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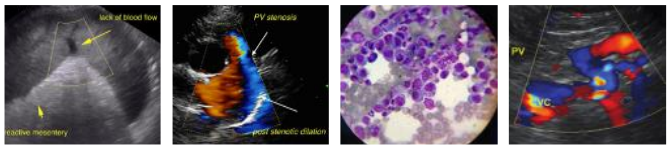
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Bentley Searles

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
12 Years

WEIGHT
13.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Harold Mike Beard

HOSPITAL NAME
West Prince AH

REFERRING VET
Dr. Sharon Stone

INVOICE
37878

DATE
5/23/22

PRESENTING CLINICAL SIGNS

Trouble regulating blood glucose. Hx Pancreatitis. RDVM suspects Cushing's Dz.
Abnormal PE/Chem/CBC/UA Results: Pendulous abdomen, thin skin, Periodontal Dz, PU/PD, cataracts, lens induce uveitis. Chem = alk phos 1224, glucose 413, SDMA 28. CBC = HCT 60. Urine spG 1.034, protein, glucosuria.

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 were normal. The pelvic urethra was imaged 3.0 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. Moderate degenerative changes, slight cortical cysts present.

Adrenal Glands

The adrenal glands were measurably normal, yet minor uniform swelling. The left adrenal gland measured 7.0 mm. The right adrenal gland measured 0.85 cm at the caudal pole and 1.0 cm 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** was uniformly swollen and presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was mildly edematous without overdistention or obstruction.

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 **pancreas** revealed hyperechoic parenchymal changes, consistent with remodeling. No overt evidence of active inflammation, yet cannot be completely ruled out.

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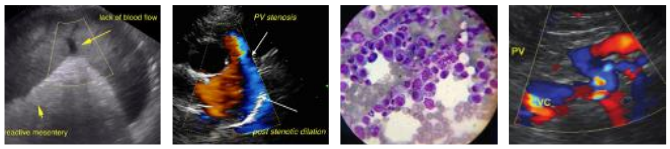

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ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy
- Diabetic nephropathy
- Minor swollen adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that USG is well concentrated, typical Cushing's is unlikely. However, atypical Cushing's is a potential. Full adrenal panel to the University of Tennessee would be ideal. Primary treatment for diabetic state indicated.

Potential Causes of Diabetic Dysregulation

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

UTI

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

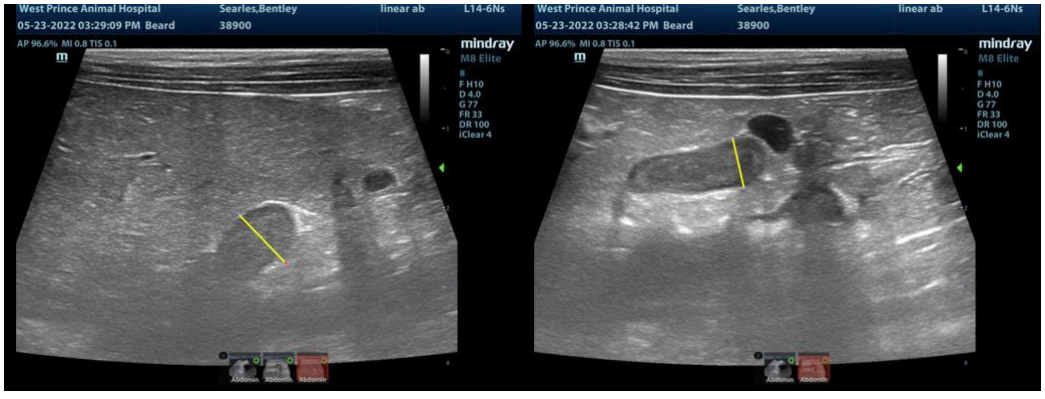
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease



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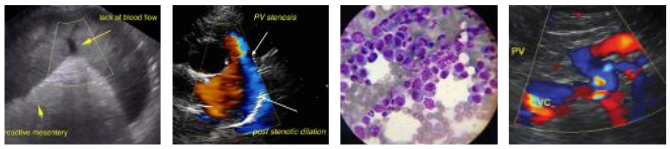

