



PATIENT PRESENTING CLINICAL SIGNS

Bella Calandra Hx of cushings, well controlled on veteryl. Hx of diabetes, fluctuating BGs sometimes having to skip insulin doses. O reports hyporexia, lethargy, general ADR.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: AST - 93, ALT - 230, ALP - 422

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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.

AGE

13 Years

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 right kidney measures 4.2 cm. The left kidney measures 4.1 cm

WEIGHT

5.8 kg

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 1.3 cm at the cranial pole and 0.70 cm at the caudal pole. The left adrenal gland measured 0.80 cm at maximum width.

IMAGING PERFORMED BY

Dallas Reynolds, LVT

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

HOSPITAL NAME

Lone Mountain AH

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. The gallbladder presented some dependent and suspended debris, not to the level of mucocele formation, with essentially normal contour. 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. Munoz

INVOICE

43489

DATE

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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. Soft stool noted in the colon.



PATIENT *Pancreas*

Bella Calandra

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed Female

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WEIGHT

5.8 kg

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy
- Bilateral adrenal hypertrophy, consistent with PDH
- Hyperechoic nodular splenic changes
- Chronic inflammatory hepatopathy
- Age related pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

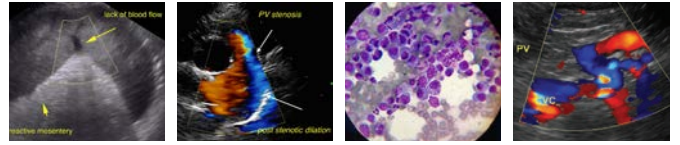
ACTH stimulation warranted to assess cortisol axis status, in case the patient may be becoming Addisonian. No evidence of neoplasia. Blood pressure measurements and full CNS examination indicated.

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

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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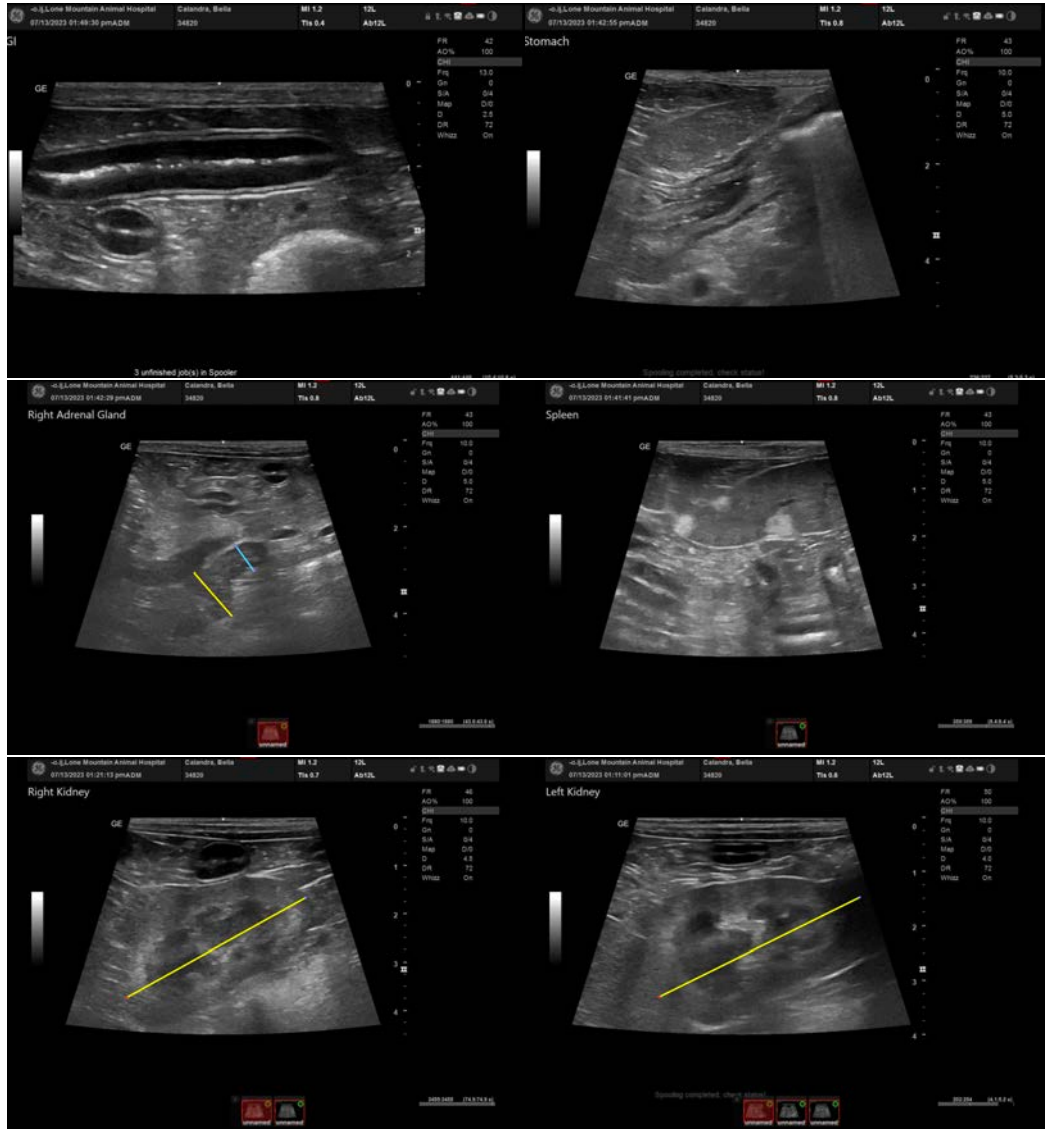
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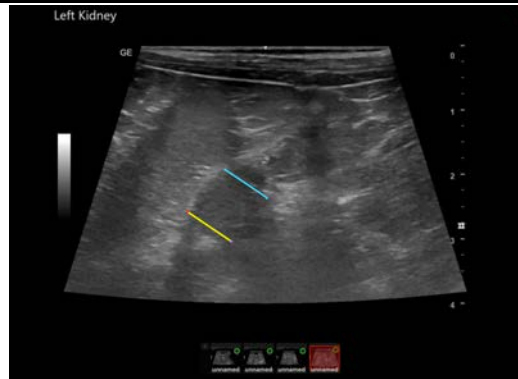
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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