



PATIENT

York Mendoza

SPECIES

Canine

BREED

Lhasa Apso

SEX

Neutered male

AGE

12 years

WEIGHT

20.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

96553

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: DIABETIC, NOT RESPONDING WELL TO INSULIN ON 3 UNITS BIDS AND NOW 4 PET IS 20 LB, USG=1.038 ALP=600 LIPASE ELEVATED PLI PENDING ALL ELSE WNL US DONE TO R/O AG MASS AND ASSES PANCREAS

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.

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. Slight pyelectasia was noted in both kidneys. The right kidney measured 5.23 cm. The left kidney measured 6.13 cm with pyelectasia.

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 0.6 cm. The left adrenal gland measured 0.5 cm.

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.

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.



PATIENT

Gastrointestinal

York Mendoza

The **stomach** presented slight shadowing luminal material. This is likely medications. The gastric wall is subjectively thickened. The small intestines and colon were unremarkable.

SPECIES

Canine

Pancreas

BREED

Lhasa Apso

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Geriatric abdomen with moderate degenerative renal changes and pyelectasia.
Diabetic hepatopathy with remodeling.

WEIGHT

20.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There were no overt masses or adrenal disease that would be responsible for the clinical signs. If any inflammatory sediment is present in the urine then treatment for urinary tract infection is indicated. Blood pressure measurements are indicated.

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

Dr. Barnea

UTI

Dietary indiscretion/intolerance

HOSPITAL NAME

Tenaflly VC

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

REFERRING VET

Dr. Barnea

Cushing's

Acromegaly

Owner compliance

INVOICE

96553

Insulin quality issues

Antibodies to insulin

DATE

3/3/22

Underlying Neoplasia

Diffuse liver disease



PATIENT

York Mendoza

SPECIES

Canine

BREED

Lhasa Apso

SEX

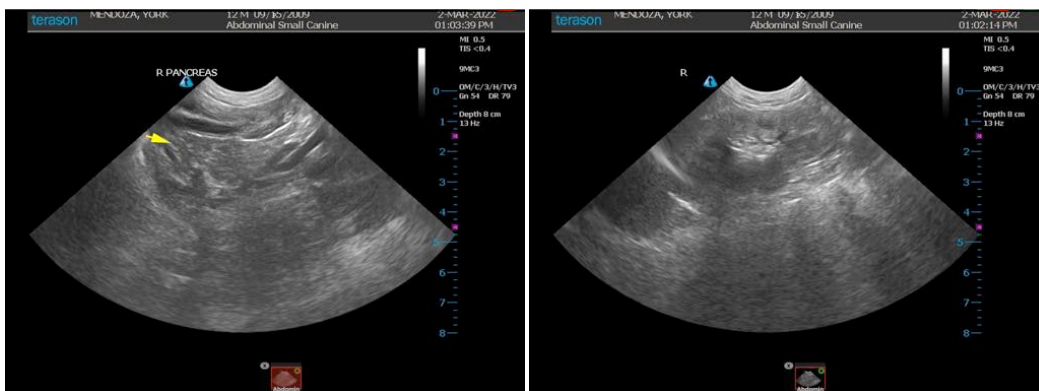
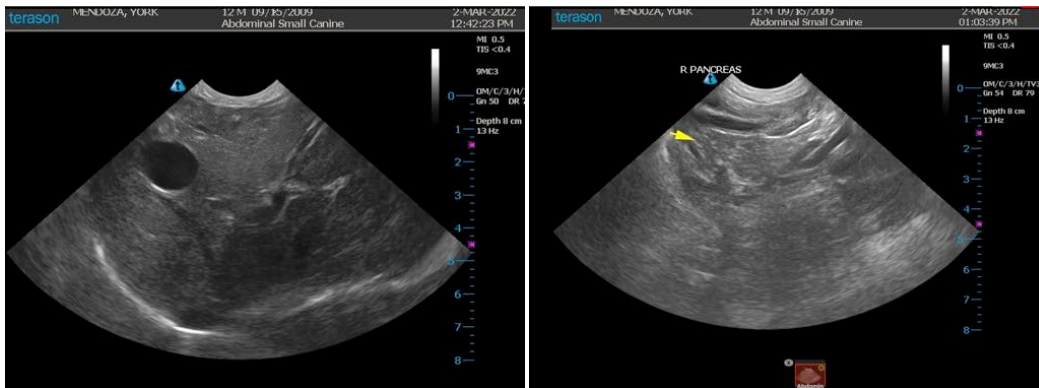
Neutered male

