



PATIENT

Lola Loth

PRESENTING CLINICAL SIGNS

Diabetic. Dx w/HGE and pancreatitis on and off since Jan. Tends to get better w/meds. Current meds: Vetsulin 5U bid, Thyrotabs, Metro, Eye meds.
Abnormal PE/Chem/CBC/UA Results: 1/30/22- Amylase 1582, Glu 347, Lipase >6000

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Havanese

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A cystourethral junction polyp was noted and measured 0.8 x 0.51 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.41 cm. The left kidney measured 4.2 cm.

AGE

11 years

WEIGHT

12 lbs

Adrenal Glands

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 right adrenal gland measured 1.46 x 0.68 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland measured 1.33 x 0.48 cm at the cranial pole and 0.62 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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 was noted.

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. Slight, hypoechoic nodule was noted in the mid liver and measured 0.49 cm. This changes in the liver are consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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DATE

2/8/22



PATIENT

Gastrointestinal

Lola Loth

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.

SPECIES

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Pancreas

Havanese

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

Cystourethral junction polyp. Polypoid hyperplasia versus emerging carcinoma.

11 years

Age related renal changes.

Benign hepatopathy.

WEIGHT

12 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A cystoscopy is warranted if any dysuria or pollakuria is an issue.

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

Shari Reffi, CVT

UTI

Dietary indiscretion/intolerance

HOSPITAL NAME

Whippany VH

Pancreatitis

Hyperthyroidism/hypothyroidism

REFERRING VET

Dr. Cordero

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia



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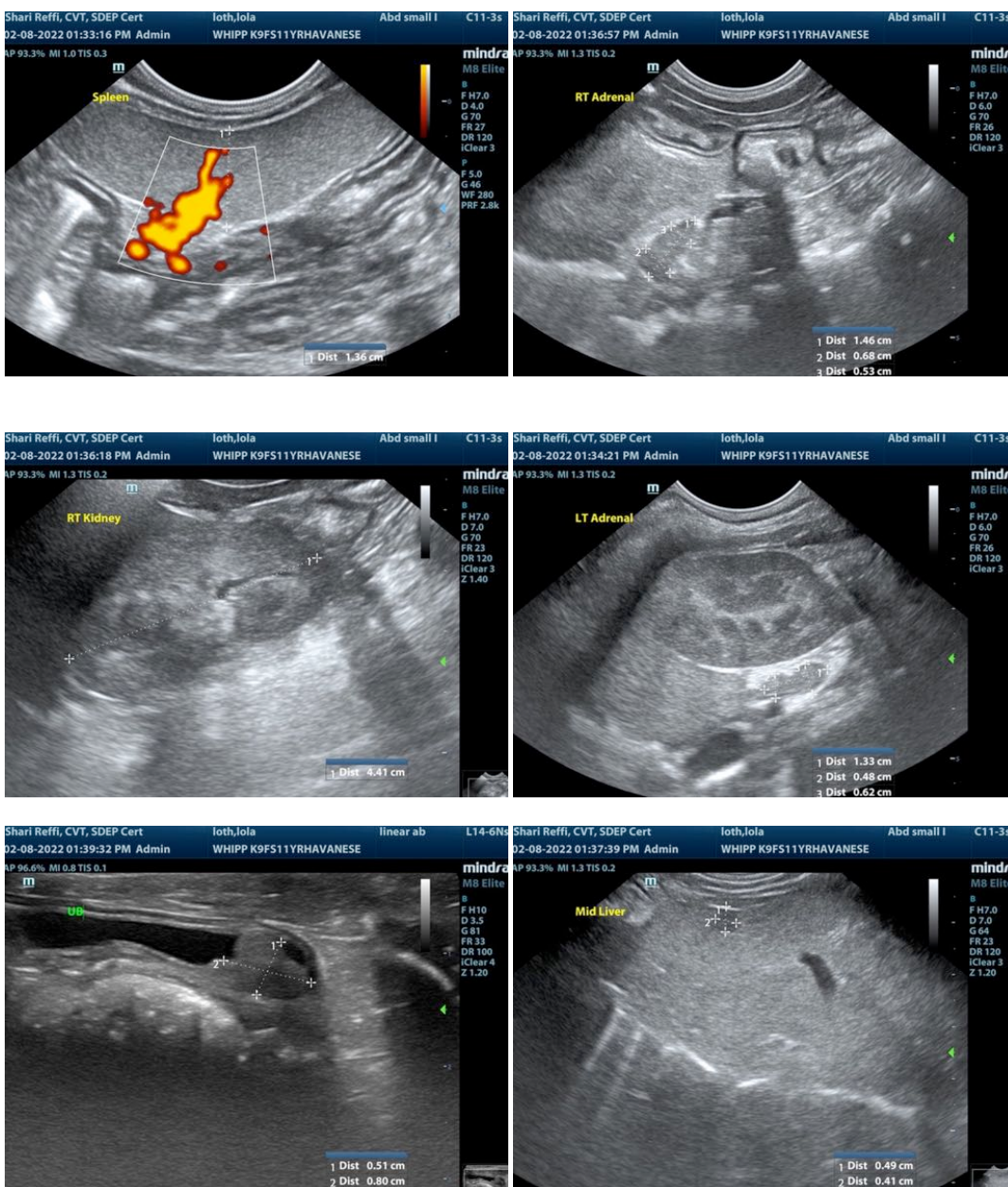
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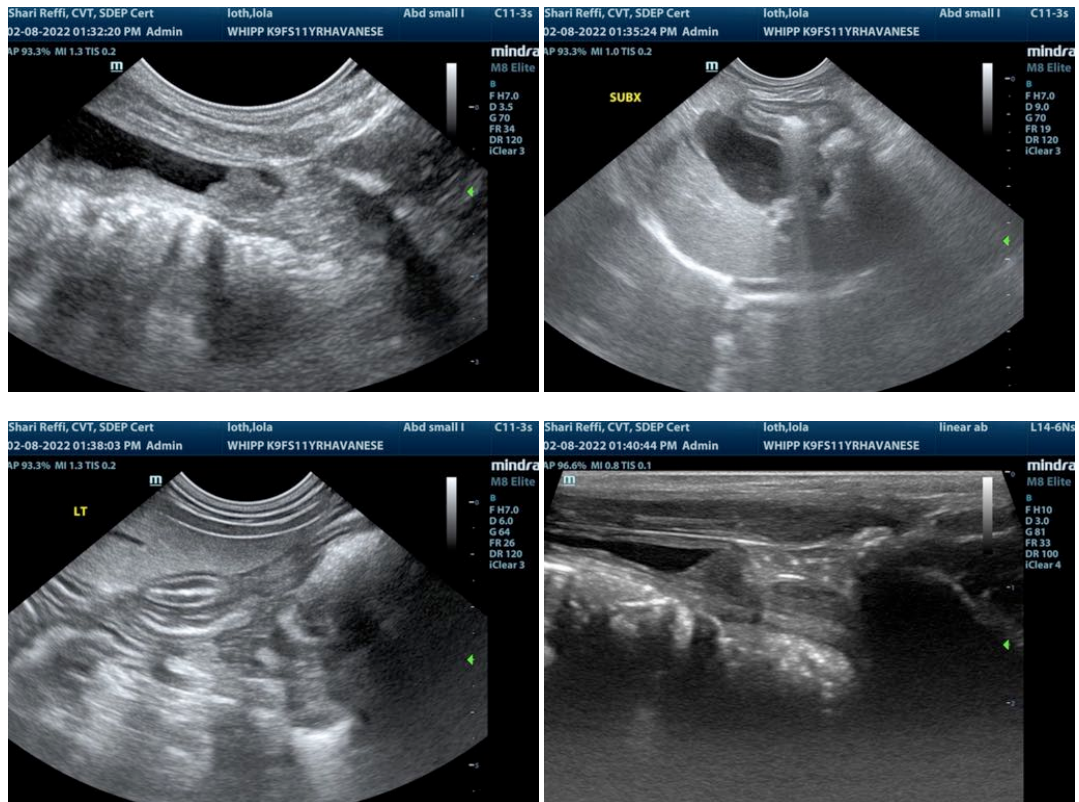
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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