

**DATE**

2/15/23

PRESENTING CLINICAL SIGNS

Diabetic. good control on 5 units Vetsulin bid. lately Not eating well, owner is hand feeding. Whimpering more, squinting. Increased liver values on in house bloodwork.

PATIENT

Mae Morris

Current Medications: vetsulin 5 units bid, mirtazapine 15mg 1/2 tab once day

Lab Results: Increased ALT-821, ALP-1,801, GGT-32

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Maltese

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.

SEX

Spayed Female

AGE

1/1/13

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. Slight pinpoint mineralizations noted. The left kidney measured 4.5 cm. An anechoic cyst was noted in the dorsal cranial cortex of the right kidney measuring 2.6 cm. The right kidney measured 4.68 cm.

WEIGHT

11.7 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **right 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.

HOSPITAL NAME

Clarksville Pet Vet

The **left adrenal gland** measured 1.88 cm x 0.53 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland was slightly irregular, measuring 2.11 cm x 0.98 cm at the cranial pole and 0.65 cm at the caudal pole.

REFERRING VET

Dr. Martof

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization, likely owing to diabetic state.

INVOICE

45160

Liver

The **liver** was diffusely hyperechoic to the falciform fat with occasional hypoechoic, non-disruptive nodular change. The liver revealed generalized enlargement. Minor gallbladder calculi noted, non-obstructive. There is no suspicion of neoplasia; however, diffuse disease is present. Bile acid profile would be ideal as well as FNA.

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

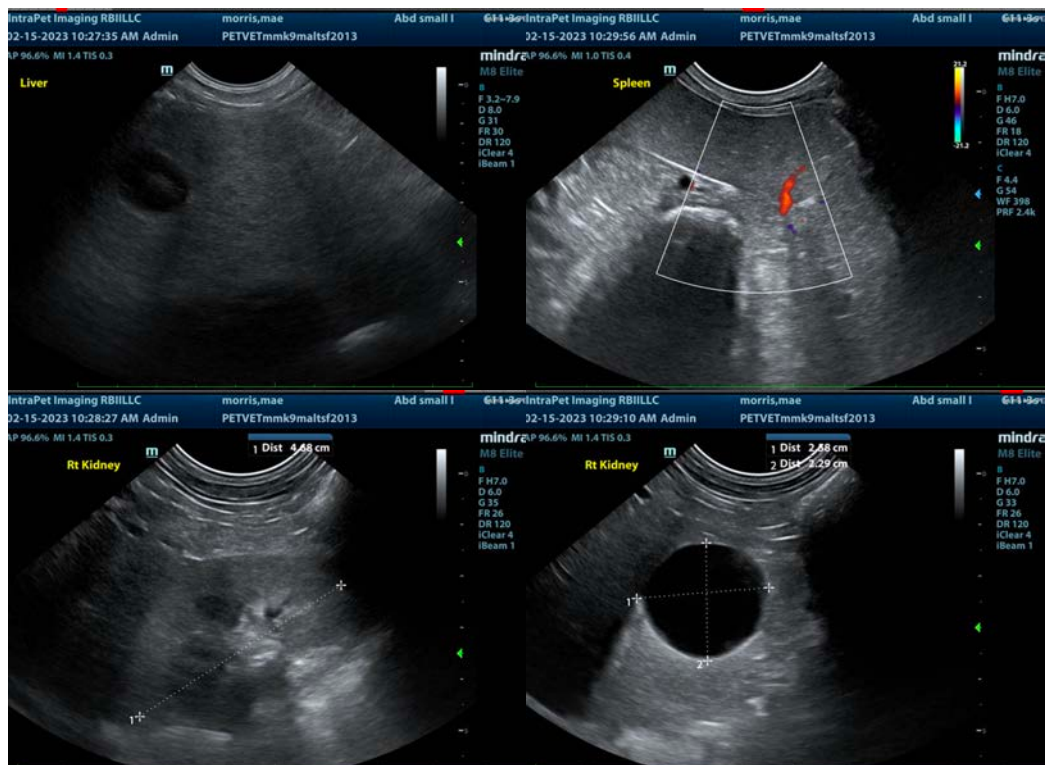
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

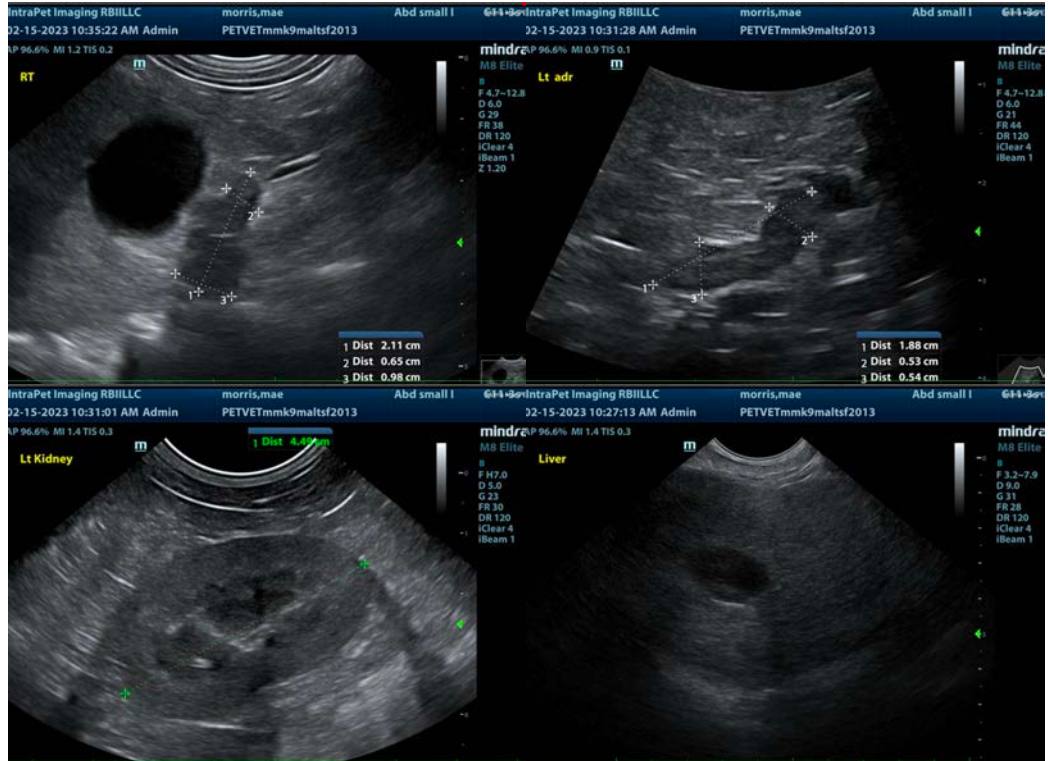
ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy
- Diabetic nephropathy with minor renal cyst
- Slightly irregular right adrenal gland to monitor
- Splenic mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of overt disease to be responsible for the hyporexia. Other causes of hyporexia such as orthopedic pain, CNS, or thoracic disease should be considered. FNA of the liver warranted to further assess. Bile acid profile indicated to assess if liver dysfunction is causing hyporexia.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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