



**PATIENT**

Serendipity Winsatt

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

36 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ray Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Ray Caughman

**INVOICE**

16161

**DATE**

6/17/22

**PRESENTING CLINICAL SIGNS**

History: Patient presented for lethargy, weight loss, and increased water intake. Diagnosed with Diabetes 6-16-22 and treatment started today

Abnormal PE/Chem/CBC/UA Results: WBC 31k, BG 459, Ca 7.7, Alt 239, AlkPhos >2000, GGT 18, TBili 1.0 Lipase 2578 Glucosuria, Ketones present 150 Patient being treated in house with Fluids and R insulin

**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. The right kidney measured 6.6 cm. The left kidney measured 6.0 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 0.55 cm. The right adrenal gland measured 0.65 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** revealed generalized enlargement and nonspecific heterogeneous parenchymal changes throughout the liver. Hypoechoic nodular changes were noted in the midst of diffuse hyperechoic parenchyma. The gallbladder was in proper position with normal teardrop appearance and a minor amount of debris.

**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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

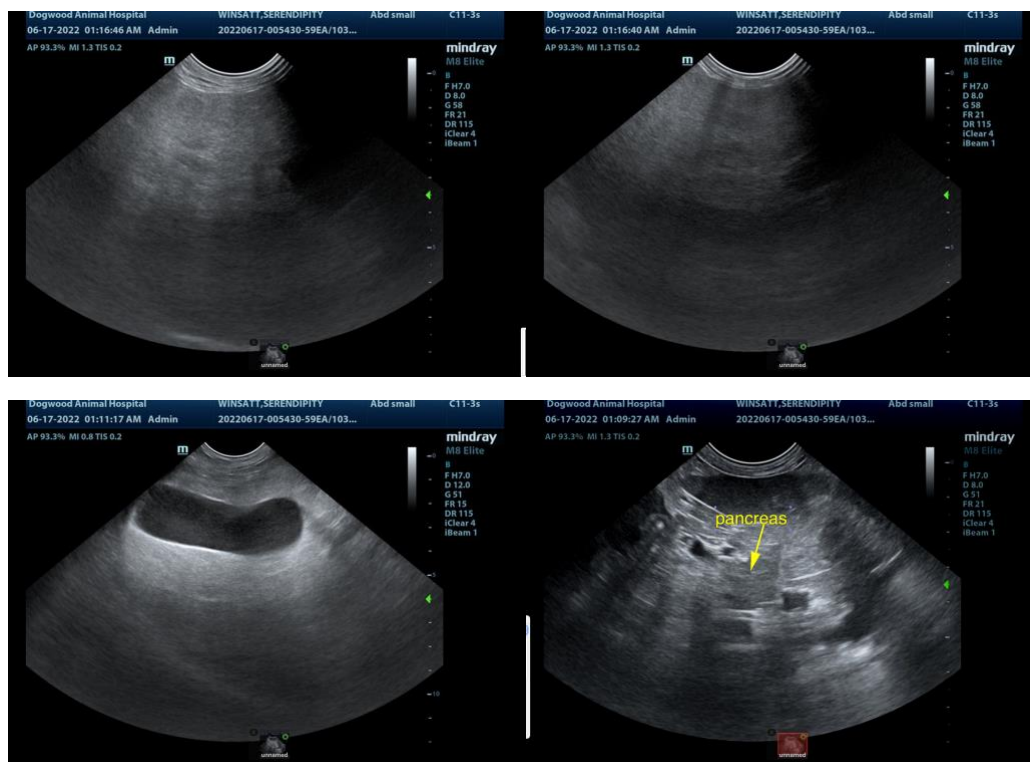
- Nonspecific vacuolar hepatopathy nodular hyperplasia pattern. Minimal to no suspicion of neoplasia. Possible suppurative hepatitis.
- Diabetic nephropathy

### Secondary Findings

- Age-related pancreatic changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA with cytology and culture is warranted. Complicating hepatopathy owing to diabetes is likely.





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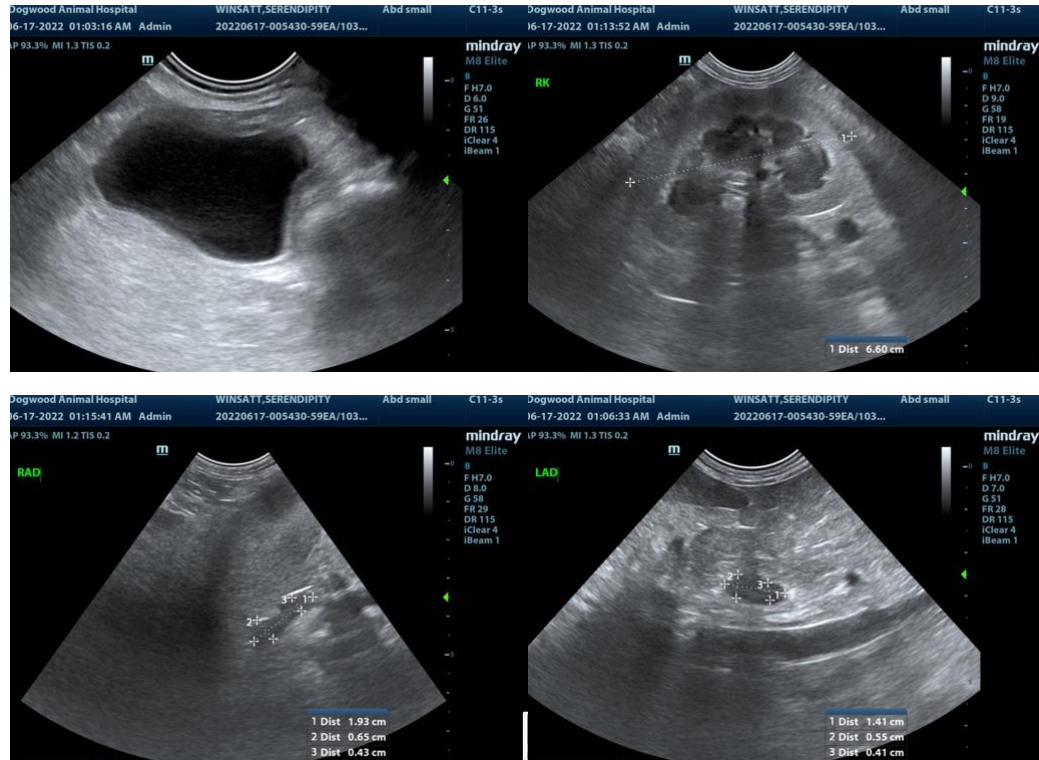
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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