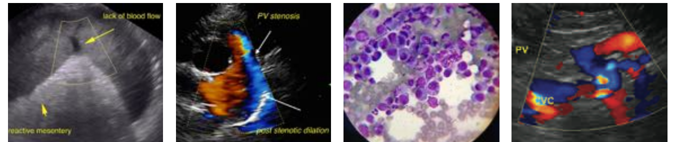
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Pumpkin San Agustin

SPECIES
Canine

BREED
Yorkie

SEX
Neutered male

AGE
9 years

WEIGHT
6.4 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. DeCordon

HOSPITAL NAME
MDAEH

REFERRING VET
Dr. DeCordon

INVOICE
31120

DATE
6/21/22

PRESENTING CLINICAL SIGNS

History: Patient was diagnosed with diabetes 3 weeks ago. Owner giving NPH insulin 3 units BID. Last given at 8 AM this AM. Appetite has been off eats some days and will not eat other days. Last few days has not ate much of anything. Had some diarrhea one day last week and some GI upset with some vomiting owner tried feeding a bland diet but had no interest in that. Urine has been really dark in color past few days was recently treated for a UTI per owner. Was started on insulin 2 weeks ago per owner and has a Free Style Libra.
Abnormal PE/Chem/CBC/UA Results: ALT <3,000 T Bili <20

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 was noted. Ureteral papillae were normal.

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 4.27 cm. The right kidney measured 4.92 cm.

Adrenal Glands

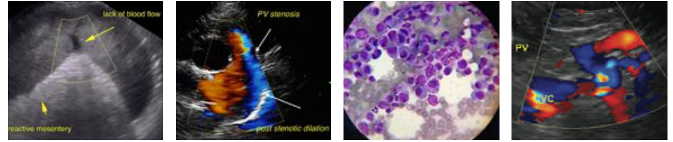
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.5 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 was noted.

Liver

The **liver** was mildly swollen with slightly increased portal markings. There was no evidence of masses or neoplasia. The gallbladder was over distended with largely dependent debris. The gallbladder was not inflamed, yet is enlarged. This is most consistent with emerging mucocele.



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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 right limb of the **pancreas** revealed mixed echogenic changes with ill-defined hyperechoic parenchyma enveloping the upper duodenum. This is consistent with chronic active pancreatitis.

ULTRASONOGRAPHIC FINDINGS

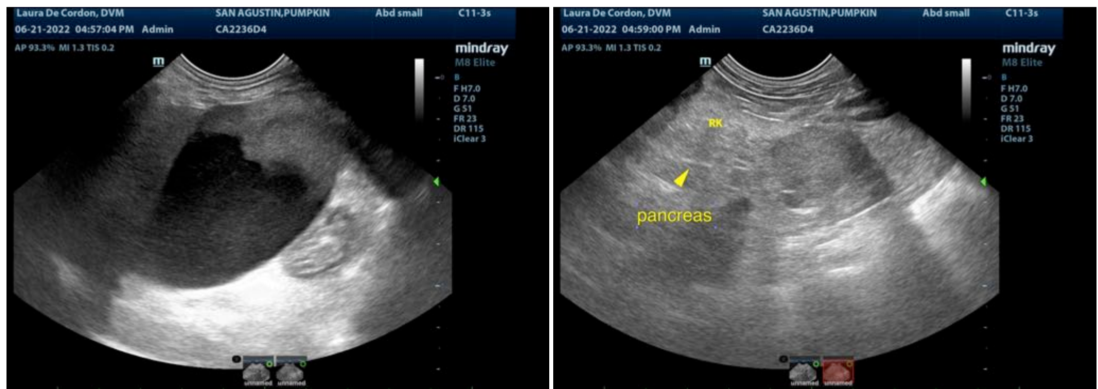
Acute hepatitis.

Chronic active pancreatitis.

Minor diabetic nephropathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated with cytology and culture. Leptospirosis titers are warranted. Nutraceuticals and IV Ampicillin is indicated. Eventual cholecystectomy could be considered. However, I do not believe this is the primary issue at this point. I recommend attempting to medically stabilize this patient. Reassessment of the sonogram is recommended in 72 hours especially if the patient is not resolving. The anorexia is likely rendering the gallbladder further over distended to make it appear more of an emerging mucocele formation. Toxin exposure such as mushroom toxicity should be considered as well.



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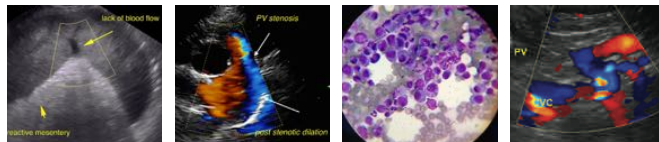

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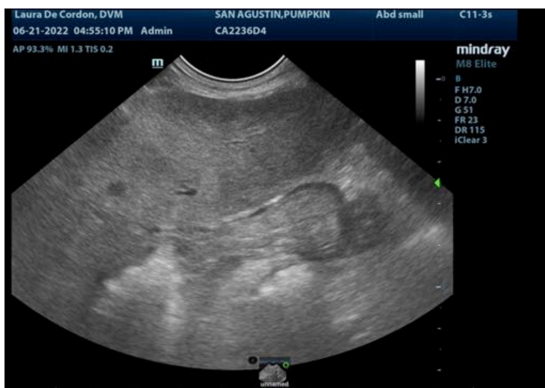

