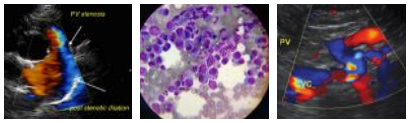
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

3/31/23

PATIENT

Bella Gerecht

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

3/25/13

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Care Center

REFERRING VET

Dr. Beavers

INVOICE

21881

PRESENTING CLINICAL SIGNS

History: Diagnosed with Chyle Effusion 2 weeks ago. Diagnosed with Diabetes 1 month ago. Drained 3 liters of fluid off abdomen 3-29-23. Butterfly Ultrasound in clinic showed lesions in the abdomen.

Current Medications: Novolin 6 units every 12 hours, On lasix 40mg BID
Radiographs: Lesions in abdomen seen on in house U/S
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 were noted. Ureteral papillae were normal.

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 5.5 cm. The left kidney measured 5.96 cm.

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 2.13 cm x 0.69 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 2.6 cm x 0.65 cm at the caudal pole and 0.63 cm at the cranial pole.

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 were noted.

Liver

The **liver** revealed multifocal coalescing cysts with regional free fluid. The cysts were present throughout the liver, some of which were echogenic with debris, suggestive for infection. Free fluid is likely owing to cyst rupture. The lesions are diffuse and nonresectable. Areas of biliary mineralization were noted.

Gastrointestinal

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.

Pancreas

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.

Free Abdomen

A significant amount of **reactive mesentery** and free fluid were noted, adjacent to the falciform.

ULTRASONOGRAPHIC FINDINGS

- Polycystic liver with likely free fluid from cyst rupture. Concurrent embedded infection is a potential. Biliary carcinoma is unlikely. Hepatic parasitic disease is a minor potential.

- Reactive mesentery and free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver, drainage and culture of the cystic structures is warranted. If the patient has been traveling in an area where hydatid cysts are a potential, then fecal testing is indicated. The flank region was imaged with a seroma type fluid accumulation with enhanced subcutaneous fat. If fluids were given, this may be an accumulation, otherwise, ultrasound guided sampling with cytology and culture would be indicated. Prognosis is guarded.

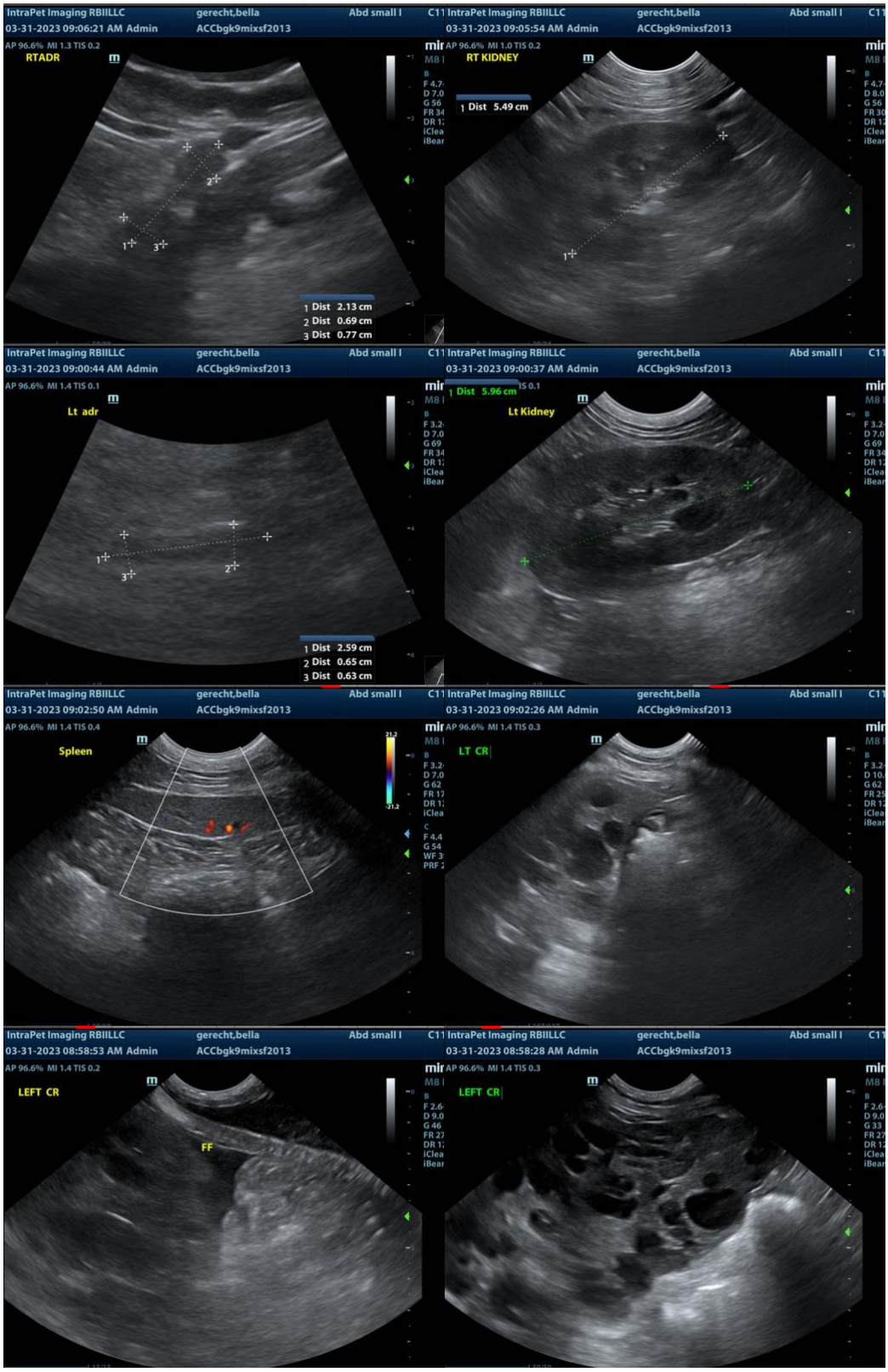
Potential Causes of Diabetic Dysregulation

