



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Charlie Lane

SPECIES
Canine

BREED
German Shepherd

SEX
Male

AGE
9 years

WEIGHT
31 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Zippay

INVOICE
98115

DATE
4/6/22

History: Presented at our hospital for recheck. Vomiting, anorexia. Seen here yesterday; regurgitation; radiographs slight loss of abdominal detail. Straining with no stool produced this morning. Previous Health Concerns: back, disc, arthritis, prior esophageal trauma from wood/stick 1 year ago (scar tissue) Current Medications: sq fluids and Cerenia injection 4/3; metronidazole and Provable (none given); sucralfate 2 doses

Abnormal PE/Chem/CBC/UA Results: Abdominal: tense with abdominal palpation 1) CBC/Chem/EPOC – mild liver enzyme elevations, moderate hyperglycemia; chem: BUN 29.6 H, albumin 4.2 H, glucose 352 H, cholesterol 408 H, ALT 211 H, ALP 264 H, lipase >1,000 H cbc:wbc 17.12 H, neu 15.99 H, lym 0.75 L, eos 0.02 L epoc:TCO2 9.6 L, pH 7.175 L, sodium 137 L, potassium 2.7 L, glucose 325 H, hct 58% H 2) SNAP cPL – Abnormal 3) Urine Dipstick – glucose, ketones

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Medullary rim was noted. The right kidney measured 7.68 cm. The left kidney measured 7.6 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 left adrenal gland measured 3.15 x 0.6 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 0.5 cm.

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.



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Liver

The **liver** revealed diffuse, hyperechoic parenchyma with attenuating sound beam. The gallbladder and common bile duct were unremarkable. This is most consistent with metabolic hepatopathy.

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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. The small intestine and colon were unremarkable.

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Pancreas

Minor, heterogenous **pancreatic** changes were noted in the right limb.

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ULTRASONOGRAPHIC FINDINGS

Diabetic hepatopathy.

WEIGHT

31 lbs

Diabetic nephropathy.

Minor pancreatitis pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care and management for diabetic state should prove effective. Some level of pancreatitis is present, yet not severe. Insulin dosing should be monitored carefully as pancreatic inflammation subsides. Insulin production may be somewhat reinstated.

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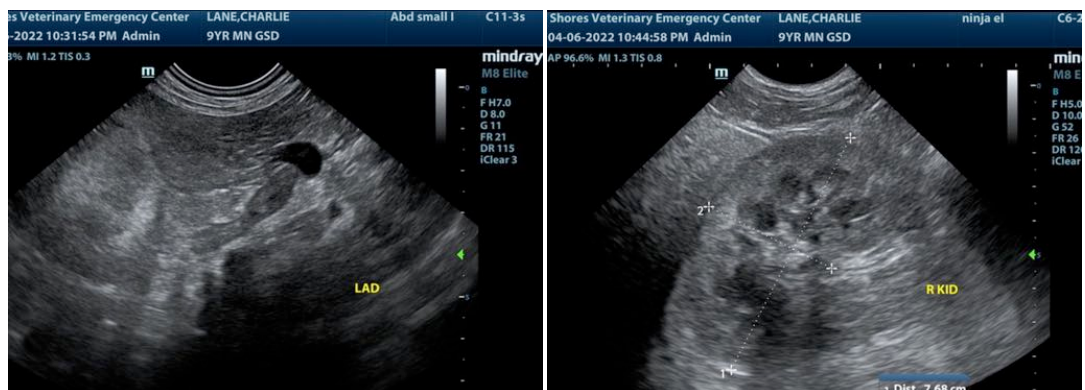
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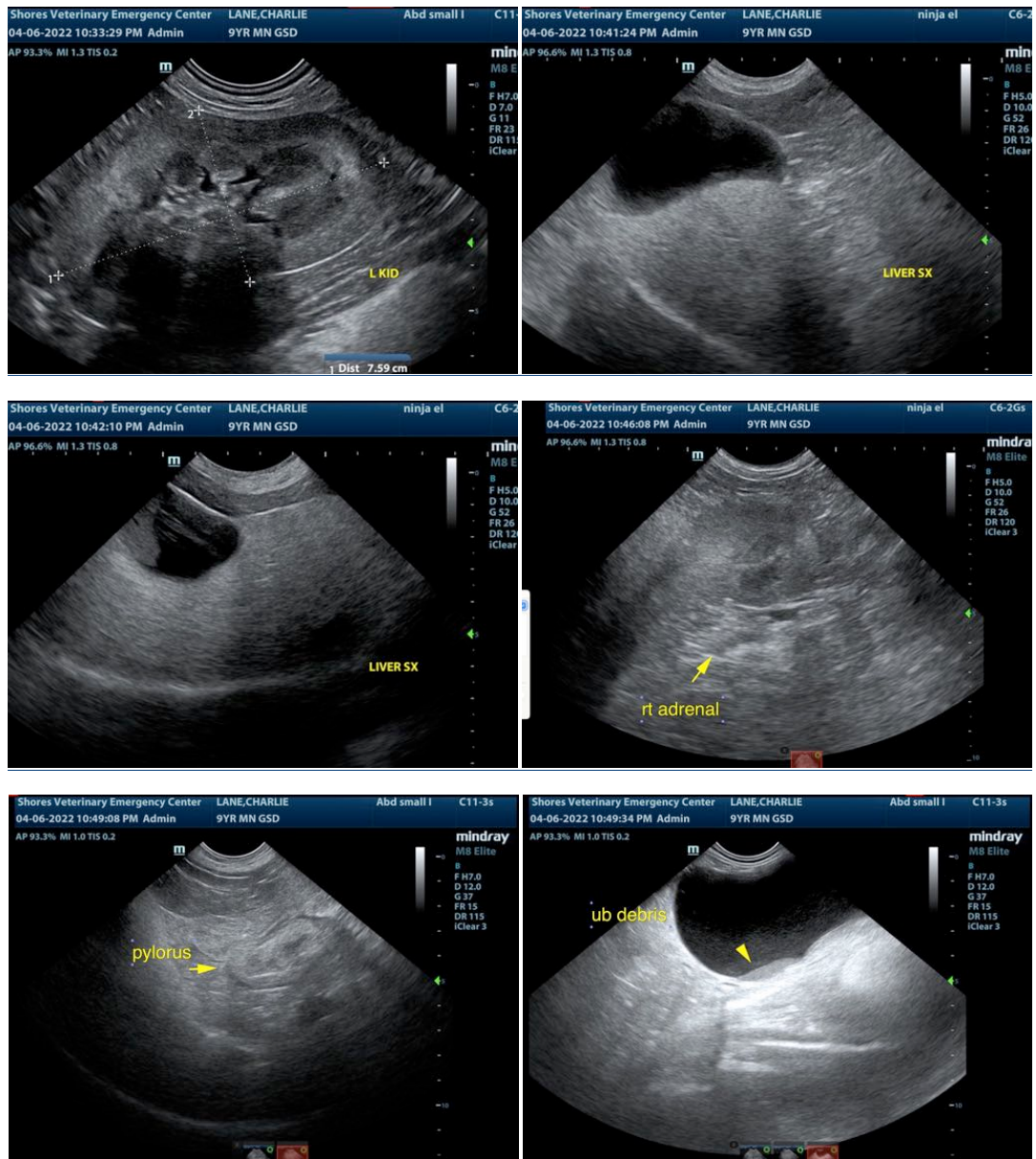
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com