

**DATE**

2/18/22

PRESENTING CLINICAL SIGNS**PATIENT**

Peanut Copinger

History: 10/2021; pu/pd, abdomen distended. Low Dose Dex= Cushing's diagnosis. Started vetoryl 10/26/21. 1/12/22; not doing well, increased water intake, diagnosed w diabetes. Glucose >680. P had ultrasound at White Marsh Animal hospital – Attached separately.

SPECIES

Canine

Current Medications: Vetoryl, 10mg sid since 10/26/22. Discontinued 2/10/22 temporarily.

Vetsulin started 1/13/22. 3 units BID

Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

BREED

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

Miniature Pinscher

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

6/1/10

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.

WEIGHT

15.7 Lbs.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with mild 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 4.4 cm. The left kidney measured 4.52 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was enlarged, measuring 2.6 cm x 0.85 cm at the caudal pole and 0.92 cm at the cranial pole.

The **right adrenal gland** was enlarged, measuring 2.29 cm x 1.58 cm at the cranial pole and 0.74 cm at the caudal pole.

HOSPITAL NAME

Bel Air VH

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 were noted.

REFERRING VET

Dr. Schmidt

Liver

The **liver** in this patient was mildly enlarged and uniform with moderate hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable.

INVOICE

14005

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** was enlarged, irregular and hypoechoic in the right limb, measuring 1.75 cm. Enhanced mesentery was noted around the pancreas.

ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy consistent with PDH. Secondary hypertrophy owing to Vetoryl therapy likely.
- Chronic active pancreatitis presentation
- Diabetic nephropathy
- Diabetic hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for pancreatitis warranted with adjustment of insulin dosing and reassessment of the Cushingoid status to assess for further Vetoryl adjustment.

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

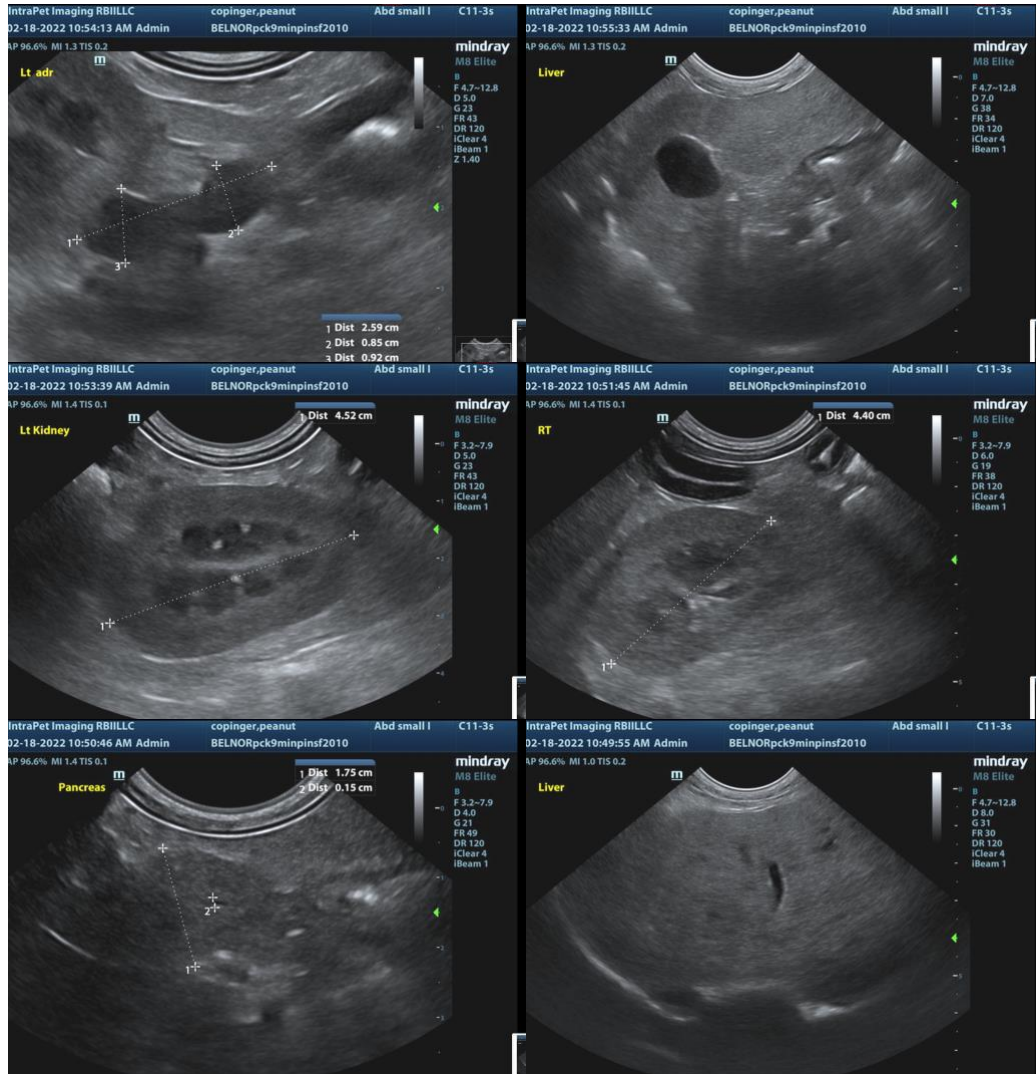
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia





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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