



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Mia Berman

SPECIES
Canine

History: Mia has been drinking excessively, peeing excessively, slowing down on eating and getting picky about what she eats, and she is losing weight. She has also become less energetic and weak. 20# weight loss in 3 months.

Abnormal PE/Chem/CBC/UA Results: PE: Dehydration, lethargic, BCS 1/5, cardiac murmur 2/6 systolic. UA: SP 1.047, pH 7.0, Glucose 1000mg/dL, 32 WBC, >50RBC, No bacteria seen. CBC: Normal Chem: Glucose 527 mg/dL, ALT 514 U/L, ALP 1901 U/L, GGT 76 U/L, Chol 386 mg/dL, Lip 2054 U/L

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Doberman Pinscher

Urinary System

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

12 years

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 5.8 cm. The right kidney measured 5.0 cm.

WEIGHT

52 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.2 x 0.61 cm at the caudal pole and 0.82 cm at the cranial pole. The right adrenal gland measured 1.73 x 0.82 cm at the cranial pole and 0.77 cm at the caudal pole.

IMAGING PERFORMED BY

Carissas Rhoades

Spleen

HOSPITAL NAME

Elizabeth AH

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.

REFERRING VET

Dr. Anderson

Liver

INVOICE

30446

The **liver** revealed diffusely hyperechoic parenchyma with swollen contour. The gallbladder and common bile duct were unremarkable. Attenuating sound beam was noted. This is most consistent with vacuolar hepatopathy and lipidosis.

DATE

5/16/22



PATIENT

Gastrointestinal

Mia Berman

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.

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Doberman Pinscher

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Hyperechoic, swollen liver.

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

52 lbs

Bile acid profile is warranted. FNA of the liver is warranted as well as stabilization of the diabetic state. Treatment for UTI is warranted over the next 4 weeks given the elevated white count.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Potential Causes of Diabetic Dysregulation

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

IMAGING PERFORMED BY

Carissas Rhoades

UTI

Dietary indiscretion/intolerance

Pancreatitis

HOSPITAL NAME

Elizabeth AH

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

REFERRING VET

Dr. Anderson

Acromegaly

Owner compliance

Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia

DATE

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Diffuse liver disease



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REFERRING VET

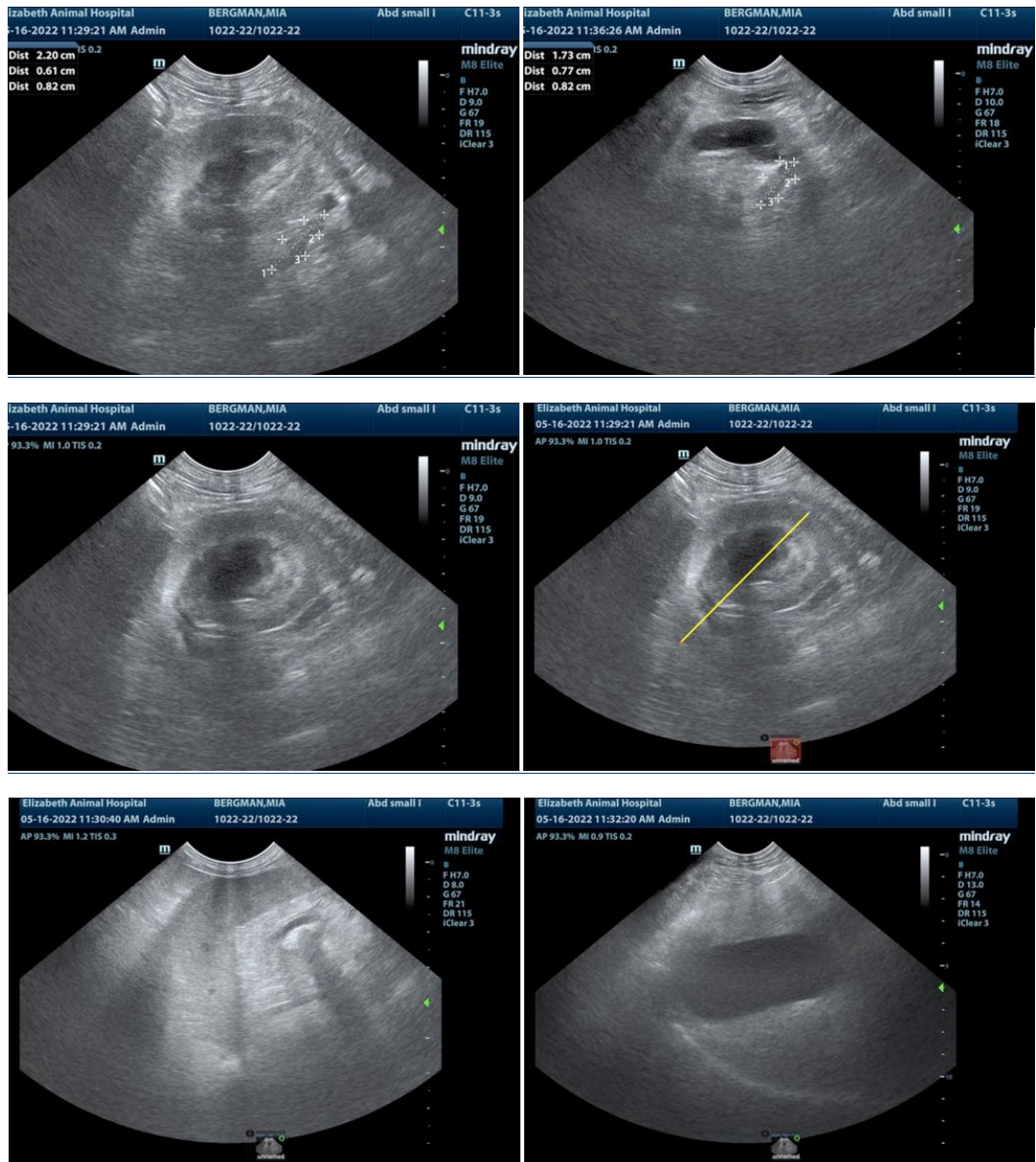
Dr. Anderson

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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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info@SonoPath.com

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