



PATIENT PRESENTING CLINICAL SIGNS

Choko Claveria

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

12 years

WEIGHT

21 lbs

History: 5/31/23 Patient presented for small bowel diarrhea of 2 days duration. A chemistry profile and CBC were WNL. The pet was treated symptomatically and improved. 2 weeks later the pet presented again with continued soft stool, not diarrhea and owners reported that he looked bloated. He had gained a pound in 2 weeks. The owners also reported that they have a new puppy. They are very concerned as Choko seems to be drinking more water and urinating more. Abdominal and thoracic rads were WNL, normal UA and negative parasite exam. Pet was scheduled for a Cushing's test on 6/28. I did a LDDST on 6/28. It was normal. I determined that Choko and the new puppy are being free fed and the pet had gained another 1/2 pound. We performed the abdominal ultrasound on 6/30 and I talked with the owner about limiting the food.

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 and no evidence of pelvic dilation was present. The right kidney measured 4.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

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 0.76 cm at the cranial pole and 0.45 cm at the caudal pole.

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Spleen

The **spleen** revealed a hypoechoic nodule that measured 1.5 cm at the mid cranial body and was mildly disruptive. The spleen otherwise revealed coarse architecture.

REFERRING VET

Dr. Logas

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 and common bile duct were unremarkable.

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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. 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.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Splenic nodule. Hyperplasia, round cell neoplasia or less likely hemangiosarcoma.

Otherwise, age related abdominal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule is indicated. There was no evidence of significant disease. Eventual splenectomy is warranted if growth of the nodule occurs. Recheck of the nodule is recommended in 3 weeks or base the next step based on the FNA results.

