

PATIENT PRESENTING CLINICAL SIGNS

Ripley Brooke

History: Pet started with diarrhea, PU/PD and anorexia on the 6th. O took the pet to the rDVM on the 7th rads/bw WBC increased, HCT 68%, BUN 58, CREAT 2.3, T-Bili 2.5 ALT 200, ALP 300, BG 121 NA 133. CPL WNL, Lepto +/- vaccinated in January. rDVM administered SC fluids, cerenia, clavamox, dex inj.. Diarrhea and PU/PD continued but pet seemed brighter, given entyce eating treats and hamburger. O presents pet to AEHD on the 10th, no more diarrhea, still PU/PD, anorexic. 4DX negative, PCV 54% NA 122 K 6.5 - ratio 18 CL decreased, glucose 500 BUN 39 creat 11.1, Tbili WNL, ALT 170, ALP 270, ketones negative. Stim test 4.1 baseline WNL, Pet hospitalized BG q4hr, 0.9 % NaCL

SPECIES

Canine

BREED

Labrador

SEX

Intact male

AGE

7.5 Years

WEIGHT

36 lg

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 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 left kidney measured 6.0 cm. The right kidney measured 7.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The region of the **adrenal glands** were imaged with no evidence of pathology.

IMAGING PERFORMED BY

Dr. Lemanski

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.

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

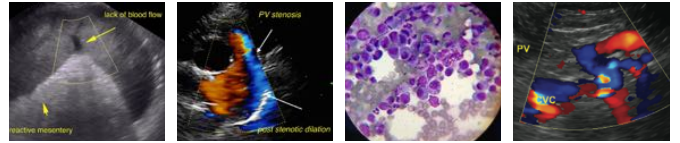
43751

DATE

4/11/23



PATIENT	<i>Gastrointestinal</i>
Ripley Brooke	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.
SPECIES	
Canine	
BREED	<i>Pancreas</i>
Labrador	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.
SEX	
Intact male	ULTRASONOGRAPHIC FINDINGS
AGE	Unremarkable abdomen, diabetic dysregulation.
7.5 Years	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
WEIGHT	I recommend primary treatment for diabetic state. The azotemia is likely secondary to the diabetic state. There is no evidence of specific visceral disease.
36 lg	Potential Causes of Diabetic Dysregulation
INTERPRETED BY	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
Eric Lindquist, DMV DABVP, Cert. IVUSS	<ul style="list-style-type: none"> 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
IMAGING PERFORMED BY	
Dr. Lemanski	
HOSPITAL NAME	
Animal Emergency Hospital Deland	
REFERRING VET	
Dr. Lemanski	
INVOICE	
43751	
DATE	
4/11/23	



PATIENT

Ripley Brooke

SPECIES

Canine

BREED

Labrador

SEX

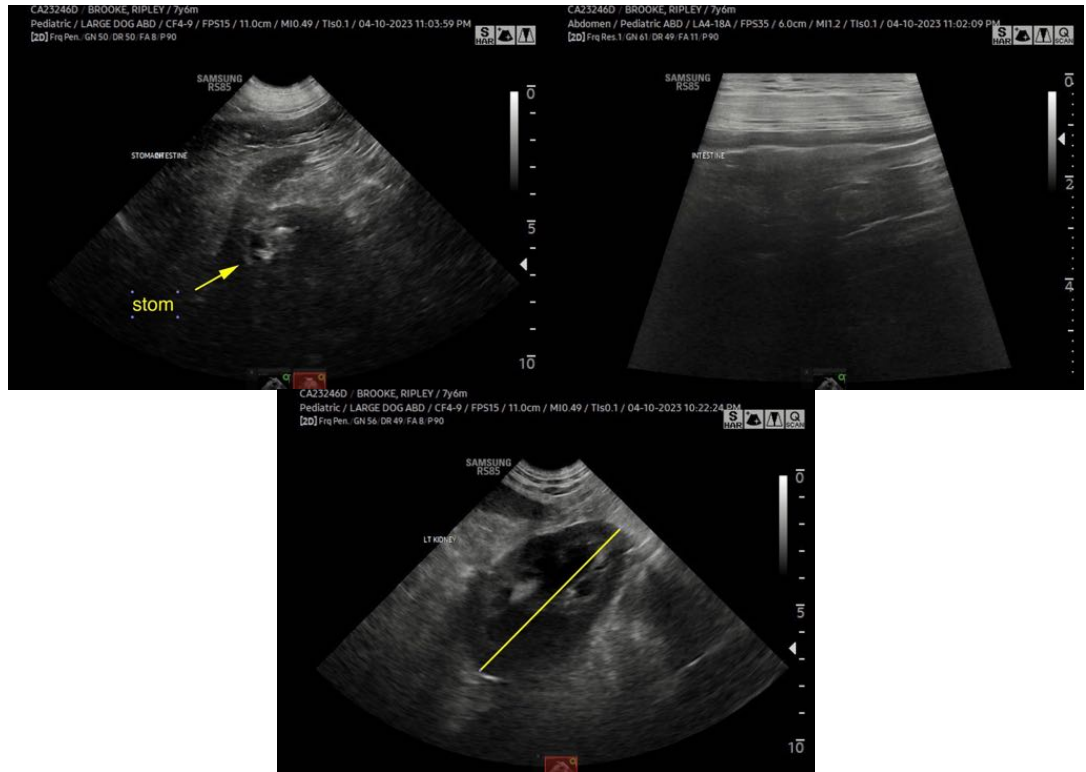
Intact male

AGE

7.5 Years

WEIGHT

36 lg



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lemanski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Lemanski

INVOICE

43751

DATE

4/11/23

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