



**PATIENT**

Kika Derderian

**PRESENTING CLINICAL SIGNS**

Azotemia, elevated liver values, diabetes mellitus uncontrolled, pancreatitis

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**BREED**

Pomeranian

The **kidneys** presented an interstitial nephrosis pattern and appeared subjectively near end stage. Pyelectasia noted. The right kidney measured 3.95 cm. The left kidney measured 3.46 cm.

**SEX**

Spayed Female

**Adrenal Glands**

The **left adrenal gland** was enlarged, irregular, nodular, and mineralized, measuring 2.33 cm x 1.34 cm at the cranial pole and 0.70 cm at the caudal pole. The **right adrenal gland** was mildly irregular and slightly heterogeneous. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**AGE**

13 Years

**Spleen**

The **spleen** revealed multifocal hyperechoic lipogranulomatous changes.

**WEIGHT**

8.1 Pounds

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

**INVOICE**

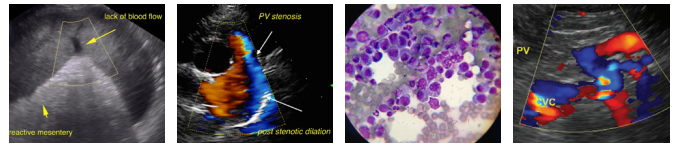
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**ULTRASONOGRAPHIC FINDINGS**

- Moderate chronic degenerative renal disease
- Irregularly enlarged left adrenal gland – adenoma, carcinoma, pheochromocytoma all possible.

**DATE**

2/24/22



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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Serial blood pressures warranted. Full urinary workup warranted if not already performed. I'm concerned for long-term viability of the kidneys. No overt evidence of neoplasia, unless a left adrenal gland represents an early neoplastic event such as carcinoma or pheochromocytoma.

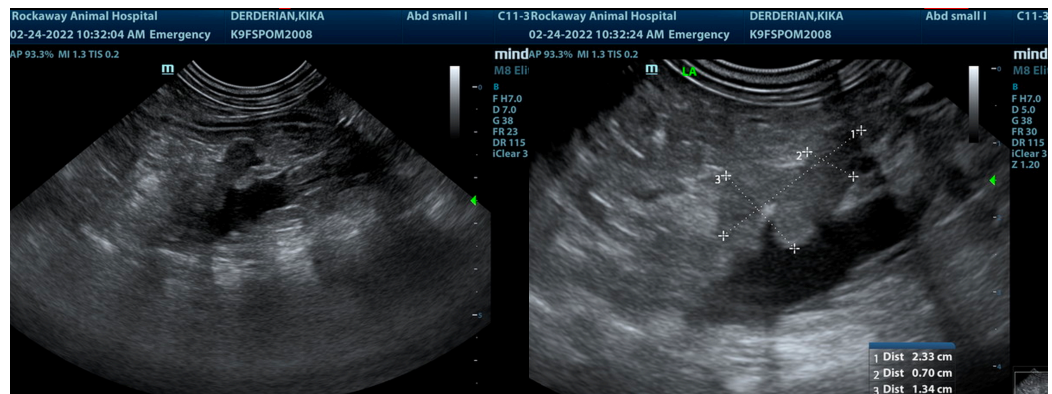
**Potential Causes of Diabetic Dysregulation**

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
- Diffuse liver disease

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>





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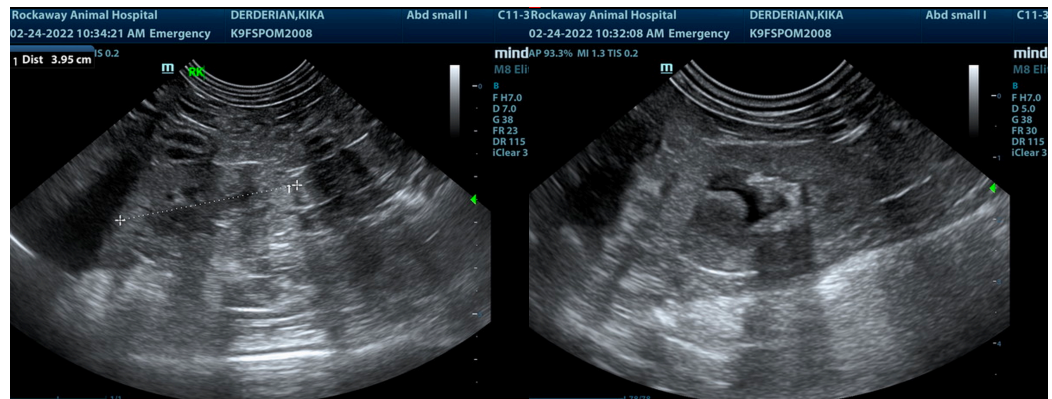
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)