



PATIENT

Sergeant Fronjian

SPECIES

Canine

BREED

Miniature Pinscher

SEX

Male

AGE

11 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. McConnell

INVOICE

94912

DATE

12/24/21

PRESENTING CLINICAL SIGNS

DM (newly dx diabetic), Humulin N 2U bid, Cerenia, Pepcid, Buprenex.
Abnormal PE/Chem/CBC/UA Results: Glucose 388, Lipase 1869, was 1864, WBC 20.95, Neu 18.
Previously lipase 5886, Gluc. 669,. Urine gluc 2+

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.

The iliac lymph nodes were slightly enlarged and reactive measuring 0.82 cm.

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 5.45 cm.

Adrenal Glands

The **adrenal glands** are slightly enlarged and swollen. The kidneys are at the upper limits of normal for this breed and size patient. . The right adrenal gland measured 1.43 cm at the cranial pole and 0.97 cm at the caudal pole. The left adrenal gland measured 2.03 x 0.69 cm at the cranial pole and 0.64 cm at the caudal 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 was noted.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. The liver revealed minor, uniform enlargement. This is most consistent with diabetic hepatopathy. The gallbladder revealed a minor amount of debris without over distension.

Gastrointestinal

The **gastrointestinal tract** was transiting chyme normally. There was no significant thickening noted in the intestine. However, there were areas of reactive mesentery was noted associated with the intestine.



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Pancreas

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The **pancreas** revealed heterogenous parenchymal changes that are consistent with remodeling.

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ULTRASONOGRAPHIC FINDINGS

Enteritis pattern with reactive mesentery.

BREED

Diabetic hepatopathy pattern.

Miniature Pinscher

Diabetic nephropathy pattern.

Heterogenous pancreatic changes.

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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Supportive care should prove effective in this patient. Broad spectrum antibiotics, IV fluid support and primary diabetic regulation. Some level of pancreatitis is likely. However, the majority of the inflammation appeared to be associated with the intestinal tract.

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Potential Causes of Diabetic Dysregulation

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

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UTI

Dietary indiscretion/intolerance

Pancreatitis

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

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Acromegaly

Owner compliance

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Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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Diffuse liver disease