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



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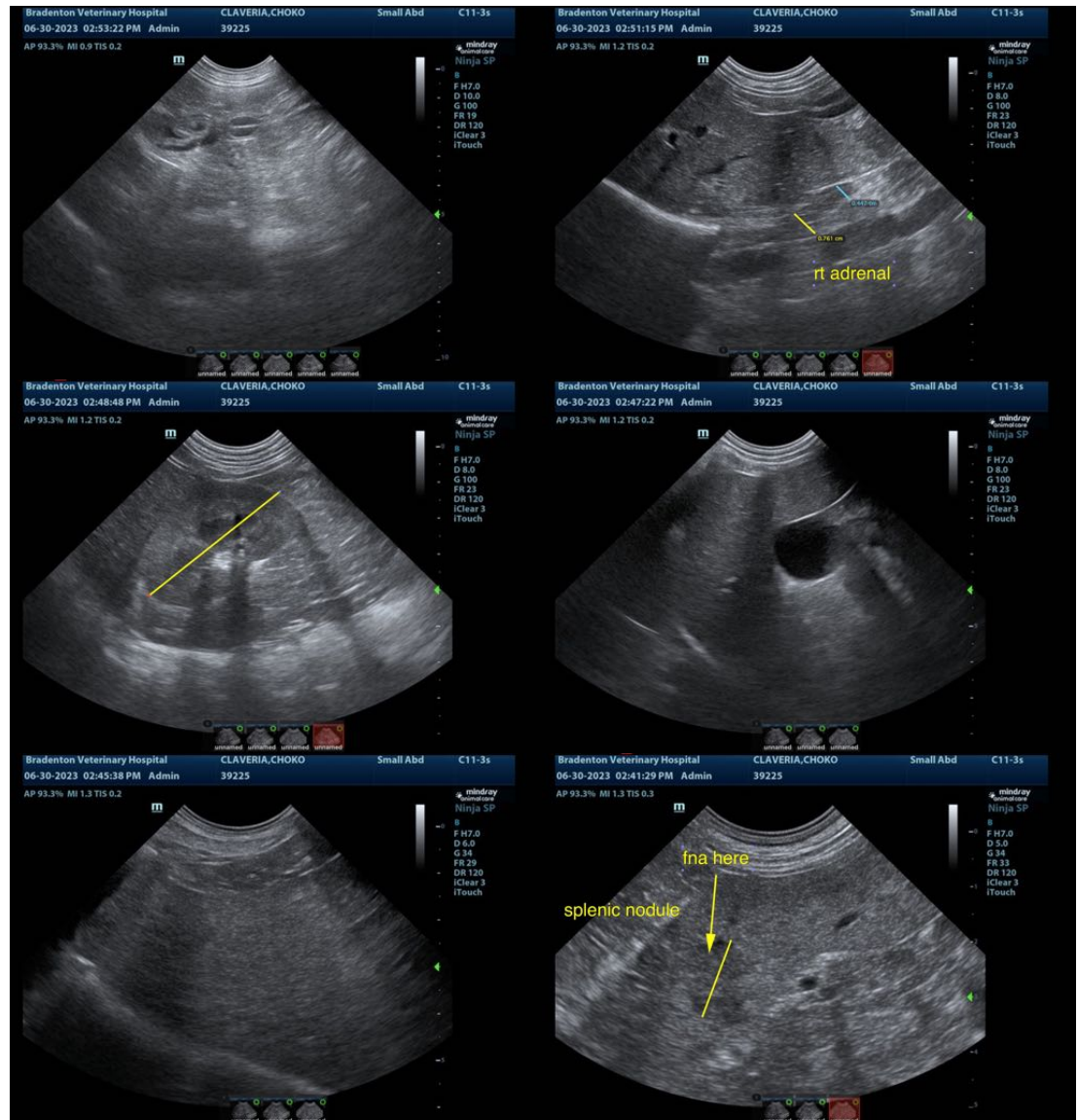
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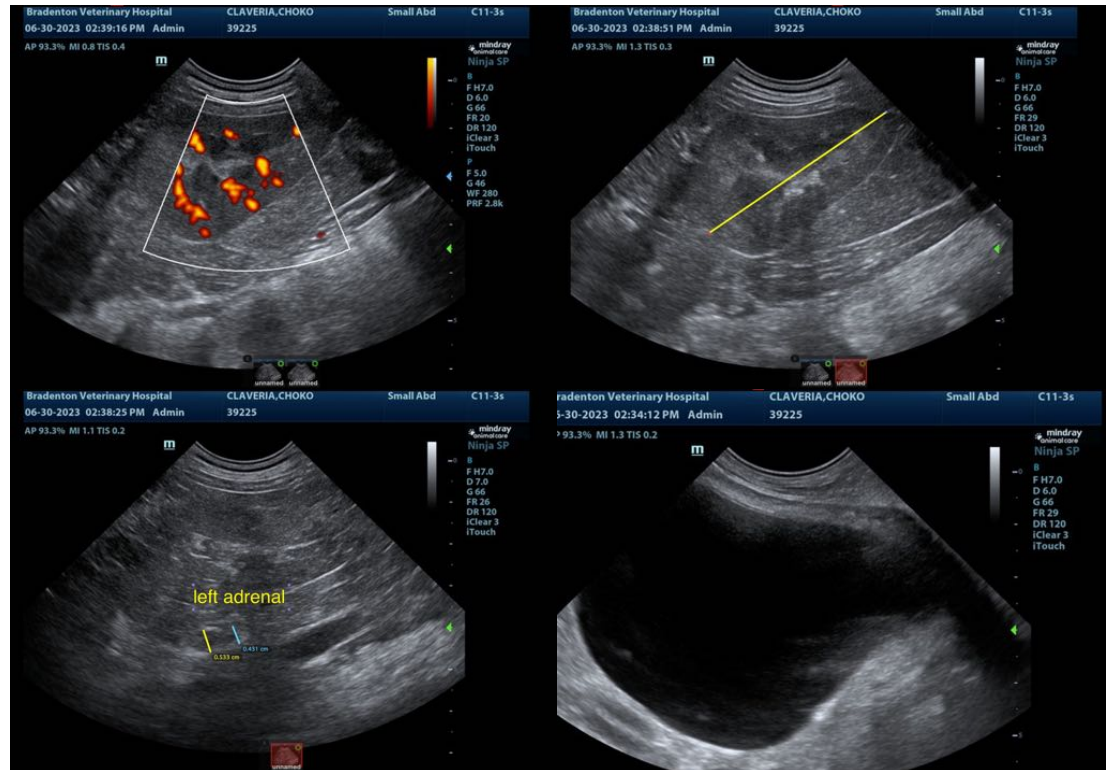
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Logas

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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