

**DATE**

12/26/22

PRESENTING CLINICAL SIGNS

History: Not eating for 2 days. Was not given insulin yesterday. This morning he drank a lot, so owner gave regular dose (13 units) insulin. (Has been on 13 units for about a year.) Yesterday owner also noticed jaundice on gums. Large mass on should previously biopsied ATO and was lipoma. Mass on chest has been there for many years and not changed in size.

PATIENT

Benji Cullison

SPECIES

Canine

BREED

Puggle

SEX

Neutered Male

AGE

10/31/14

WEIGHT

51.9 Pounds

Current Medications: Buprenorphine, Baytril, Humulin R, Cerenia, Ondansetron.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 change is minor and 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 right kidney measured 6.5 cm. The left kidney measured 6.1 cm. A corticomedullary calculus was noted in the left kidney, measuring 0,38 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.5 cm x 0.66 cm at the caudal pole and 0.51 cm at the cranial pole.

HOSPITAL NAME

Animal Emergency
Hospital

A hyperechoic nodule was noted at the cranial pole of the **right adrenal gland**, measuring 1.18 cm x 1.04 cm. The right adrenal gland measured 2.85 cm x 1.24 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

The **spleen** revealed a focal hypoechoic nodule in the mid body, measuring 1.46 cm with disruption of architecture and minor expansive irregular capsule. Cranial folding of the spleen was noted.

REFERRING VET

Dr. Martinoli

Liver

The **liver** was enlarged. Edematous gallbladder was noted.

INVOICE

20249

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

Pancreas

The **pancreas** revealed mild heterogenous mixed hypoechoic parenchymal changes with areas of enhanced pericapsular fat, suggestive for some level of inflammation.

Free Abdomen

A **mesenteric lymph node** (2.3 cm x 0.55 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Other

A rapid view of the **heart** revealed no evidence of pathology.

ULTRASONOGRAPHIC FINDINGS

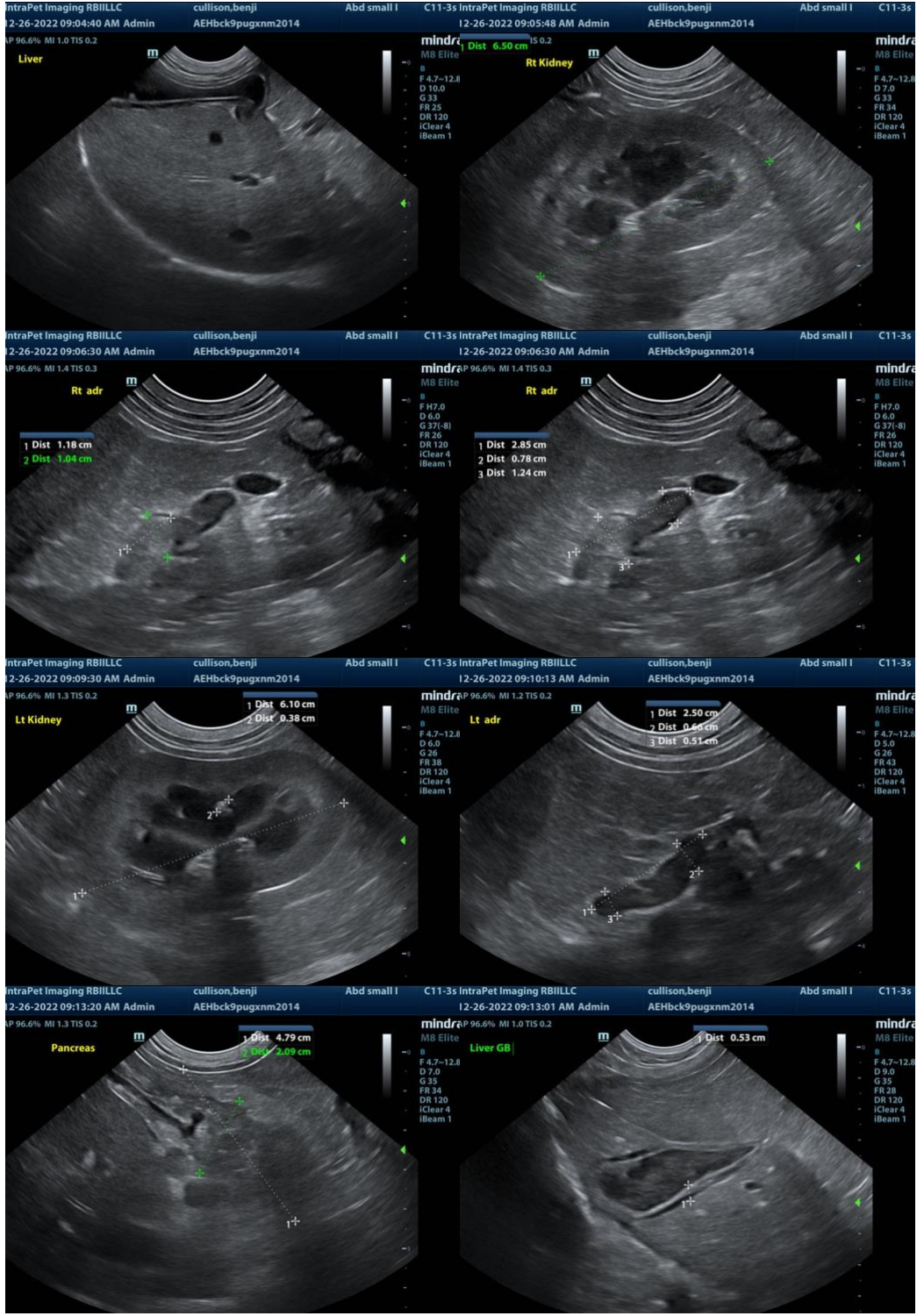
- Diabetic hepatopathy with edematous gallbladder, suspected immune mediated disease is the cause of the bilirubin elevation and anemia.
- Focal splenic nodule- round cell neoplasia, abscessation, hyperplasia, emerging hemangiosarcoma is all possible. Splenic fold.
- Right adrenal nodule- likely adenoma
- Diabetic nephropathy with left kidney calculus
- Reactive mesenteric lymph node

