**DATE PRESENTING CLINICAL SIGNS**

3/23/23

Diagnosed with DM in December; went to rDVM for seizure and bloodwork showed high BG.

Current Medications: Ondansetron, Midazolam, Keppra.

Date of Previous IntraPet Ultrasound: No previous.

**PATIENT**

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Peanut Titus

Imaging Performed By: Rachel Brillhart, RDMS.

**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 was noted. Ureteral papillae were normal.

**BREED**

Pug

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.

**SEX**

Neutered male

However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The right kidney measured 5.07 cm. The left kidney measured 5.51 cm.

**AGE**

12/21/12

**Adrenal Glands**

The right **adrenal gland** revealed a hyperechoic nodule that measured 0.4 cm. The right adrenal gland was at the upper limits of normal for this size patient and measured 1.67 x 0.56 cm at the caudal pole and 0.64 cm at the cranial pole. The left adrenal gland was at the upper limits of normal and measured 1.9 x 0.68 cm at the caudal pole and 0.61 cm at the cranial pole.

**WEIGHT**

26.7 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**Spleen**

The **spleen** revealed a focal, expansive mass that measured 2.5 cm with mixed echogenic changes and capsular expansion. The remainder of the spleen was unremarkable. The mass was moderately vascular.

**HOSPITAL NAME**Animal Emergency  
Hospital**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. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**REFERRING VET**

Dr. Martinoli

**Gastrointestinal**

The upper **gastrointestinal tract** was mildly thickened and slightly enveloped by the pancreatic pathology. The remainder of the intestinal tract was unremarkable.

**INVOICE**

43487

**Pancreas**

The **pancreas** revealed mixed, hypoechoic, irregular parenchymal changes with enhanced surrounding mesentery in a region of 5.0 x 4.0 cm in the left pancreatic limb. The right pancreatic limb had similar changes up to 3.2 x 1.4 cm. This is consistent with subacute on chronic pancreatitis.

### Heart

Rapid view of the heart revealed no evidence of pathology. Normal contractility and volumes were noted. The extracardiac space was unremarkable.

### ULTRASONOGRAPHIC FINDINGS

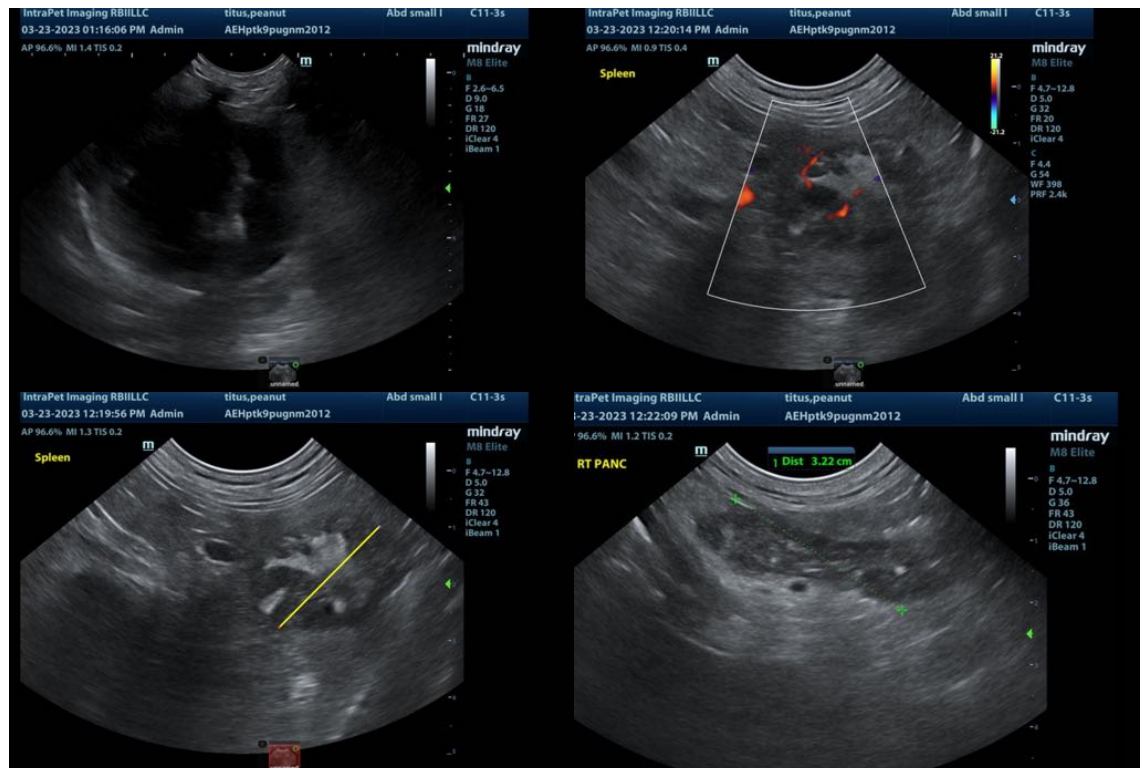
Subacute on chronic pancreatitis pattern, possible pancreatic necrosis, possible pancreatic neoplasia. Concurrent splenic mass. Granulomatous change is possible.

