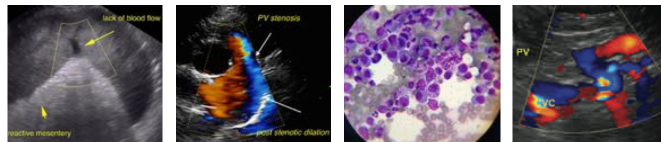
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Holly Insinga

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

7 years

WEIGHT

74.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville Country Vet

REFERRING VET

Dr. Talbot-Valerio

INVOICE

98122

DATE

4/7/22

PRESENTING CLINICAL SIGNS

History: Unregulated diabetic, hepatomegaly. Current meds: Novolin-n Insulin
Abnormal PE/Chem/CBC/UA Results: Neu 12.18, Glu 684, BUN 39, GGT 12, Tbil 1.1, Chol 457, Amyl >2500, Lipase 5658, Na 136, Cl 92, U/A- Prot ++, PH 6, Bld trace, USG 1.040, Ketones ++, Glu +++, sed=nsf

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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** were normal in size and contour. Minor pyelectasia and slight cortical mineralization was noted. The right kidney measured 7.45 cm with trace pyelectasia. The left kidney measured 6.27 cm.

Adrenal Glands

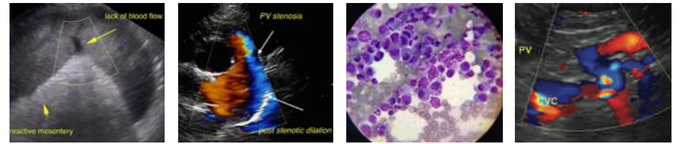
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.55 x 1.4 cm at the cranial pole and 0.84 cm at the caudal pole. The left adrenal gland measured 2.33 x 0.5 cm at the cranial pole and 0.6 cm at the caudal pole.

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.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. 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.



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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. 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 right limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery. This is suggestive for chronic active form of pancreatitis.

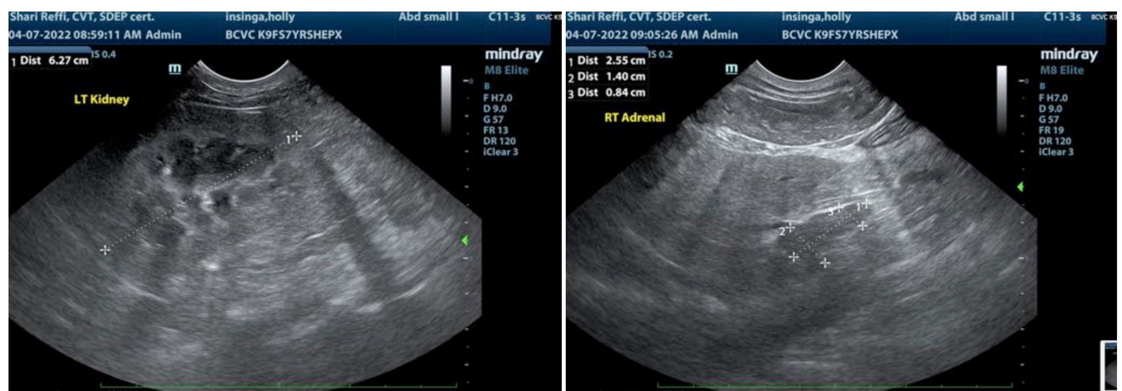
ULTRASONOGRAPHIC FINDINGS

Minor, non-specific degenerative renal changes.

Subjectively benign inflammatory hepatopathy/metabolic hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend Leptospirosis titers as well as urine culture and sensitivity if any inflammatory sediment is present. Primary treatment for pancreatitis is warranted with coverage for Leptospirosis. The degenerative changes in the kidneys were minor. IV fluid support and 24 hour n.p.o., Ampicillin and Metronidazole combination with pain management is all indicated. FNA of the liver could be considered for further definition; however, the changes appear fairly minor. No evidence of neoplasia.



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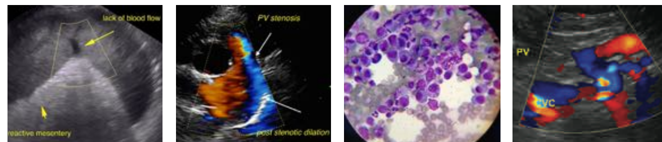