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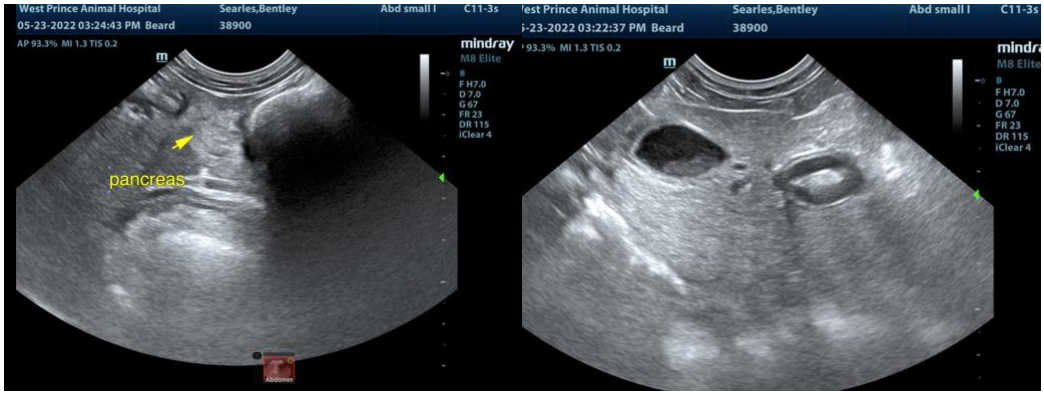

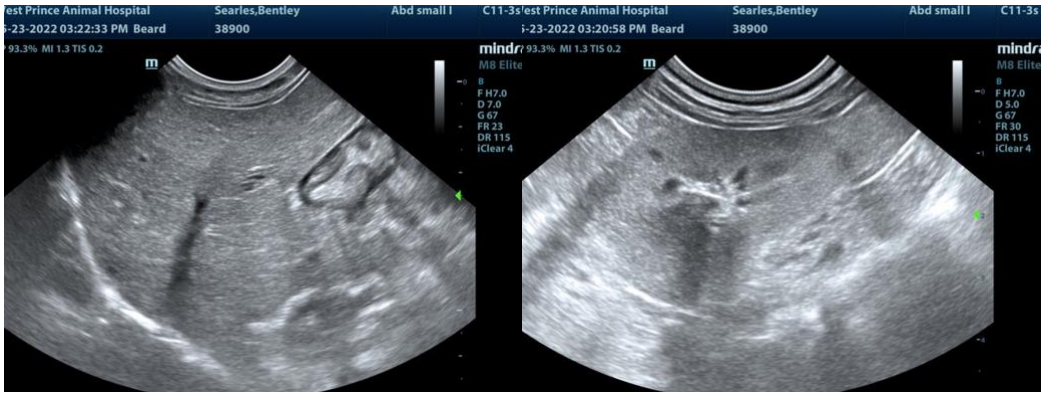

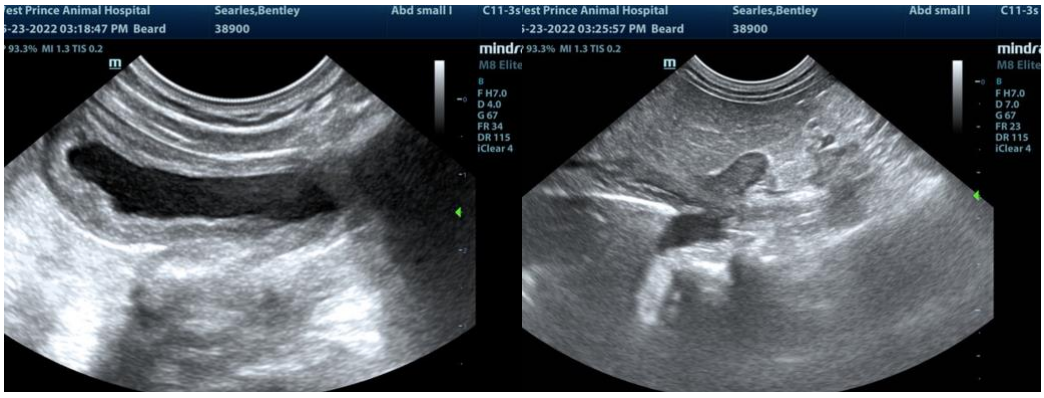

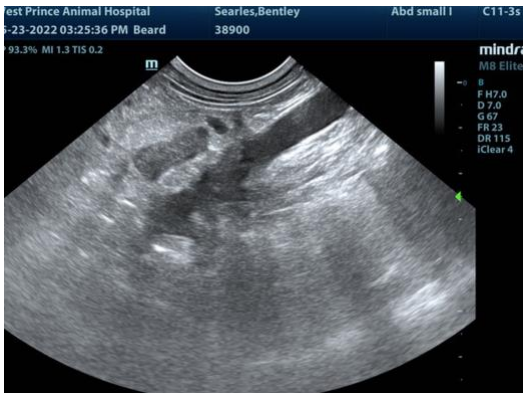

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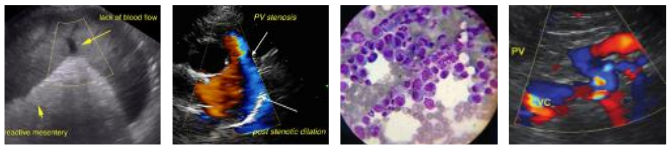

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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