



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Marley Whittington	History: Patient is being managed for diabetes and addisons for 2 yrs Recently patient started circling to the left, weak on the right side and not eating well Abnormal PE/Chem/CBC/UA Results: CBC: wnl CHEM: ALT 133, ALKP 864, GGT 24, AMY 354, Na 138, Cl 97 U/A currently running
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mix	<b>Urinary System</b>
	The <b>urinary bladder</b> was empty with a minimal amount of urine present at the time of the sonogram. The bladder wall is uniform.
<b>SEX</b>	The <b>kidneys</b> 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 4.0 cm. The right kidney measured 5.0 cm.
Neutered male	
<b>AGE</b>	<b>Adrenal Glands</b>
8 years	The regions of the <b>adrenal glands</b> were imaged with no evidence of pathology.
<b>WEIGHT</b>	<b>Spleen</b>
13 lbs	The <b>spleen</b> 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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The <b>liver</b> was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. 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.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Dr. Griffin	Examination of the <b>gastrointestinal tract</b> revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.
<b>HOSPITAL NAME</b>	<b>Pancreas</b>
Northside VC	The <b>pancreas</b> revealed extensive, mixed hypoechoic parenchymal changes with enhanced surrounding mesentery. This is consistent with regional pancreatitis. This is largely localized to the right limb of the
<b>REFERRING VET</b>	
Dr. Griffin	
<b>INVOICE</b>	
30857	
<b>DATE</b>	
6/7/22	



<b>PATIENT</b>	pancreas and right base. Areas of necrosis were noted. FNA of the hypoechoic portions are recommended. There is a mild potential for underlying pancreatic carcinoma.
Marley Whittington	
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Canine	Pancreatitis, pancreatic necrosis, gastroenteritis pattern with diabetic hepatopathy and nephropathy.
<b>BREED</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Mix	Neoplasia is unlikely, however, this cannot be ruled out. FNA is strongly encouraged. Aggressive treatment for pancreatitis is warranted. Insulin regulation should be monitored carefully as pancreatitis resolves under medical management the necessity for insulin may reduce.
<b>SEX</b>	
Neutered male	
<b>AGE</b>	<b>Potential Causes of Diabetic Dysregulation</b>
8 years	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
<b>WEIGHT</b>	UTI
13 lbs	Dietary indiscretion/intolerance
	Pancreatitis
<b>INTERPRETED BY</b>	Hyperthyroidism/hypothyroidism
Eric Lindquist, DMV DABVP, Cert. IVUSS	Exogenous steroids (including topical eye meds)
	Cushing's
<b>IMAGING PERFORMED BY</b>	Acromegaly
Dr. Griffin	Owner compliance
	Insulin quality issues
<b>HOSPITAL NAME</b>	Antibodies to insulin
Northside VC	Underlying Neoplasia
<b>REFERRING VET</b>	Diffuse liver disease
Dr. Griffin	
<b>INVOICE</b>	
30857	
<b>DATE</b>	
6/7/22	



**PATIENT**

Marley Whittington

**SPECIES**

Canine

**BREED**

Mix

**SEX**

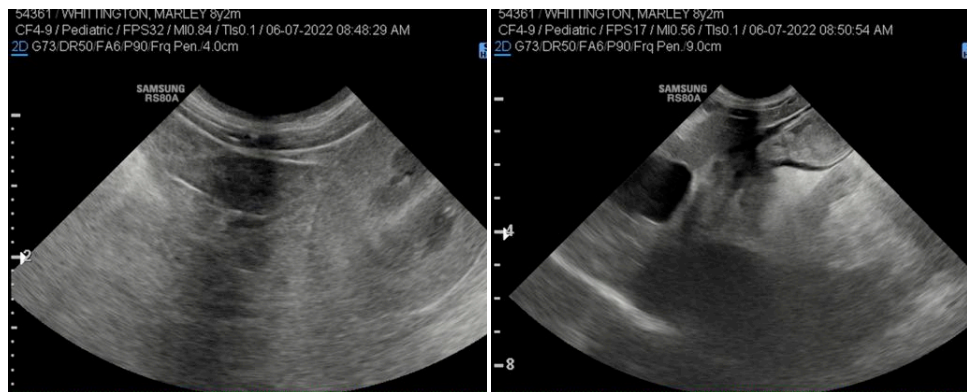
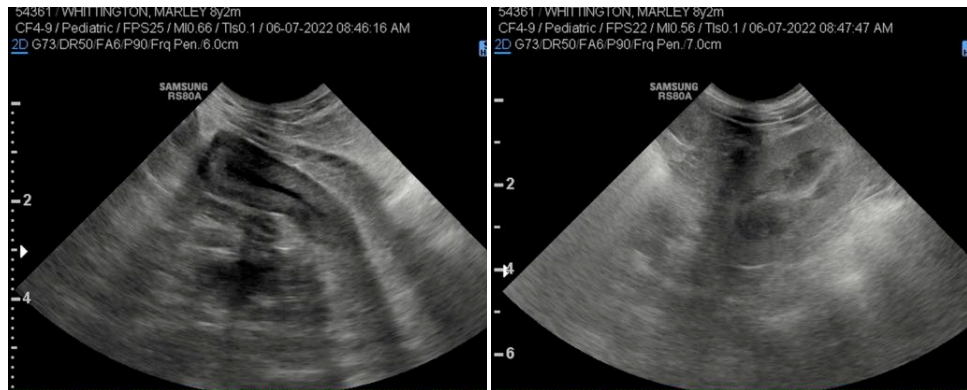
Neutered male

**AGE**

8 years

**WEIGHT**

13 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

30857

**DATE**

6/7/22

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



**PATIENT**

info@SonoPath.com

Marley Whittington

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

30857

**DATE**

6/7/22