



PRESENTING CLINICAL SIGNS

PATIENT

Monroe Li

History: Presents for acute weight loss (lost 1.8 lbs in 30 days). Polydipsia, no VDCS. Variable energy. Known cardiac mass -- Left atrial mass (up to 3.5 cm diameter) rule out neuroendocrine tumor, myosarcoma, hemangiosarcoma, other. Co-morbidities: hypothyroidism (well controlled); left atrial mass; emerging diabetes?

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hyperglycemia (Glucose >680); BUN 31; SDMA 17; ALP285; Glob 2.3 (low); CBC (in house 7/12/23) mild monocytosis ($2.77 \times 10^3/\text{ul}$). UA pending. Physical exam: BCS 3/9; muscle tone 1/3 generalize sarcopenia. Cataract formation OU; QAR, mild dehydration.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

13 years

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Non-obstructive mineralization was noted in the kidneys. The right kidney measured 3.7 cm with slight pyelectasia.

WEIGHT

5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** were not visualized.

IMAGING PERFORMED BY

Ashley McCaughan

Spleen

The **spleen** revealed a hypoechoic mass that measured 1.04 cm in the mid body. The remainder of the spleen was structurally unremarkable.

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. Minor gallbladder polyps were noted, yet not clinically significant. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

REFERRING VET

Dr. McCaughan

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Gastrointestinal

PATIENT

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There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. 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.

SPECIES

Canine

BREED

Chihuahua

Pancreas

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Splenic mass. Round cell neoplasia, hemangiosarcoma or less likely hyperplasia.

AGE

13 years

Age related renal changes and mineralization.

Full stomach.

WEIGHT

5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenectomy of splenic FNA is indicated.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Potential Causes of Diabetic Dysregulation

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

IMAGING PERFORMED BY

Ashley McCaughan

UTI

Dietary indiscretion/intolerance

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Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

Owner compliance

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Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia



Diffuse liver disease

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SPECIES

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SEX

Neutered male

AGE

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WEIGHT

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IMAGING PERFORMED BY

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HOSPITAL NAME

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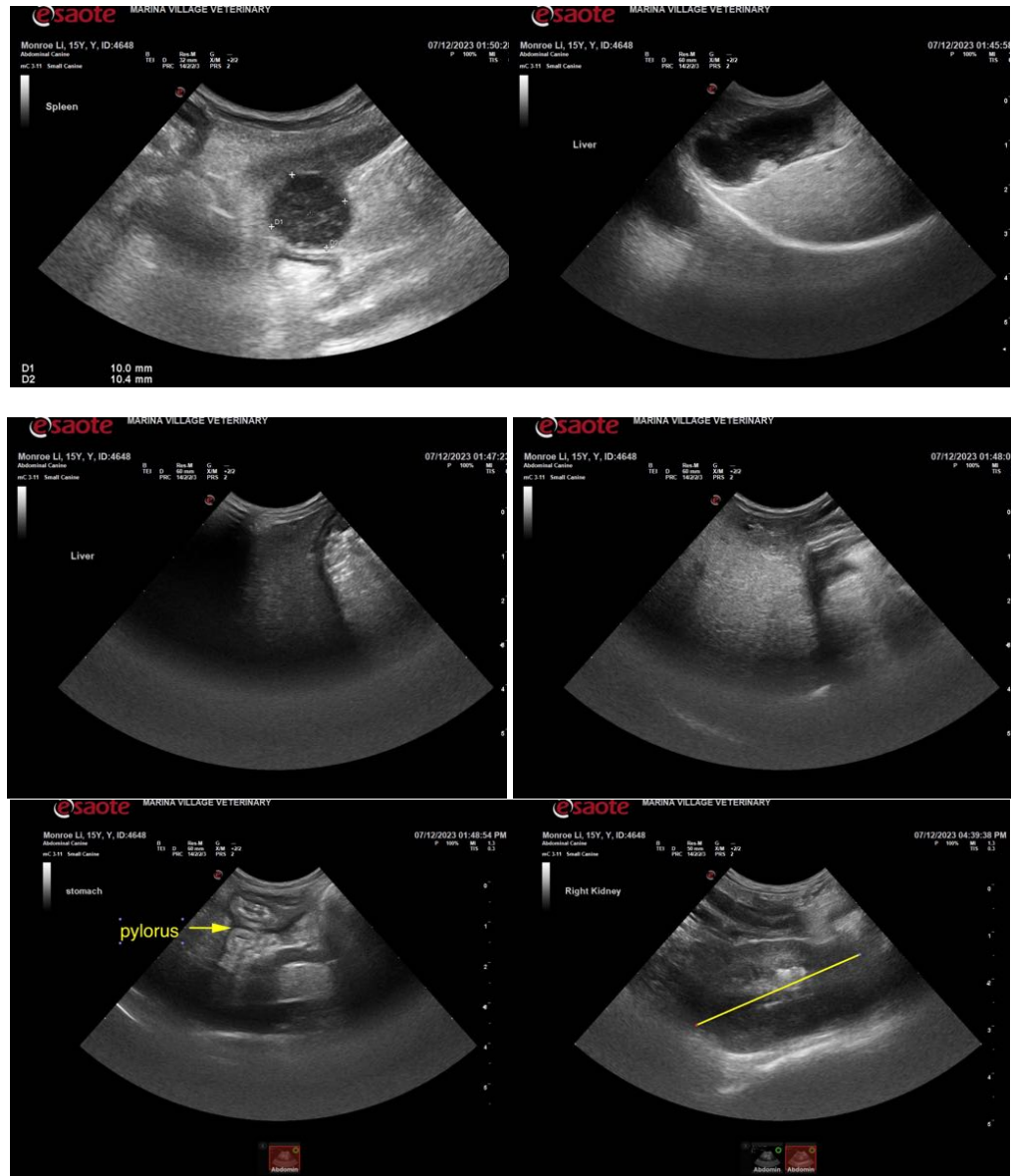
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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