



PATIENT

Jeter Battaglino

SPECIES

Canine

BREED

Pug Mix

SEX

Neutered Male

AGE

12

WEIGHT

35

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

INVOICE

23085

DATE

6/26/23

PRESENTING CLINICAL SIGNS

History of diabetes Bloody diarrhea anorexia lethargy

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 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.21 cm. The left kidney measured 5.88 cm.

Adrenal Glands

The **right adrenal gland** was slightly enlarged. The right adrenal gland measured 2.41 cm x 1.1 cm at the caudal pole and 1.22 cm at the cranial pole.

The **left adrenal gland** measured the upper limits of normal, measuring 2.13 cm x 0.65 cm at the caudal pole and 0.59 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was uniformly swollen. The liver 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. This is a moderate change. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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. 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

- Mineralized spleen, likely owing to underlying endocrinopathy.
- Hepatopathy
- Minor excessive gallbladder debris
- Slightly enlarged right adrenal gland/left adrenal gland measured the upper limits of normal
- Age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If the patient appears cushingoid, then work up for PDH is indicated. The exact cause of the GI signs is unclear. Ursodiol therapy could be justified over the next 6-8 weeks.

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Potential Causes of Diabetic Dysregulation

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

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Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

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Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia

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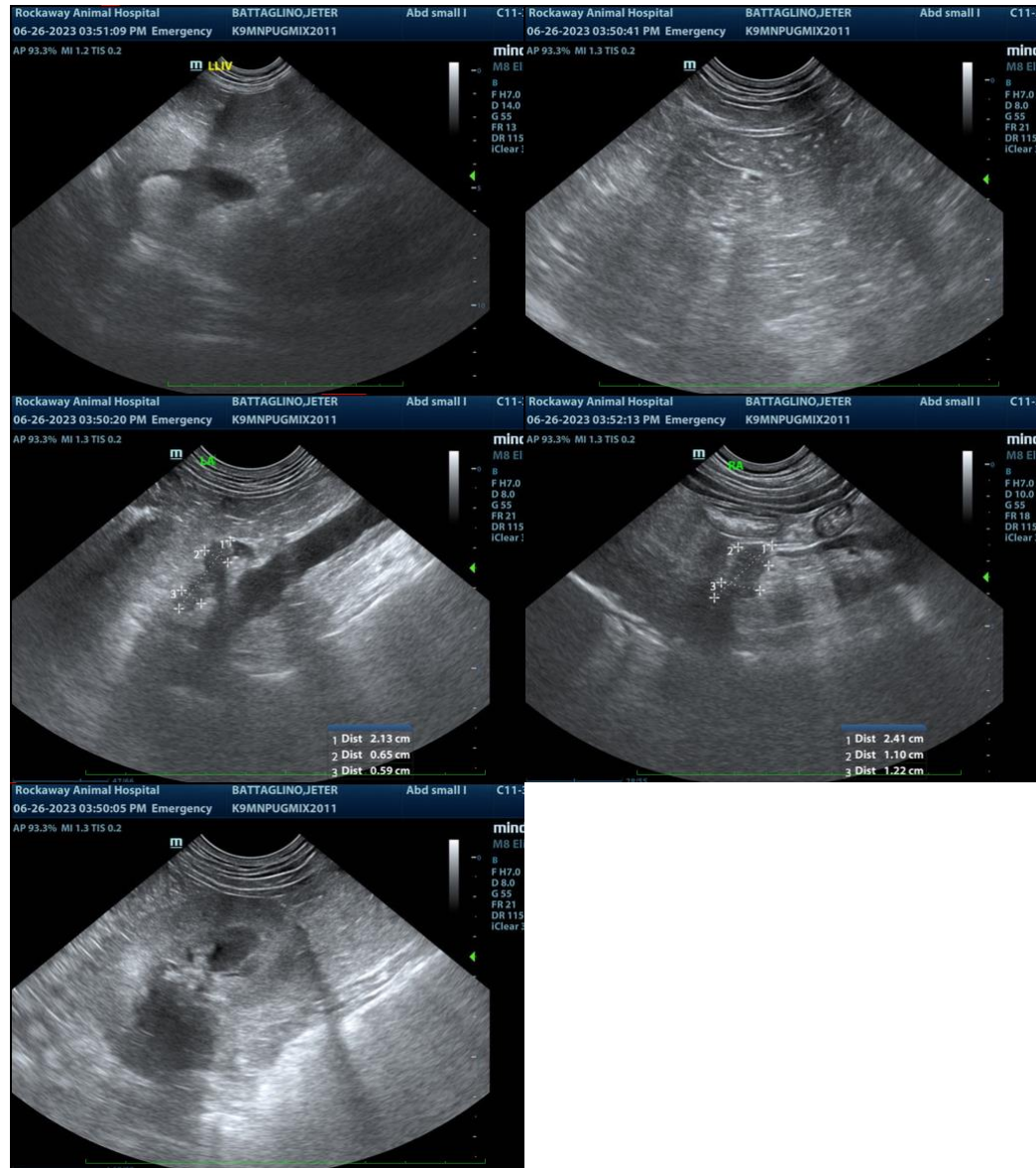
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com