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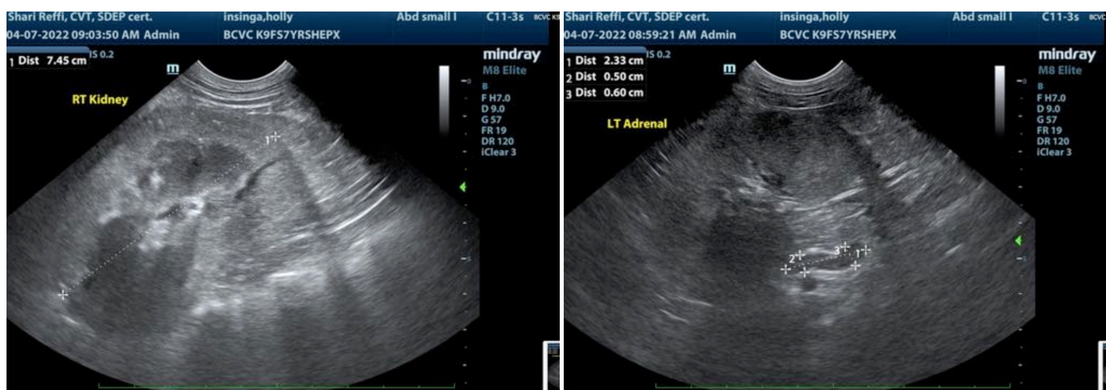

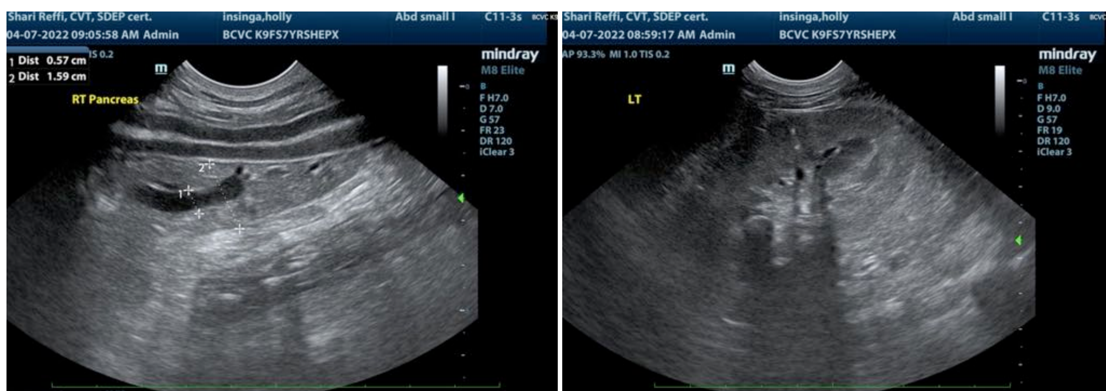

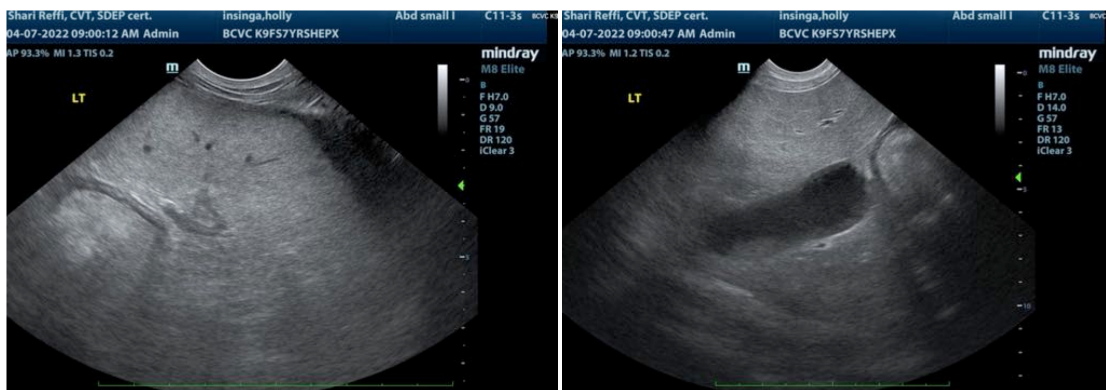

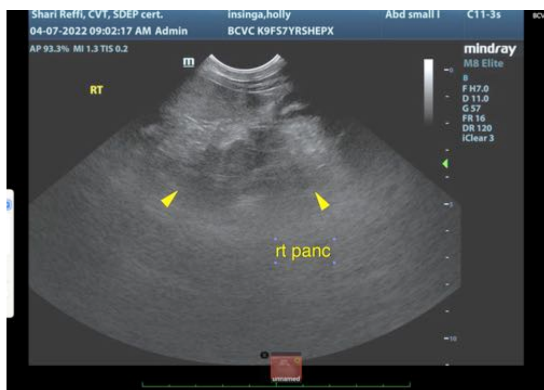

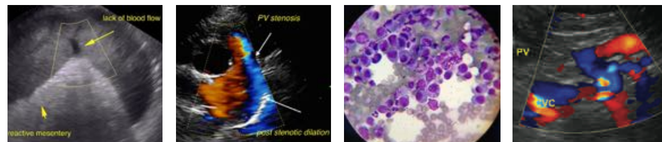

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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