



PATIENT PRESENTING CLINICAL SIGNS

Kobe Bell History: diagnosed with DKA elsewhere yesterday

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

Canine

BREED

Min Pin

SEX

Neutered Male

AGE

7 Years

WEIGHT

14.9 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Kahn

INVOICE

16711

DATE

7/21/22

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** 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. This is a moderate change. The right kidney measured 4.85 cm. The left kidney measured 4.35 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 0.5 cm. The right adrenal gland measured 0.5 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. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris. This is a moderate change.

Gastrointestinal

The **stomach** presented hypertrophied mucosa with fluid filled lumen. The small intestine and colon were unremarkable.

Pancreas

The **pancreas** revealed heterogenous, hypoechoic mixed echogenic changes with ill-defined surrounding fat, suggestive for chronic active pancreatitis in the right limb.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern



PATIENT

- Diabetic nephropathy
- Diabetic hepatopathy
- Pancreatitis pattern

Kobe Bell

SPECIES INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Canine GI protectants, broad spectrum antibiotics and plasma expanders are all indicated.

BREED Potential Causes of Diabetic Dysregulation

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

SEX UTI

Neutered Male Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

AGE Exogenous steroids (including topical eye meds)

7 Years Cushing's

WEIGHT Acromegaly

14.9 Pounds Owner compliance

Insulin quality issues

INTERPRETED BY Antibodies to insulin

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Underlying Neoplasia

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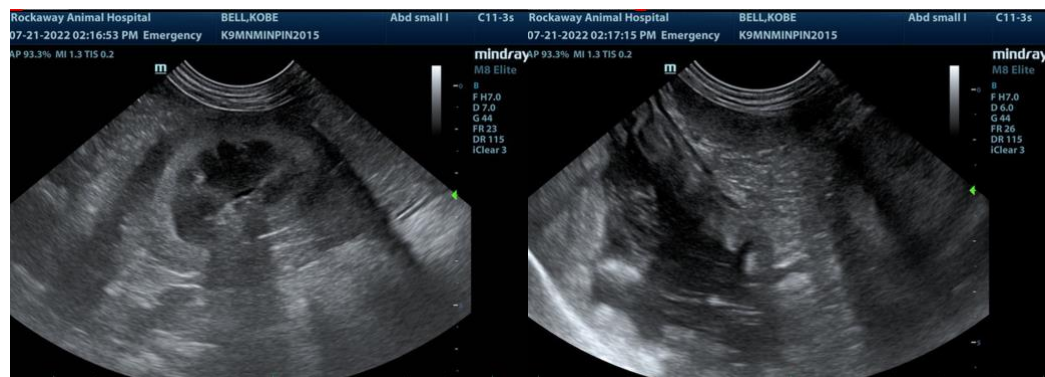
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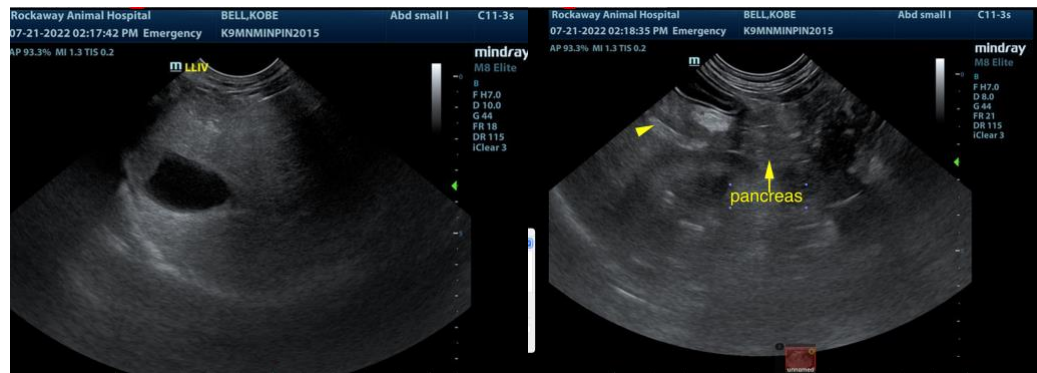
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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