



PATIENT

Oliver Lamphier

SPECIES

Canine

BREED

Yorkiepool

SEX

Neutered Male

AGE

13 Years

WEIGHT

5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alyssa Carver

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Alyssa Carver

INVOICE

39521

DATE

7/14/22

PRESENTING CLINICAL SIGNS

Presented for seizures due to hypoglycemia. P diagnosed with DM in February 2022. Having difficulty controlling BGs with insulin. Doing well for the last 2 months on 1.5 U Vetsulin Q12. No recent change in doses. P stabilized and weaned off Dextrose. Changed dose to 1/2 U Vetsulin Q12 - p became hypoglycemic again. Changed to Novolin N and BGs stable, but elevated. Abdominal U/S performed to r/o neoplasia v other. CPL normal. Hx of collapsing trachea and has heart murmur. Liver and kidney values normal.

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 **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 and no evidence of pelvic dilation was present. The left kidney measured 3.0 cm. The right kidney measured 3.0 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 0.50 cm. The right adrenal gland measured 0.80 cm.

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 were noted.

Liver

The **liver** presented coarse architecture and increased portal markings. Excessive gallbladder debris noted.

Gastrointestinal

The **stomach** itself was unremarkable. Variable intestinal thickening noted without loss of mural detail with enhanced surrounding mesentery present.

Pancreas

The **pancreas** revealed heterogeneous mixed echogenic changes and coarse architecture. Ill-defined pelvic fat noted. History of pancreatitis likely.



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PRIMARY FINDINGS

- Variable gastrointestinal thickening with reactive mesentery
- History of pancreatitis or possible low-grade active
- Age related renal changes
- Hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of neoplasia.

Potential Causes of Diabetic Dysregulation

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

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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