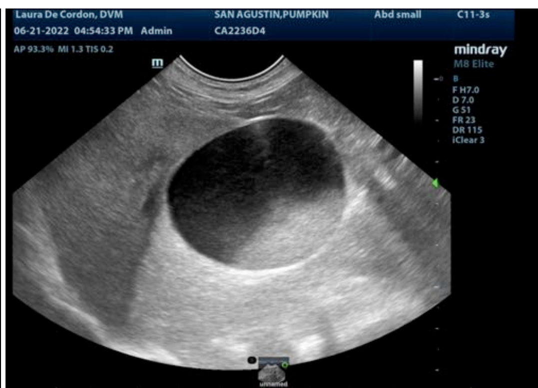

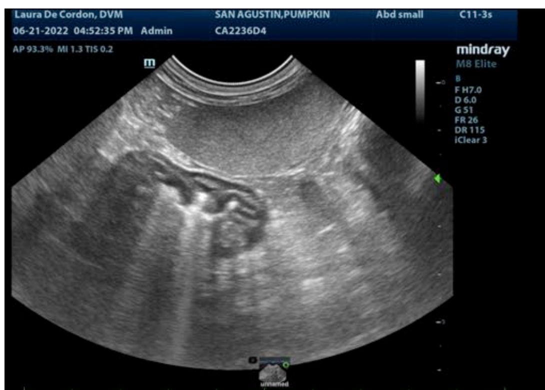

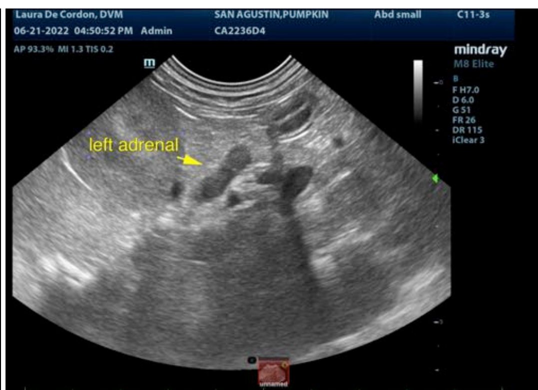

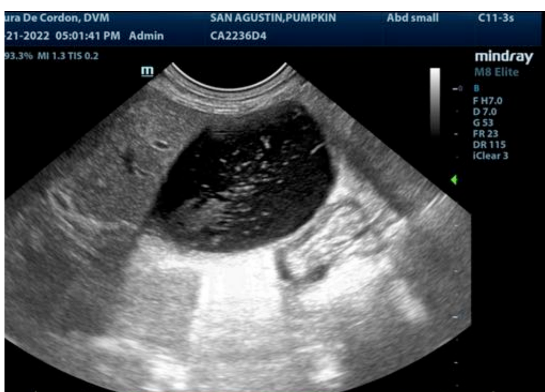

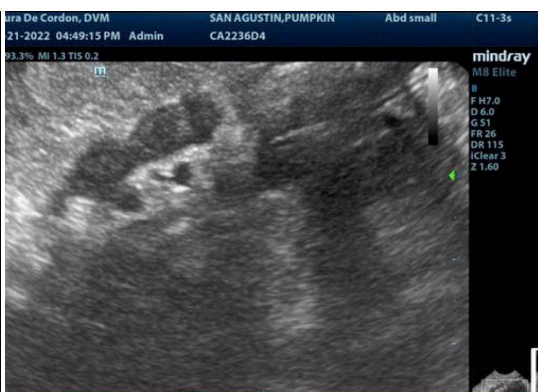

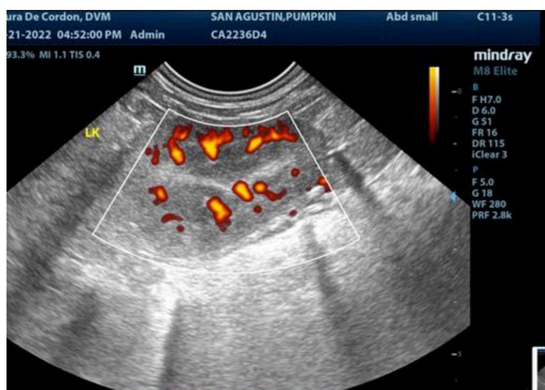

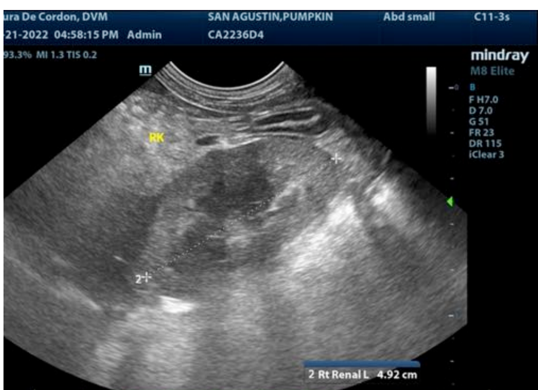

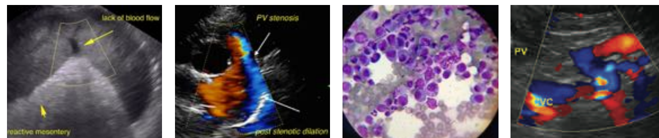

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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