AGE

12 years

WEIGHT

20.2 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenaflly VC

REFERRING VET

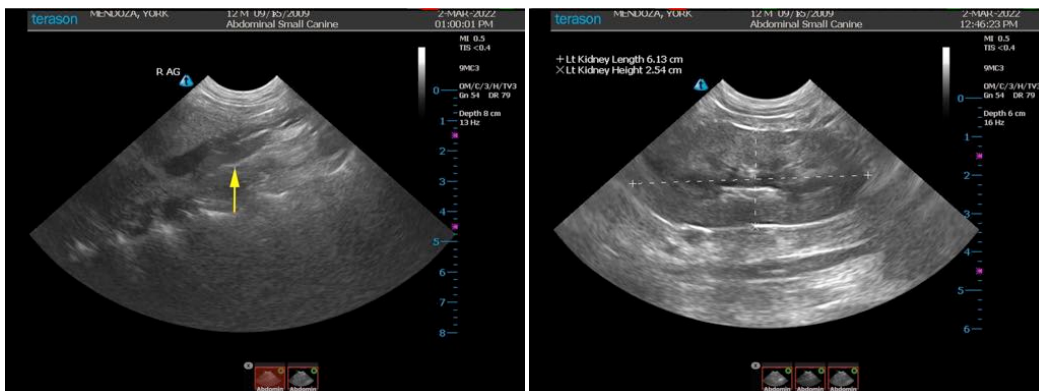
Dr. Barnea

INVOICE

96553

DATE

3/3/22





PATIENT

York Mendoza

SPECIES

Canine

BREED

Lhasa Apso

SEX

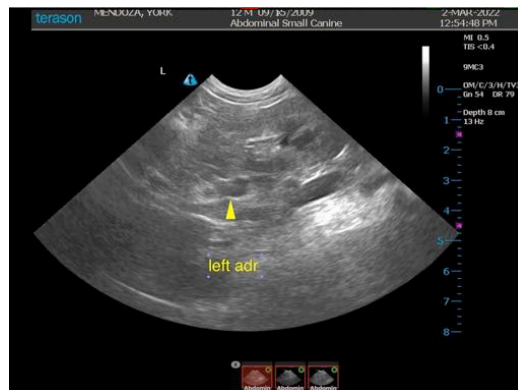
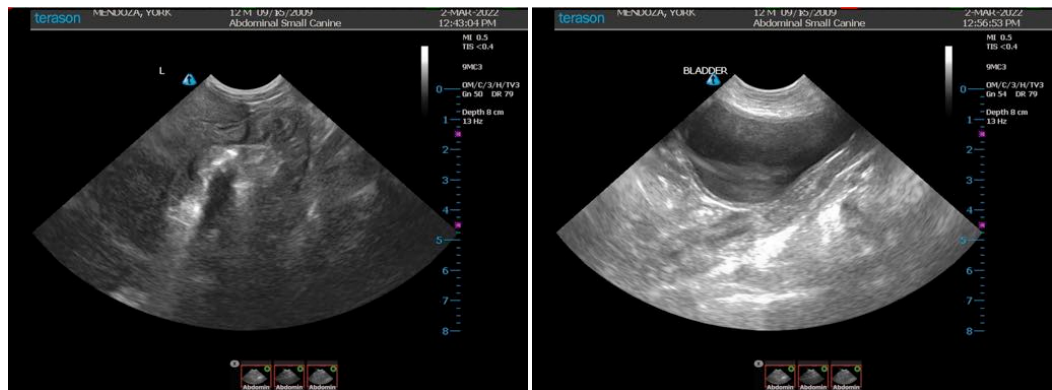
Neutered male

AGE

12 years

WEIGHT

20.2 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Barnea

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.

HOSPITAL NAME

Tenaflly VC

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

REFERRING VET

Dr. Barnea

INVOICE

96553

DATE

3/3/22