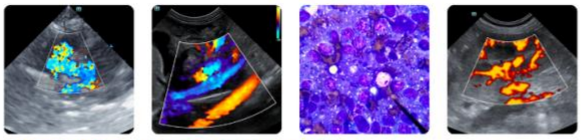


DATE

04/28/26

PATIENT

Dylan Orben

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

04/01/13

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS

HOSPITAL NAME

VEG Pikesville

REFERRING VET

Dr. Martin

INVOICE

15513

PRESENTING CLINICAL SIGNS

Patient History: Diabetic for about 3 years -Vetsulin 4 units twice a day (every 12 hours) -Previously on Hill's science diet but BG levels never normalized so moved to cooking her food and giving a low glycemic index kibble at home, and large improvements have been seen -vomiting at home today (multiple times) -urinating a lot today throughout the house. PE -bilateral cataracts -prognathia -abdomen non-painful on palpation
Current Medications: Vetsulin 4 units SQ every 12 hours, Clavamox 62.5mg tablets 1 tablet PO every 12 hours, SAMe 100mg tablets 1/2 tablet PO every 24 hours
Labwork Results: Labwork attached, reported as: ALT- did not run, twice, ALP- 215U/L, GGT- 12U/L, AMYL- 305U/L. UA- suspected cocci, SG 1.030, pH 9, crystalline debris
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: requested.
Imaging Performed by: Andi Parkinson RDMS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra to a depth of 2.0 cm were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 his age patient. Medullary structure differed distinctly from that of the cortex. Pinpoint nonobstructive mineralizations were noted. The left kidney measured 4.0 cm in length. The right kidney measured 4.29 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 1.5 cm x 0.44 cm width at the cranial pole and 0.55 cm width at the caudal pole. The right adrenal gland measured 2.0 cm x 0.52 cm width at the caudal pole and 0.58 cm width 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

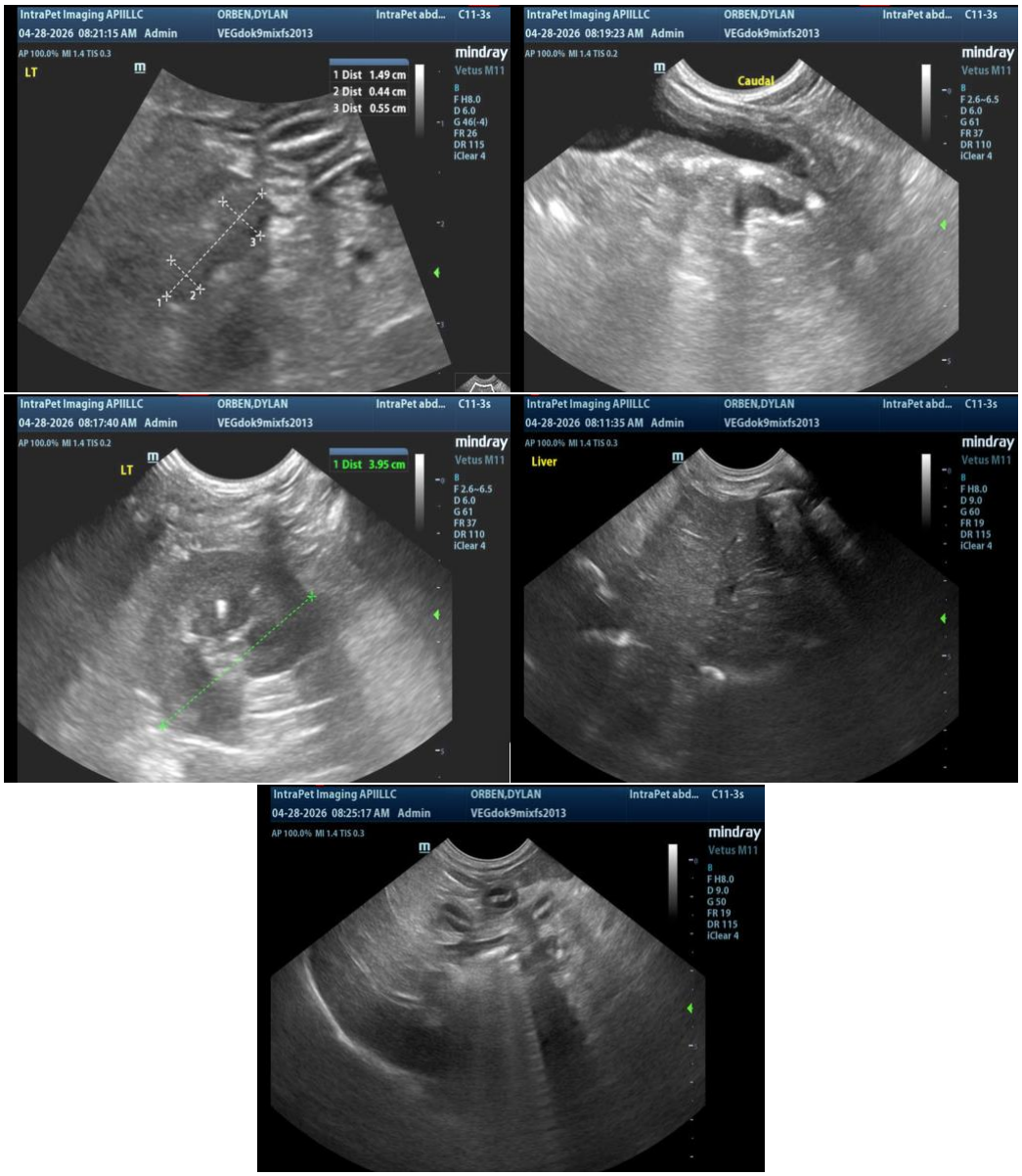
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable geriatric abdomen.
- Minor pinpoint nephrolithiasis.
- Heterogenous adrenal glands yet are measurably normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend repeating the blood work in this patient in case lab error may be playing a role in the BUN and ALT values in particular.



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(CFM), Cert. IVUSS,

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