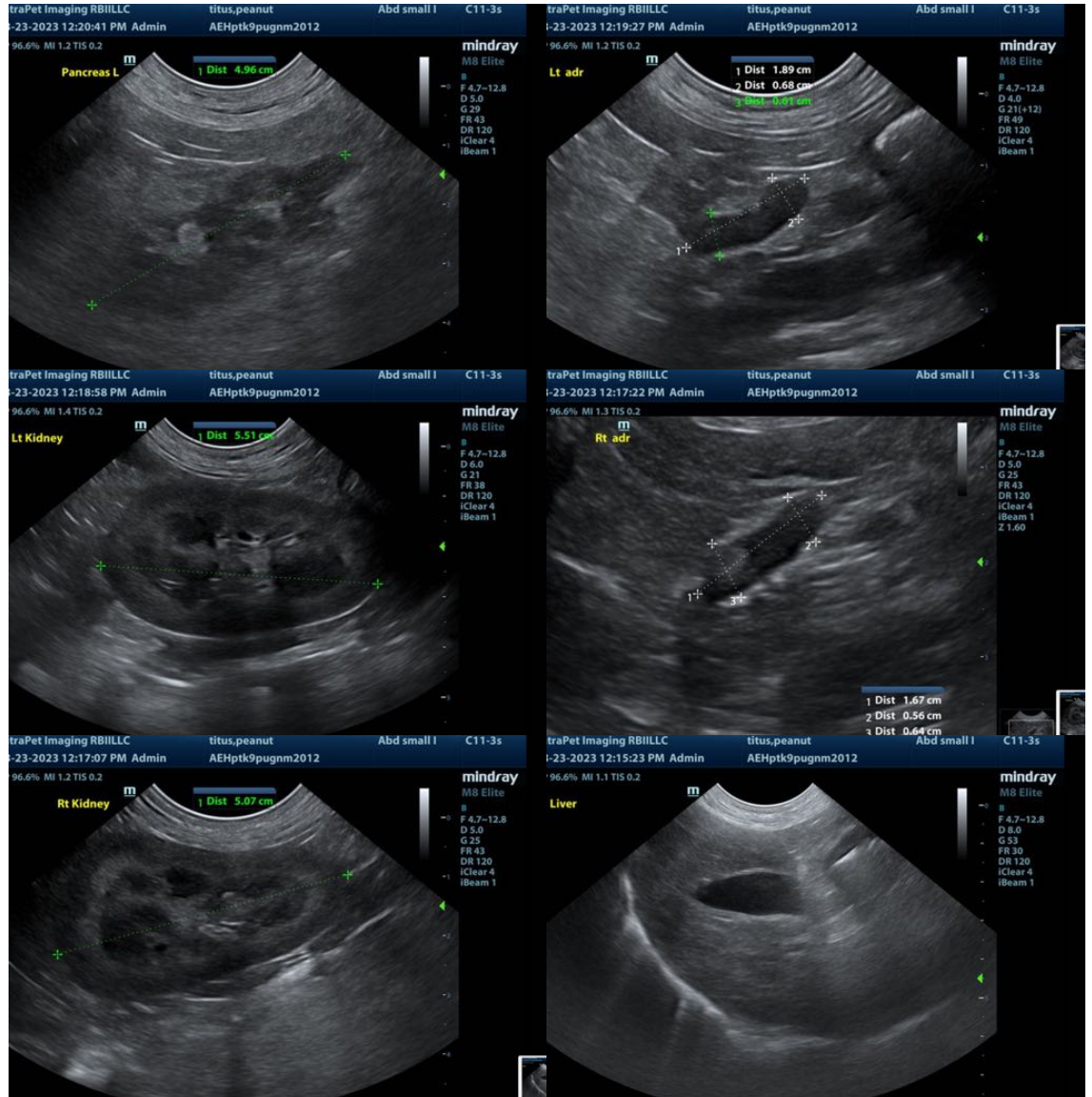
Right adrenal nodule, likely hyperplasia unless hypertension is present.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the pancreas and splenic mass would be ideal in this patient or stabilization of the patient for surgery with splenectomy and inspection of the pancreas with potential debridement of any necrotic tissue.

However, screening FNA of the spleen and liver as well as chest radiographs are warranted if not already performed.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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**  
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