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Clinical Sonography & Telecytology
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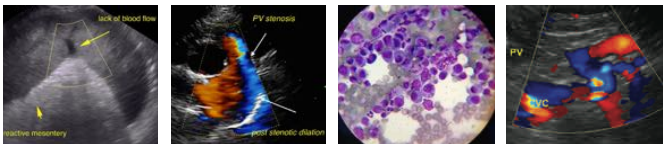

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Jamie Bryant

SPECIES
Canine

BREED
Maltese Mix

SEX
Spayed Female

AGE
13 years

WEIGHT
16 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Beard

HOSPITAL NAME
West Prince AH

REFERRING VET
Dr. Beard

INVOICE
94806

DATE
12/21/21

PRESENTING CLINICAL SIGNS

Hx of uncontrolled Diabetes mellitus 4 years, has an increase in urinary tract disease, dribbles urine (has to wear a diaper). Anorexia.
Abnormal PE/Chem/CBC/UA Results: CBC WNL. Chemistry increase in ALP, BUN, Phos, Creat, Glucose 530. UA blood and glucose, dilute.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a grouping of calculi that measured up to 0.5 cm each. Grouping measured 1.5 cm and was non-obstructive at the time of the sonogram. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The apical ventral wall was mildly thickened.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Non-obstructive mineralization was noted. The kidneys measured 4.0 cm in length.

Adrenal Glands

The left **adrenal gland** was 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 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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 was noted.

Liver

The **liver** was uniformly. 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. The gallbladder wall was slightly echogenic with a minor amount of suspended debris.

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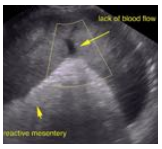
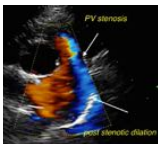
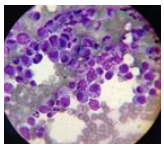
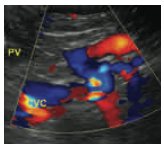

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Gastrointestinal

The **stomach** was over distended with fluid. The small intestines and colon were unremarkable.

Pancreas

The **pancreas** was hypoechoic and irregular in the right limb with mild enhanced surrounding mesentery. This is suggestive for a history of pancreatitis.

ULTRASONOGRAPHIC FINDINGS

Bladder calculi.

Minor apical ventral bladder wall thickening.

Minor renal pyelectasia.

Benign hepatopathy with minor excessive gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Cystotomy, stone analysis and culture is recommended. Long term antibiotics for UTI is likely necessary. The patient may have recently passed calculi causing the recent event of azotemia. The kidneys do not appear end stage and appear subjectively 40-50% compromised.

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

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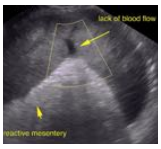
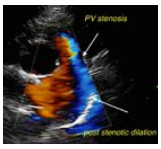
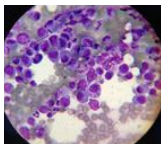
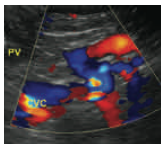

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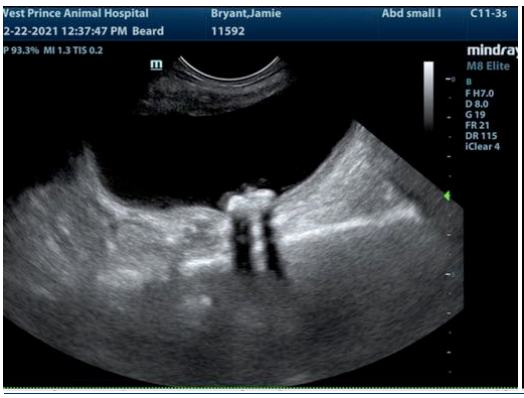
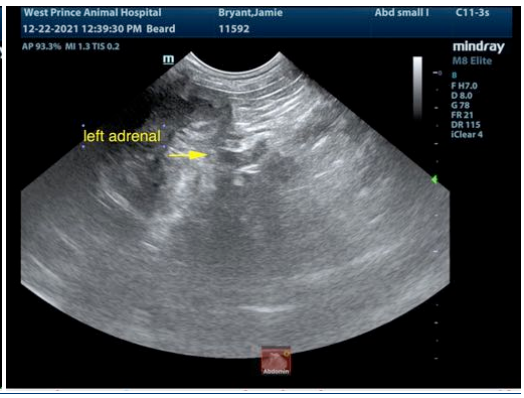
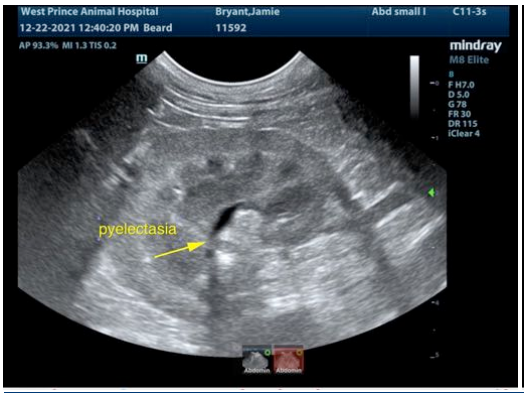
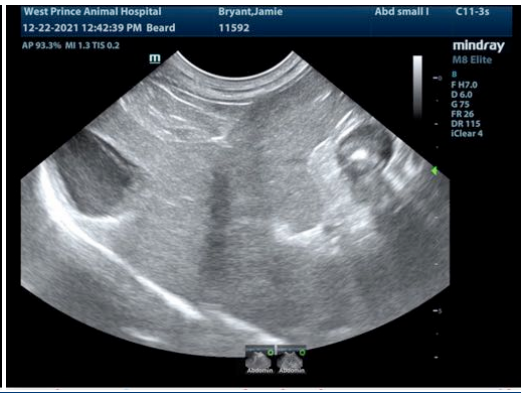
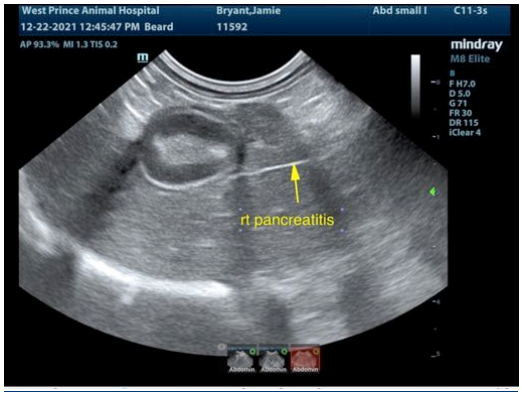
Diffuse liver disease











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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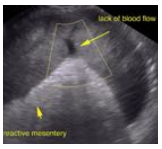

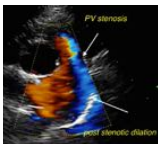

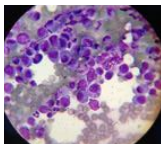
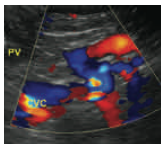

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