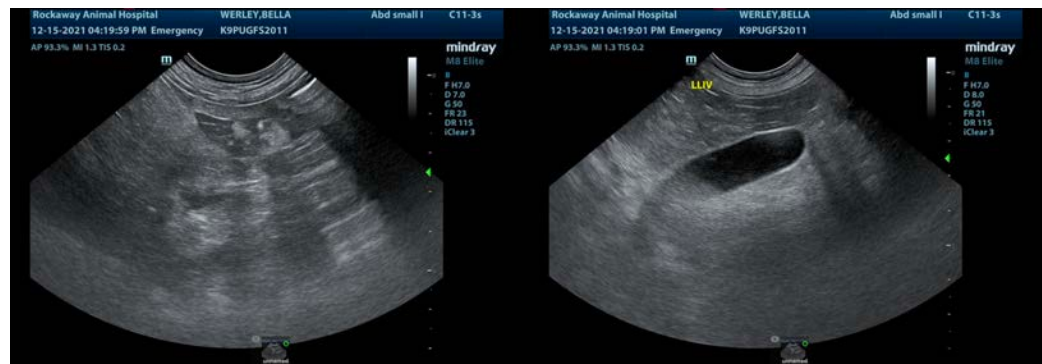
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease





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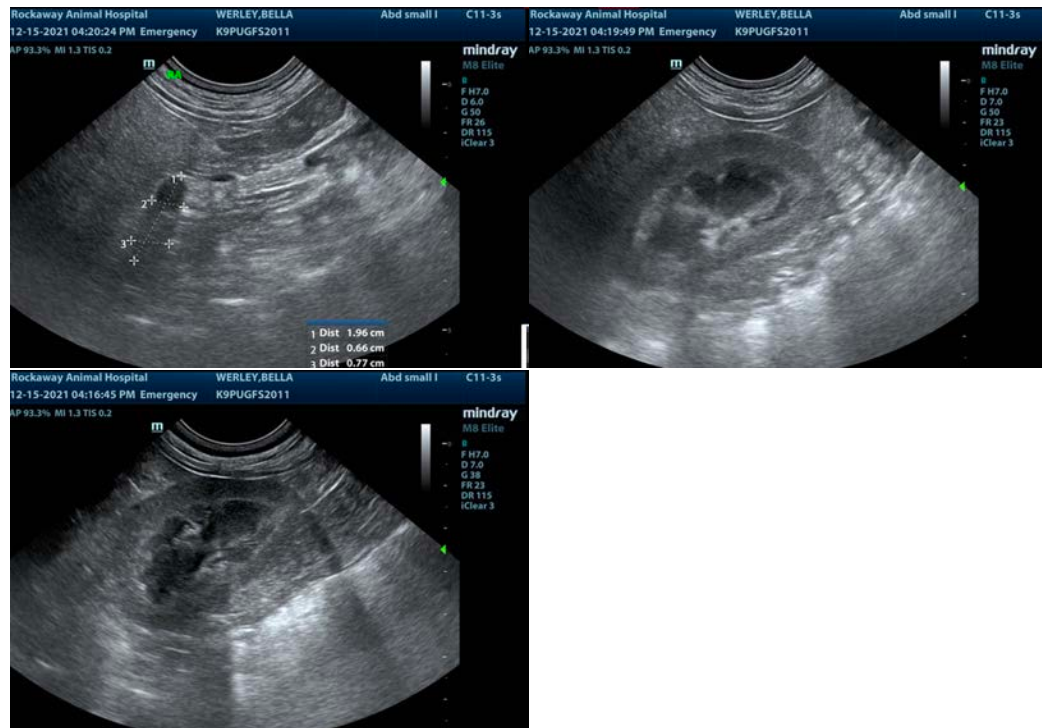
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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