



PATIENT

Zoey Wagner

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed female

AGE

7 years

WEIGHT

4.7 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. DeCordon

HOSPITAL NAME

Mason Dixon AH

REFERRING VET

Dr. DeCordon

INVOICE

76056

DATE

7/12/23

PRESENTING CLINICAL SIGNS

History: Tuesday and was diagnosed diabetes Returned on Saturday for not eating, vomiting, and drinking and urinating excessively Was given fluid and cerenia Last time she ate a meal was Saturday but she threw it up Went to Vet check today and was diagnosed as a DKA there Vet check only did diagnostics no treatment Vomiting and diarrhea, anorexic since sat am last month noted PP, PU, PD RDVM: 7/6/23 E York vet: hyperglycemia 360 (63-114), creat 0.4, BUN 18, Na 144, hyperkalemia 5.7, hypochloremia 104, elevated ALT 187, ALP 782 (5-160), HCT 40, thrombocytosis 760 7/10/23 4:50pm EPOC: hyponatremia (119), Hypokalemia (2.7), hypochloremia (88), Hypocalcemia (0.99), Lac 1.64 (0.6-3), BUN 11 (7-26), Creat < 0.3 (0.4-1.5), hyperglycemia Glu 372, HCT 43 7/10/23 8pm: CHEM: Phos 1.8 (1.9-5), Ca 7.7 (9-12.2), TP 5.4 (5.5-7.6), Glu 367 (75-125), Chol 321 (120-310), ALT 202 (0-120), ALP 531 (0-140), Amy 2140 (100-1500), Lip 700 (0-225), Trig 164 (30-130), Na 131 (141-152), K 2.5 (3.8-5.3), Cl 87 (102-120) 7/11/23 1am EPOC: pH 7.169, Na 131, K 2.7, Cl 105, Ca 1.12, Lac 0.87, BUN 10, Creat <0.3, Glu 296, HCT 39 Serial PCV/TS: 42/6.8 Serial Blood Glucose: 324, 308, 278 UA: 7/6/23: rdmv Free catch, glucosuria 3+, pH 5.5, WBC 0-2, RBC 0-2, amorphous urate crystals present 7/10/23: free catch, pH 6, Glu ++500, Ketone +++100, Prot +30, blood +10, Leuk trace, USG 1.008, WBC <1/HPF, Cocci 50-100/HPF cPLI: abnormal

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** 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. Slight pyelectasia was noted in the left kidney. The left kidney measured 4.84 cm. The right kidney measured 4.7 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 1.93 x 0.42 cm at the caudal pole and 0.57 cm at the cranial pole.

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.



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Liver

The **liver** in this patient was mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris.

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Gastrointestinal

The gastric wall was thickened with hypertrophied mucosa with minor luminal material/ingesta. The small intestines and colon were unremarkable.

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Pancreas

The right limb of the **pancreas** revealed particularly hypoechoic, irregular tissue with enhanced mesentery. The region measured approximately 4.0 x 3.0 cm with focal fluid accumulation.

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ULTRASONOGRAPHIC FINDINGS

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Gastritis.

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Extensive pancreatitis with potential necrosis, mild potential for underlying carcinoma.

Diabetic hepatopathy and nephropathy with moderate, degenerative renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted. Treatment for pancreatitis, gastritis or GI protectants as well as plasma expanders are all indicated. FNA of the pancreas is indicated.

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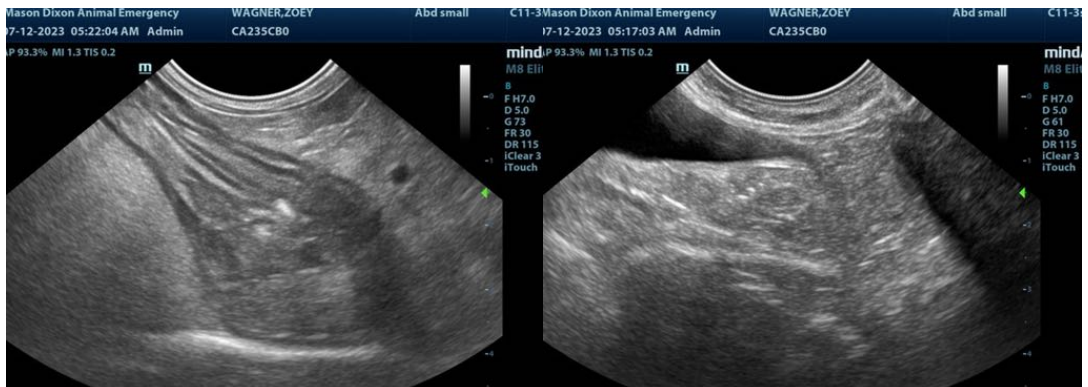
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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