



PATIENT

Louie Everhart

SPECIES

Canine

BREED

Labrador X

SEX

Neutered Male

AGE

8 Years

WEIGHT

122 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. Gudrun Gunther

INVOICE

39608

DATE

7/16/22

PRESENTING CLINICAL SIGNS

Previous diagnosed with Diabetes Mellitus - well controlled Recent history of lethargy and sleeping more

Abnormal PE/Chem/CBC/UA Results: ALP elevated (623) Cholesterol elevated (832) HypoAlbuminemia (2.4) Elevated Globulin (4.1) CBC WNL T4 WNL UA - USG 1.029 Last BG curve 6/30 - well controlled

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The prostate measured 2.6 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.8 cm. The left kidney measured 7.0 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 right adrenal gland measured 0.64 cm. The left adrenal gland measured 0.30 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** in this patient was mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. Mild remodeling noted with increased portal markings. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris.

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. 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.



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Pancreas

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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with minor hepatic remodeling and benign hepatopathy

BREED

Labrador X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary disease. Expected changes for this age patient. The cause of lethargy is not evident in the abdomen.

SEX

Potential Causes of Diabetic Dysregulation

Neutered Male

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

UTI

AGE

8 Years

Dietary indiscretion/intolerance

Pancreatitis

WEIGHT

122 Pounds

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

INTERPRETED BY

Acromegaly

Eric Lindquist, DMV

Owner compliance

DABVP, Cert. IVUSS

Insulin quality issues

IMAGING PERFORMED BY

Antibodies to insulin

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Underlying Neoplasia

Diffuse liver disease

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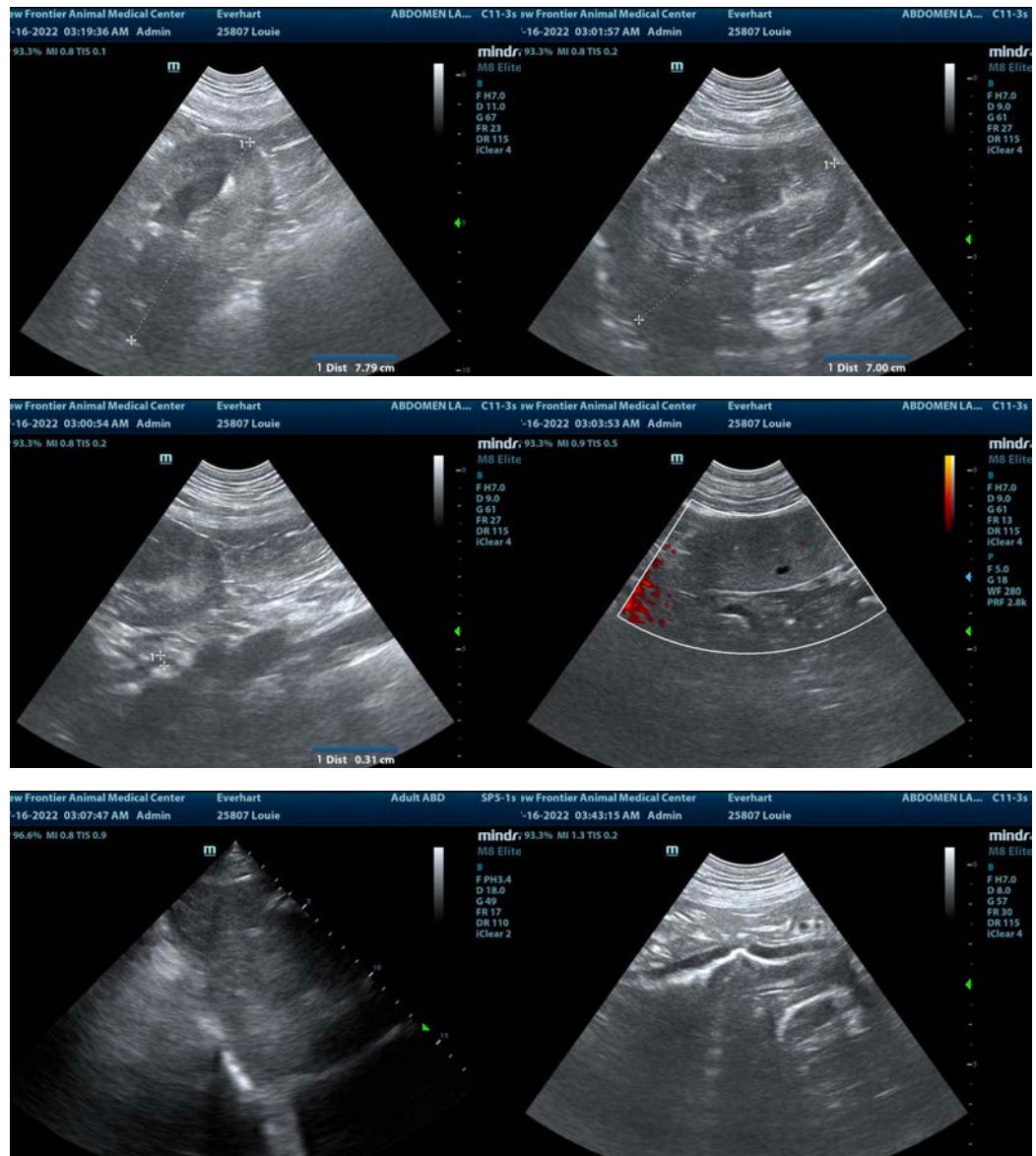
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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