



**PATIENT**

Jo Jo Williams

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

6.73 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Parker

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Ciara Peace

**INVOICE**

97099

**DATE**

3/22/22

**PRESENTING CLINICAL SIGNS**

History: P presented for hyporexia and vomiting, only interested in deli meats and hamburger.  
Abnormal PE/Chem/CBC/UA Results: Pancreatic snap test positive ALP 347 GLU 381 BUN 45 Na/K ratio 25 amylase 8718 precision PSL 9087 urine strip 250-500 glucose, negative ketones

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**26 still images and 5 videos submitted**

**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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex. Corticomedullary medullary mineralization was noted with slight pyelectasia. The kidneys measured 4.0 cm each.

**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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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. Gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**Gastrointestinal**

Hyperperistalsis was noted in the **gastrointestinal tract**. The remainder of the intestinal tract was unremarkable.



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**Pancreas**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Terrier Mix

Emerging gallbladder mucocele. Gallbladder polyps.

Gastroenteritis pattern.

Moderate, degenerative renal changes with slight pyelectasia.

**SEX**

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

14 years

There was no evidence of neoplasia. Supportive care for gastrointestinal upset and Ursodiol therapy is warranted over the next 6 weeks followed by a recheck sonogram.

**WEIGHT**

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**Potential Causes of Diabetic Dysregulation**

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

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- 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

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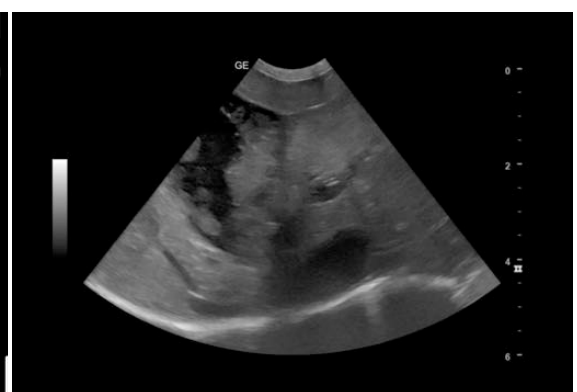
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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