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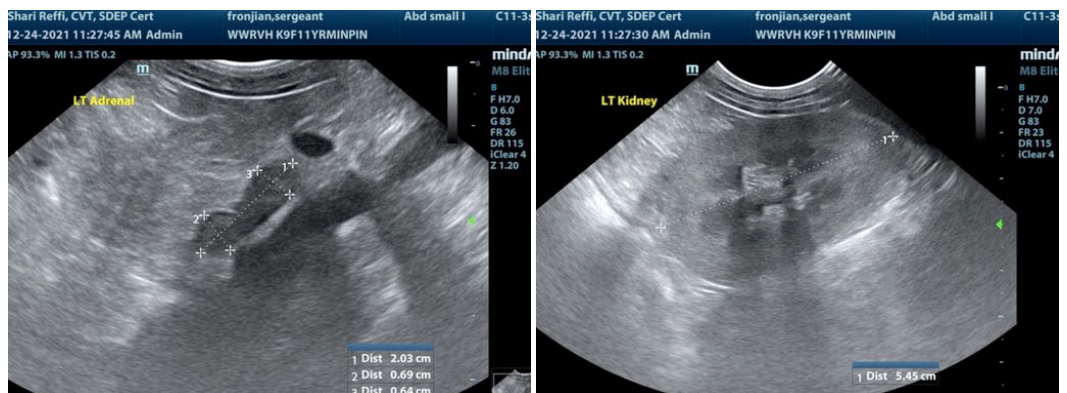
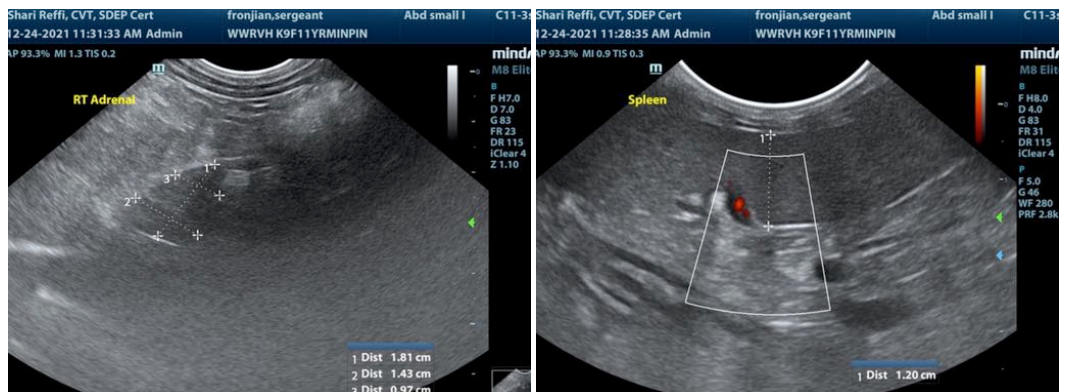
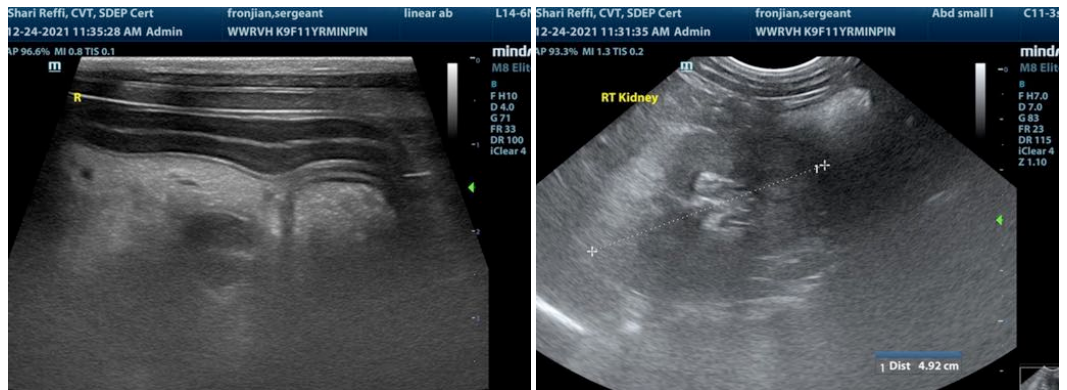
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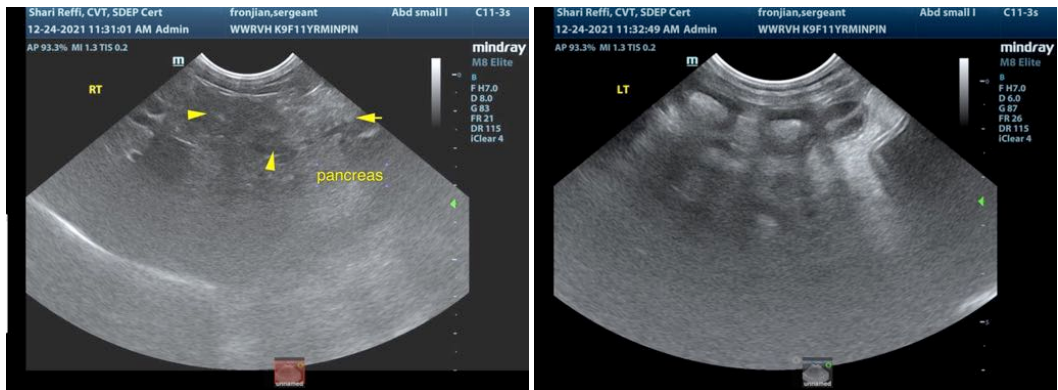
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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