



**PATIENT**

Jeter Battaglino

**PRESENTING CLINICAL SIGNS**

diabetes, DKA

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**BREED**

Pug X

**SEX**

Neutered Male

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 5.81 cm. The right kidney measured 6.09 cm.

**AGE**

11 Years

**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 1.77 cm x 0.74 cm at the caudal pole and 0.83 cm at the cranial pole. The left adrenal gland measured 1.9 cm x 0.74 cm at the caudal pole and 0.88 cm at the cranial pole.

**WEIGHT**

32 Pounds

**Spleen**

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. Not pathological, appears quiescent.

**INTERPRETED BY**

Eric Lindquist, DMV

**Liver**

The **liver** in this patient was mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden

**Gastrointestinal**

**HOSPITAL NAME**

Rockaway AH

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.

**REFERRING VET**

Dr. Maniar

**Pancreas**

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 subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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**ULTRASONOGRAPHIC FINDINGS**

**DATE**

4/15/22

- Diabetic nephropathy
- Diabetic hepatopathy



**PATIENT**

Jeter Battaglino

- Idiopathic splenic mineralization – likely secondary to diabetic state.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant pathology. FNA of the liver could be considered for further definition.

**SPECIES**

Canine

**Potential Causes of Diabetic Dysregulation**

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

**BREED**

Pug X

UTI

Dietary indiscretion/intolerance

Pancreatitis

**SEX**

Neutered Male

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

**AGE**

11 Years

Cushing's

Acromegaly

Owner compliance

**WEIGHT**

32 Pounds

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

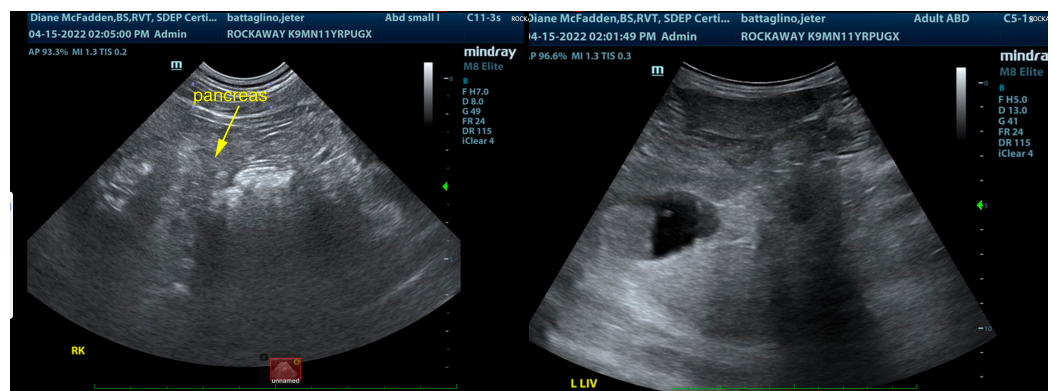
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Pug X

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

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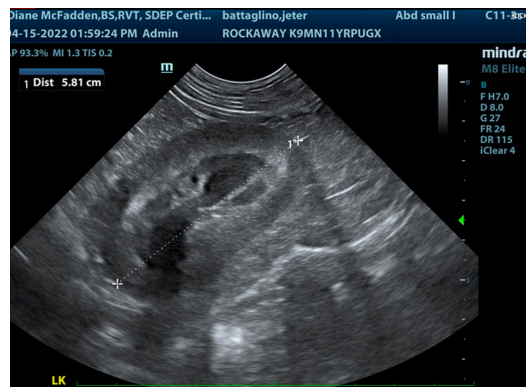
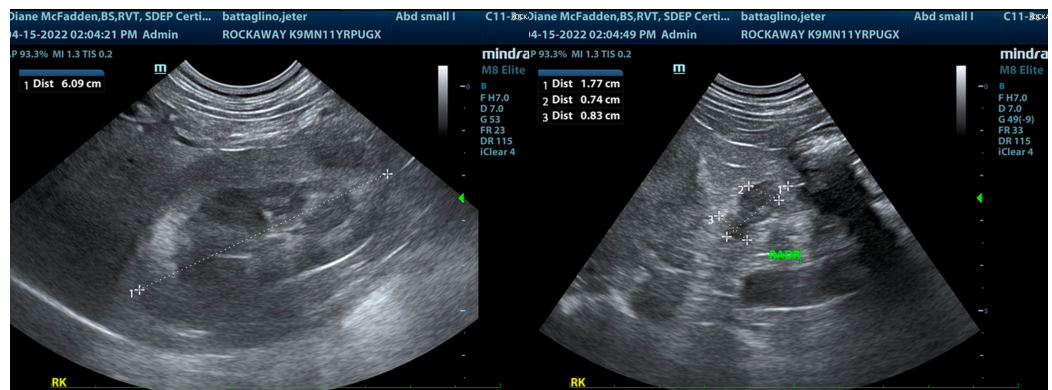
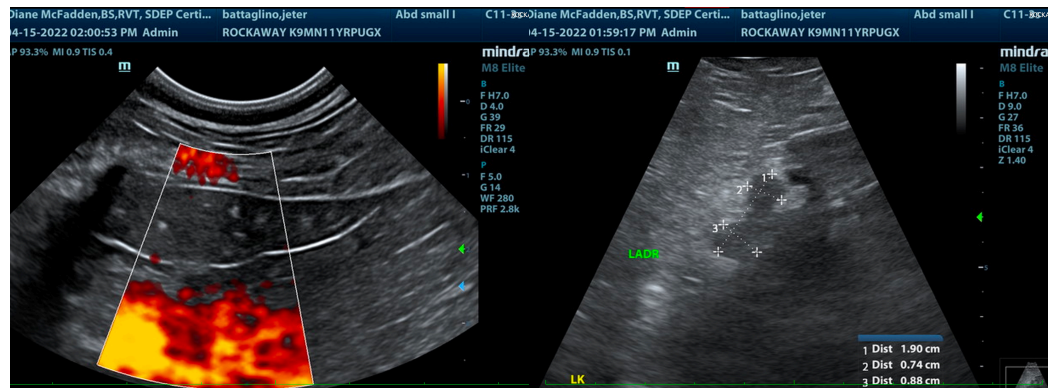
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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