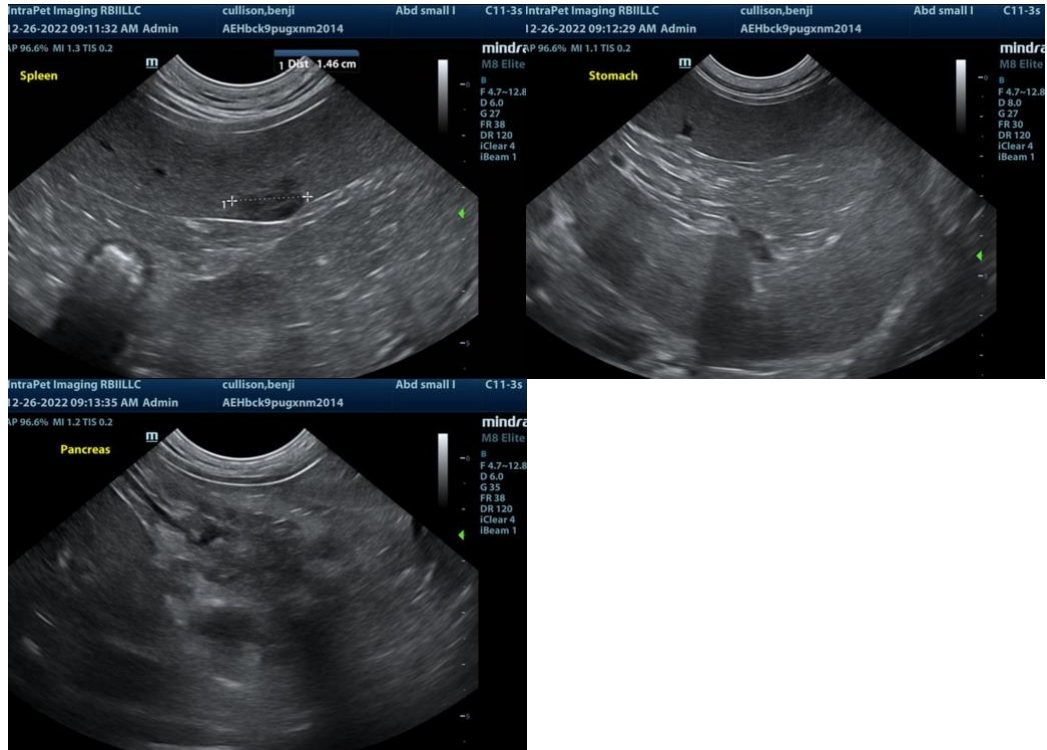
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are indicated. I recommend CBC path review with focus on hemolytic disease and medical management for pancreatitis. Monitoring of the splenic nodule and adrenal nodules is essential. Eventual FNA of the splenic nodule is indicated. Prognosis is guarded. Onion ingestion or refeeding syndrome given the diabetic state, should be considered.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>





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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