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

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

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services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Abd small I
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RTADR
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2 Dist 0.69 cm
3 Dist 0.77 cm
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RT KIDNEY
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Lt Kidney
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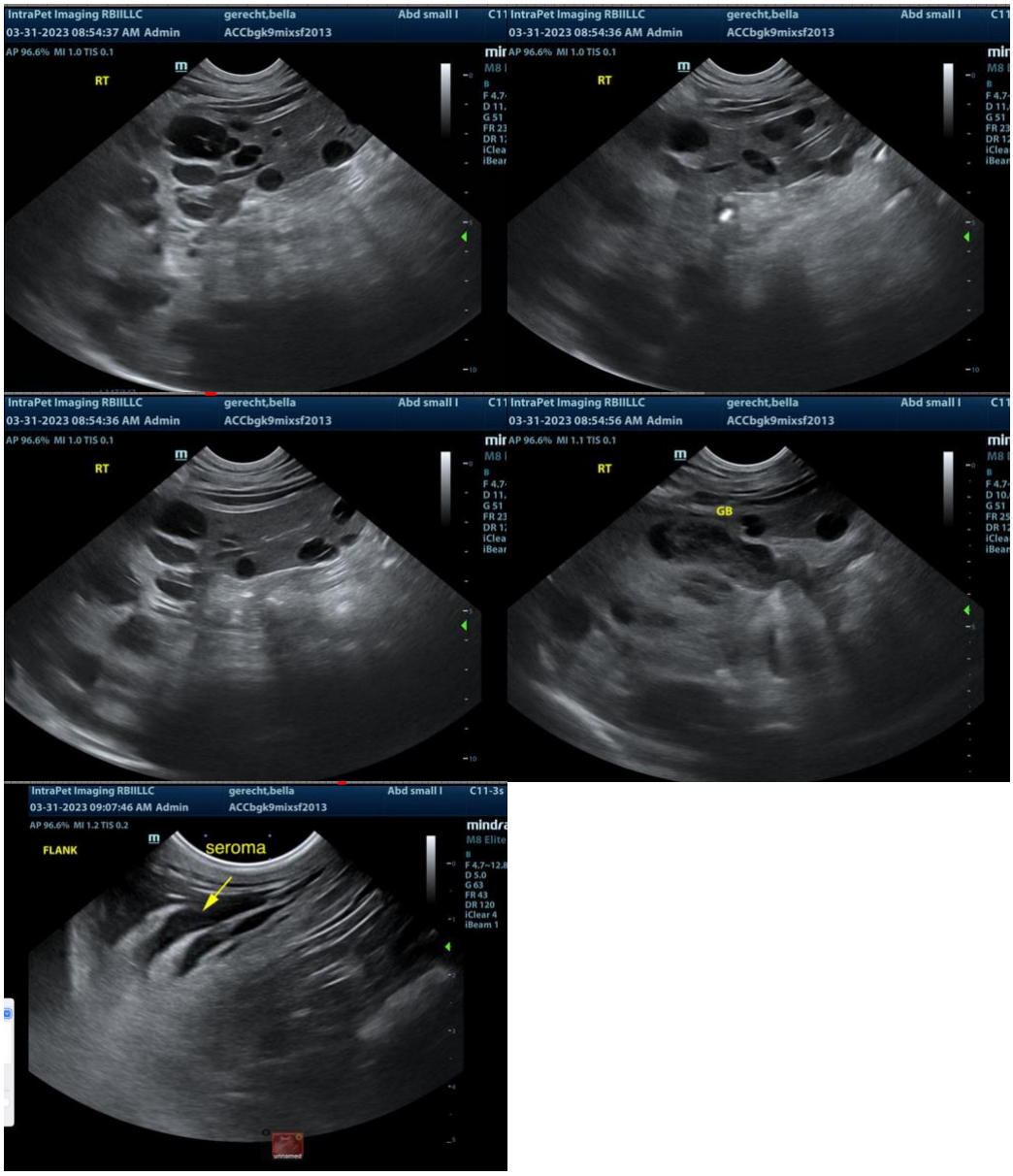

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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