



PATIENT

PRESENTING CLINICAL SIGNS

Oscar Van Seeter

Diabetic; R/O concurrent disease such as Cushing's, neoplasia. Lost 5 # in one month. On vetsulin 4 units bid.

SPECIES

Abnormal PE/Chem/CBC/UA Results: WBC 18,000 with neutrophilia and monocytosis; platelets incr 538, retics incr 172; glucose 452, K 5.6, lipase 426; UA: glucose 3+, ketones 1+, pH 6

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Yorkshire Terrier

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Small calculi were noted and measured up to 0.7 cm. The calculi were non-obstructive at the time of the sonogram.

SEX

The residual prostate measured 0.6 cm. The post prostatic urethra measured 0.6 cm.

Neutered male

AGE

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 right kidney measured 6.0 cm. The left kidney measured 5.66 cm with trace pyelectasia.

10 years

WEIGHT

Adrenal Glands

19 lbs

Both **adrenal glands** were 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 1.7 x 0.54 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.86 x 0.71 cm at the caudal pole and 0.77 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING

PERFORMED BY

Spleen

Diane McFadden, RVT

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.

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Liver

DATE

The **liver** revealed coalescing, hypoechoic micronodular changes. The gallbladder and common bile duct were unremarkable with mild swelling. There was no evidence of neoplasia.

2/7/22

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



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

SPECIES *Pancreas*

Canine The **pancreas** was mildly heterogenous.

BREED **ULTRASONOGRAPHIC FINDINGS**

Yorkshire Terrier Bladder calculi.

SEX Diabetic nephropathy.

Neutered male Diabetic hepatopathy with remodeling.

Minor, heterogenous pancreas. Pancreatitis is possible.

AGE

10 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

19 lbs

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. Treatment for diabetic ketoacidosis is warranted. IV fluid support is recommended. There was no evidence of neoplasia. The weight loss is likely owing to the unregulated diabetic state.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Potential Causes of Diabetic Dysregulation

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

IMAGING PERFORMED BY

Diane McFadden, RVT

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

Diffuse liver disease



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SPECIES

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Yorkshire Terrier

SEX

Neutered male

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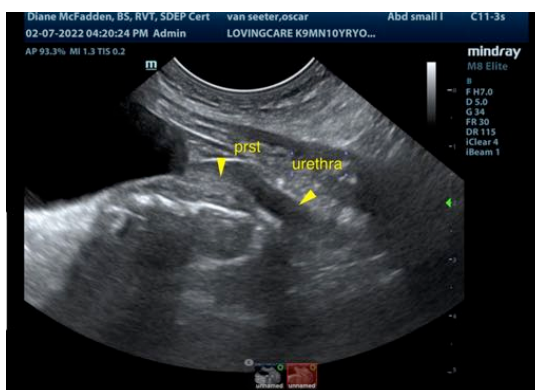
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SPECIES

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SEX

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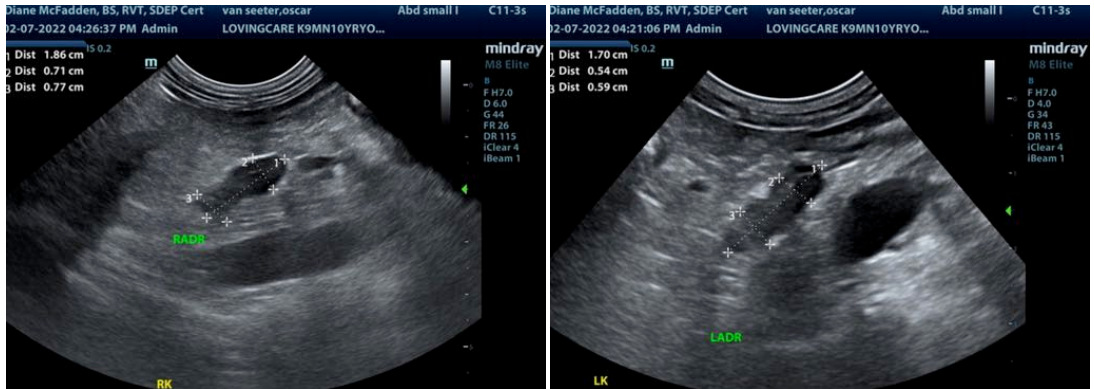
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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