



PATIENT

Penny Cretu

SPECIES

Canine

BREED

Pit Bull Terrier

SEX

Spayed Female

AGE

1.5 Years

WEIGHT

18.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Bateman

INVOICE

37993

DATE

5/26/22

PRESENTING CLINICAL SIGNS

HW positive (currently undergoing treatment) - Acute vomiting/diarrhea - Currently on Prednisone and Trazadone Presented to us for: Got out of the bed and heard her coughing and then looked over at her and was sitting up and throwing up. She was breathing heavily and thought she was just worked up from vomiting and then noticed she had defecated. Unresponsive when calling her name for about a half hour. very limp and unable to steadily walk herself. Last Thursday she started injections for HW.
Abnormal PE/Chem/CBC/UA Results: - Severely elevated ALT and GGT - Bronchointerstitial pattern noted in the right middle and caudal lung lobes; no pleural effusion noted and cardiac silhouette does not appear enlarged - Chem: PHOS (6), GLOB (1.9), GLU (362), ALT (>1000), ALP (176), GGT (31) Diluted ALT (1050) Lytes: Chloride (99) CBC: WNL

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.44 cm. The left kidney measured 5.65 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 0.50 cm. The right adrenal gland measured 0.50 cm.

Spleen

The **spleen** presented subtle heterogeneous parenchymal changes, uniform parenchyma, likely hyperplastic state.

Liver

The **liver** was mildly swollen with uniform parenchyma. Slight increased portal markings noted. The gallbladder was slightly edematous. Minor amount of debris present.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Non-specific acute inflammatory hepatopathy, unremarkable abdomen otherwise.

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pit Bull Terrier

Leptospirosis or similar insult should be considered. IV fluid support, hepatic nutraceuticals, treatment of the primary diabetic state, hepatic FNA, Ampicillin/Metronidazole combination all suggested.

SEX

Potential Causes of Diabetic Dysregulation

Spayed Female

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

AGE

UTI

1.5 Years

Dietary indiscretion/intolerance

WEIGHT

18.4 kg

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

INTERPRETED BY

Acromegaly

Eric Lindquist, DMV

Owner compliance

DABVP, Cert. IVUSS

Insulin quality issues

IMAGING PERFORMED BY

Antibodies to insulin

Dr. de Cordon

Underlying Neoplasia

Diffuse liver disease

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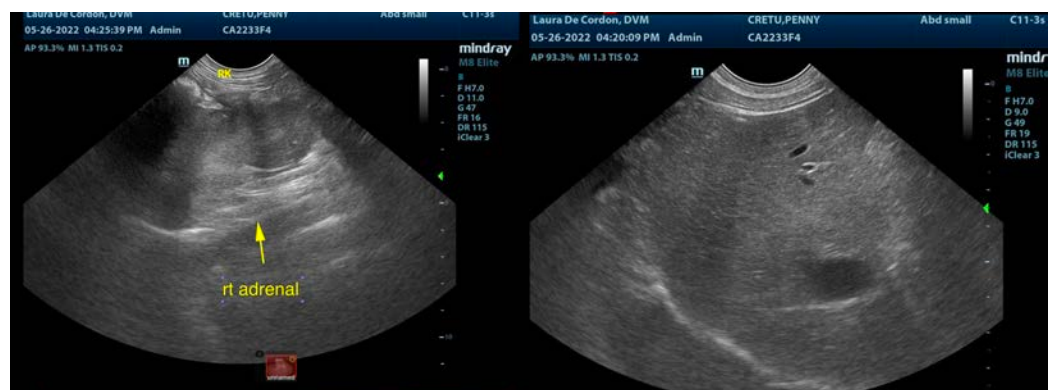
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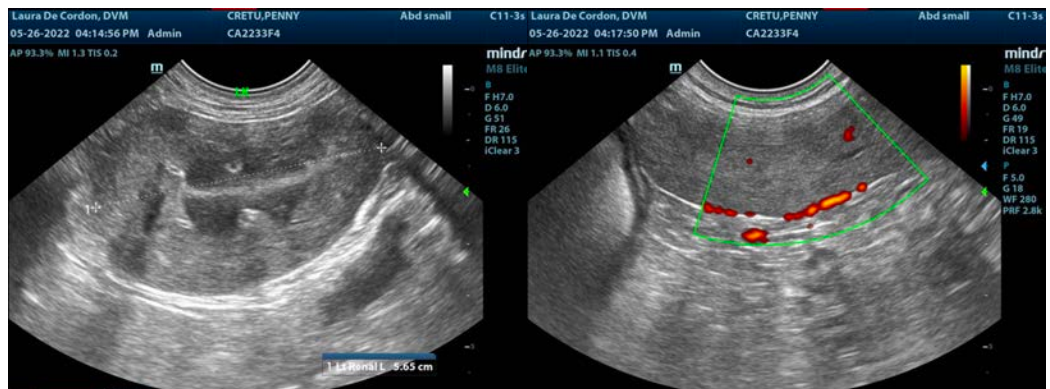
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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