



PATIENT PRESENTING CLINICAL SIGNS

Cry Baby Steel
History: Patient was lethargic for 2-3 days and a decreased interest in food. Patient was hospitalized and sent home on 7 units Vetsulin BID. Patient went home and would not eat. Owners did not give insulin when refused to eat. Patient returned 24 hours later for not eating and a BG of 600

SPECIES
Abnormal PE/Chem/CBC/UA Results: Glucose - 613, Alk Phos - Greater than 2000, Bun - 44.
Creatinine 1.8 (wnl, but high)

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Australian Shepherd

Urinary System

SEX

Female

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

AGE

7 years

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 7.0 cm.

WEIGHT

27.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **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. The left adrenal gland measured 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Gardner

HOSPITAL NAME

Wilvet Salem

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

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Liver

The **liver** in this patient was mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. Occasional, hypoechoic, non-disruptive nodule was noted in the liver. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris.

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PATIENT

Gastrointestinal

Cry Baby Steel

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

Canine

BREED

Pancreas

Australian Shepherd

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

Female

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Diabetic hepatopathy.

Diabetic nephropathy.

Otherwise, unremarkable abdomen.

WEIGHT

27.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

Urinalysis is warranted if not already performed to assess for any evidence of UTI. The renal and hepatic presentations are suspected for a diabetic patient. Reregulation of the diabetic state is indicated, yet there was no evidence of overt visceral disease that would be influencing the clinical status.

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SPECIES

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BREED

Australian Shepherd

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Female

AGE

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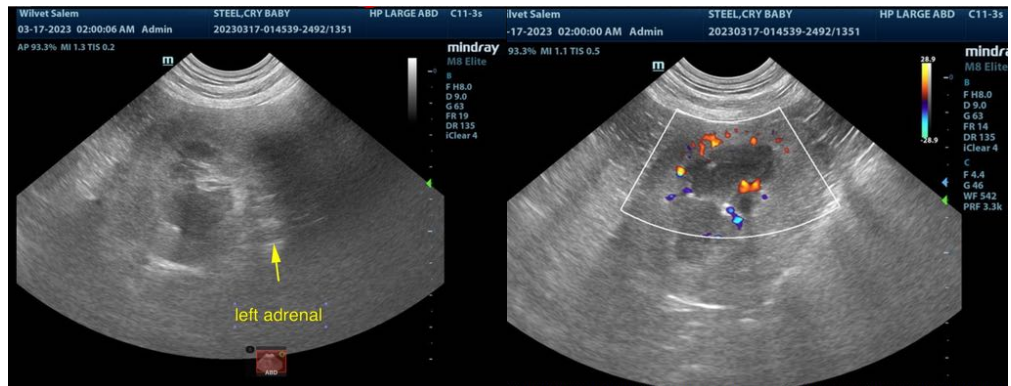
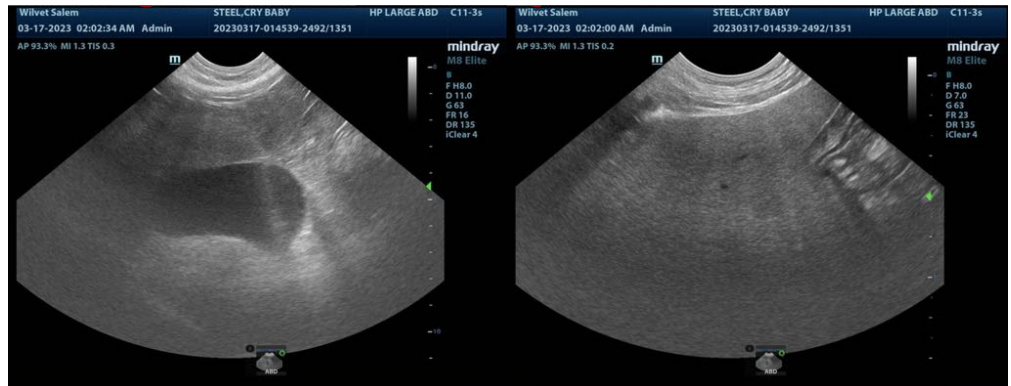
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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