



**PATIENT**

Mozart Pietrantonio

**PRESENTING CLINICAL SIGNS**

Insulin Resistance - on 16u Humulin. Current meds: 16u Humulin, ACTH stim-WNL  
Glu 274, ALT 351, GGT 18, PLT 693

**SPECIES**

Canine

**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 was noted. Ureteral papillae were normal.

**BREED**

Pitbull Mix

**SEX**

Neutered male

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.57 cm. The left kidney measured 7.08 cm.

**AGE**

14 years

**WEIGHT**

61.2 lbs

**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 left adrenal gland measured 2.71 x 0.66 cm at the caudal pole and 0.9 cm at the cranial pole. The right adrenal gland measured 3.33 x 0.78 cm at the cranial pole and 0.67 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Westwood Regional  
VH

**Liver**

The **liver** revealed coarse architecture with increased portal markings with heterogenous parenchymal changes. The changes are non-disruptive. This is consistent with chronic inflammatory hepatopathy. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. McConnell

**INVOICE**

94849

**Gastrointestinal**

**DATE**

12/22/21

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



<b>PATIENT</b>	demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.
Mozart Pietrantonio	
<b>SPECIES</b>	<b>Pancreas</b>
Canine	The base and limbs of the <b>pancreas</b> 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.
<b>BREED</b>	
Pitbull Mix	
<b>SEX</b>	Diffuse hepatic remodeling.
Neutered male	
<b>AGE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
14 years	FNA of the liver is indicated for further definition. Bile acid profile is warranted. There was no other evidence of visceral pathology.
<b>WEIGHT</b>	<b>Potential Causes of Diabetic Dysregulation</b>
61.2 lbs	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>INTERPRETED BY</b>	UTI
Eric Lindquist, DMV DABVP, Cert. IVUSS	Dietary indiscretion/intolerance
<b>IMAGING PERFORMED BY</b>	Pancreatitis
Jessica Miller, RDMS	Hyperthyroidism/hypothyroidism
<b>HOSPITAL NAME</b>	Exogenous steroids (including topical eye meds)
Westwood Regional VH	Cushing's
<b>REFERRING VET</b>	Acromegaly
Dr. McConnell	Owner compliance
	Insulin quality issues
	Antibodies to insulin
	Underlying Neoplasia
	Diffuse liver disease
<b>INVOICE</b>	
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Canine

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

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**REFERRING VET**

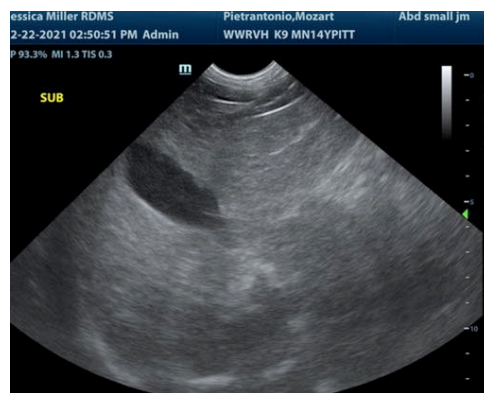
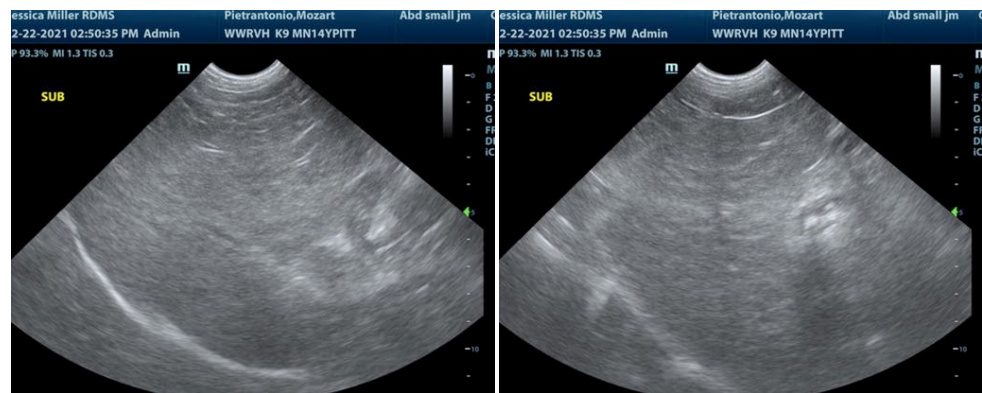
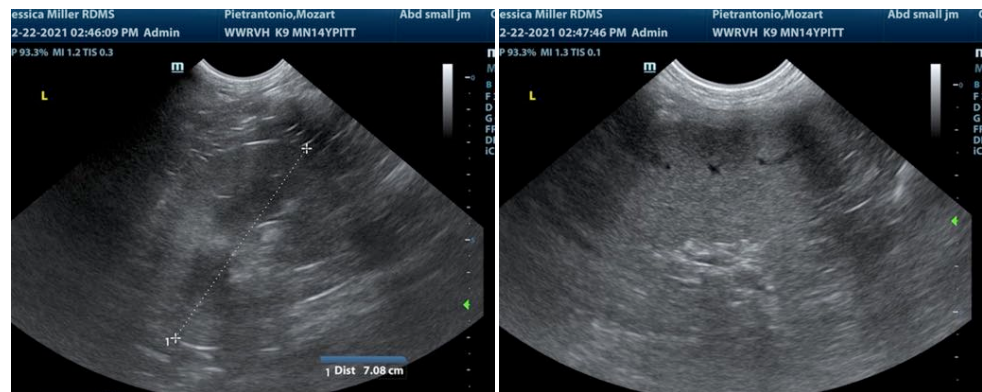
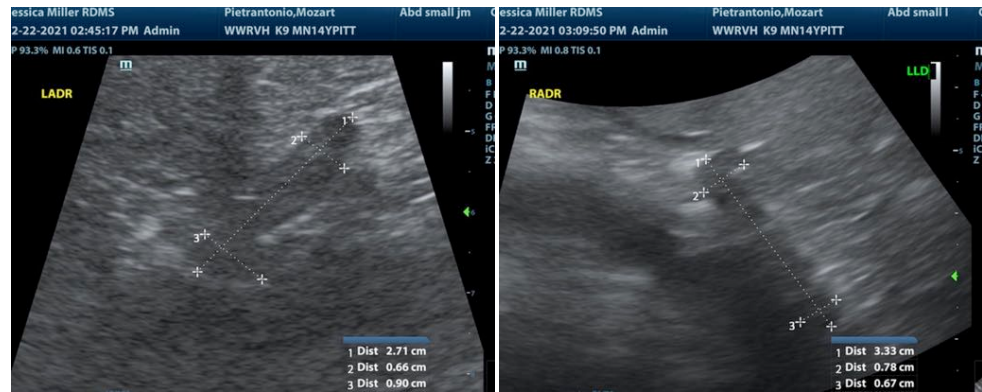
Dr. McConnell

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The information and recommendations provided are based on the images presented by the referring



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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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

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