



PATIENT

Aris Koppa

SPECIES

Canine

BREED

Schnauzer

SEX

Spayed Female

AGE

8

WEIGHT

29

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A.Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Jencka

INVOICE

22254

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Presented DKA. Currently being hospitalized at ER clinic

Abnormal PE/Chem/CBC/UA Results: 4/30/23 8:38 PM pO₂- 67.5 pCO₂- 23.5 Bicarbonate- 9 TCO₂- 8.3 pH- 7.193 BE, ECF- (-19.1) K-2.5 Calcium, ionized- 0.97 BUN- 62 5/1/23 8:15 AM pCO₂- 27.6 Bicarbonate- 11.4 TCO₂- 10.8 pH- 7.225 BE, ECF- (-16.2) K-2.6 Calcium, ionized- 1.07 BUN- 36 Glucose- 132

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.

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. This is a moderate change. Slight pyelectasia was noted bilaterally. Mineralization was noted. The left kidney measured 4.7 cm. The right kidney measured 4.5 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 0.5 cm. The right adrenal gland measured 0.6 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 were noted.

Liver

The **liver** was mildly enlarged and diffusely hyperechoic with attenuating sound beam. The gallbladder and common bile duct were unremarkable. This change is consistent with diabetic hepatopathy.

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



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The right limb of the **pancreas** was prominent, hypoechoic and mildly irregular. Some level of inflammation is likely. Enhanced surrounding mesentery was noted.

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- Diabetic hepatopathy
- Diabetic nephropathy
- Low grade pancreatitis, primarily localized to the right limb

BREED

Schnauzer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, pain management, broad spectrum antibiotics, urine culture and blood pressures are all indicated. Recheck sonogram in 72 hours to assess for progression/regression of the pancreatic presentation.

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Potential Causes of Diabetic Dysregulation

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

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UTI

Dietary indiscretion/intolerance

Pancreatitis

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

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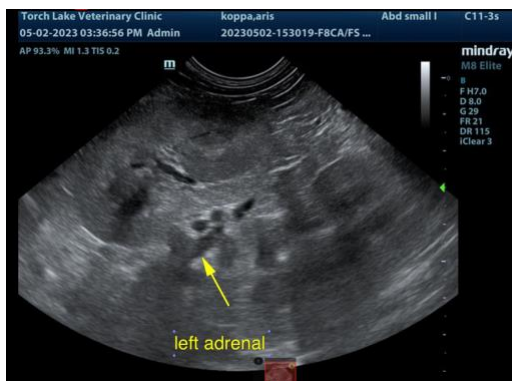
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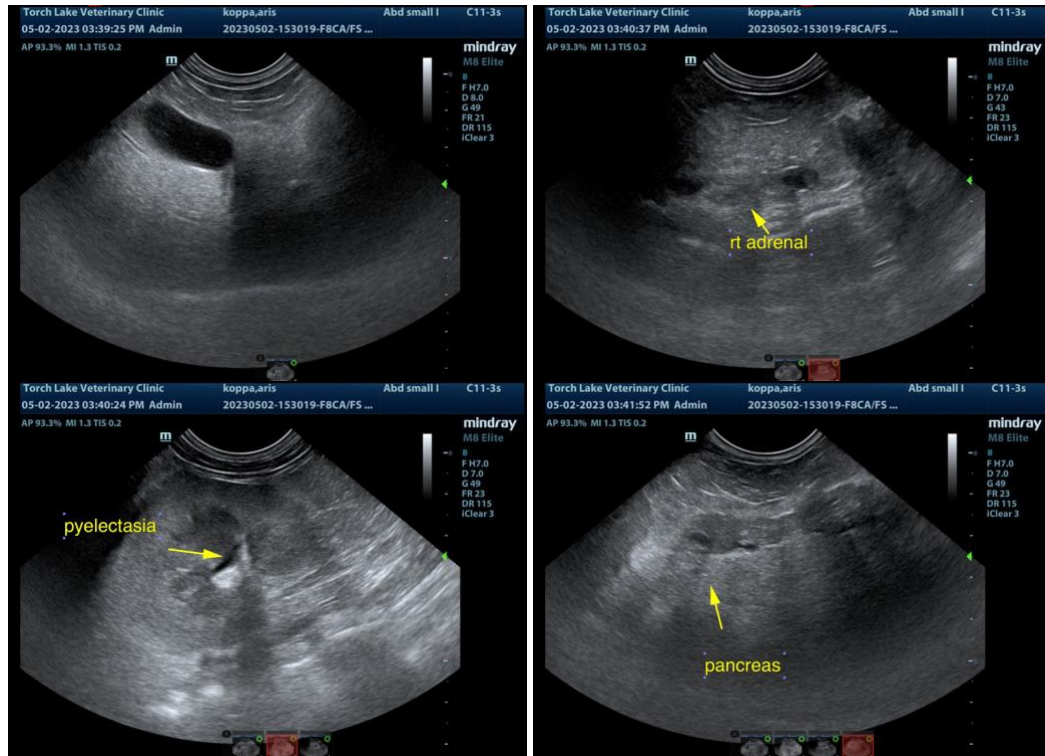
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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