



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Willow McCarthy	B/G elevated 460, UA: glucose +++, no ketones
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Alk Phos 244, BUN/Creat 46, Glucose 468, Ca 8.8, Chole 436, Triglyc 310, Amylase 159 UA: Glucose 3+ SG: 1.047
Canine	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Miniature Pinscher	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.
<b>SEX</b>	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 left kidney measured 4.82 cm in length. The right kidney measured 4.94 cm in length.
FS	
<b>AGE</b>	<b>Adrenal Glands</b>
7yr	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 1.64 cm in length by 0.53 cm caudal pole width by 0.44 cm cranial pole width. The right adrenal gland measured 1.67 cm in length by 0.63 cm caudal pole width by 1.09 cm cranial pole width.
<b>WEIGHT</b>	
6.8lb	
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jessica Miller	Exam of the cranial abdomen demonstrated excessive liver size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele, but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
All Creatures Great and Small	Examination of the gastrointestinal tract revealed a stomach filled with progressively shadowing luminal material consistent with ingesta, yet soft foreign matter cannot be ruled out depending upon when the patient ate prior to the sonogram.
<b>REFERRING VET</b>	
Dr. Mitrovic	
<b>INVOICE</b>	
13115ag	
<b>DATE</b>	
03/06/2023	



**PATIENT**

Willow McCarthy

**Pancreas**

The pancreas revealed mild heterogenous changes in the right limb parenchyma. Ill-defined surrounding mesentery suggestive of pancreatitis was noted.

**SPECIES**

Canine

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Miniature Pinscher

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild pancreatitis pattern
- Full stomach

FS

**AGE**

7yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The full stomach is likely post prandial, if the patient was NPO at the time of the sonogram soft foreign matter should be considered. Stabilization of the diabetic state is indicated with reassessment of dietary regimen.

**WEIGHT**

6.8lb

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>

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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

**IMAGING PERFORMED BY**

Jessica Miller

- 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

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

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**PATIENT**

Willow McCarthy

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

FS

**AGE**

7yr

**WEIGHT**

6.8lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

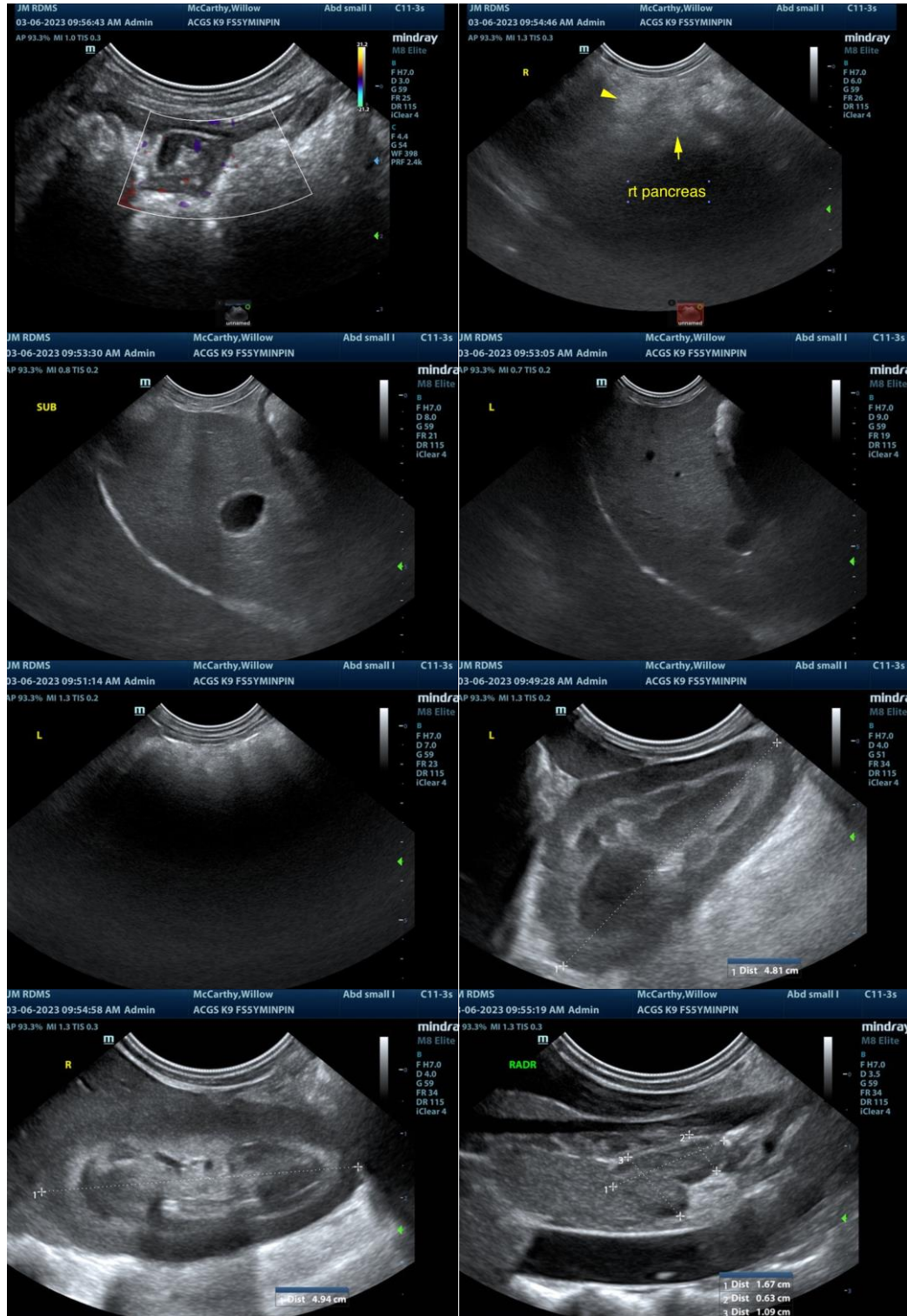
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**PATIENT**

Willow McCarthy

**SPECIES**

Canine

**BREED**

Miniature Pinscher



**SEX**

FS

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.

**AGE**

7yr

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  
Eric.Lindquist@SonoPath.com

**WEIGHT**

6.8lb

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

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