

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Rousey Rice
SPECIES Canine
BREED Pitbull
SEX Intact female
AGE 5 years
WEIGHT 113 lbs

History: Unregulated new diabetic, lethargic, patient is currently on clavamox and 34 units of Vetsulin BID
Abnormal PE/Chem/CBC/UA Results: 8/10/21 Glucose: >750 mg/dL U/A via cysto: USG 1.038, pH 6.5, glucose 1000 mg/dL, ketone 15 mg/dL cocci present-planning to do culture Rads: Mild interstitial pattern that has improved since last week, no obvious thoracic or abdominal mass 7/20/2021 CBC: RBC 5.51, HCT 37%, Retic 30.3 pg WBC: 21.8 K/uL, Neut 17.03 K/uL, Mono 1.42 K/uL CHEM: Glucose 450 mg/dL, BUN 5 mg/dL, CHOL 392 mg/dL, CI 106 mmol/L

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** 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 left kidney measured 4.0 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 0.4 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 was noted.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Occasional hypoechoic nodular change was noted, yet non-disruptive. This is consistent with diabetic hepatopathy. The gallbladder was unremarkable.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

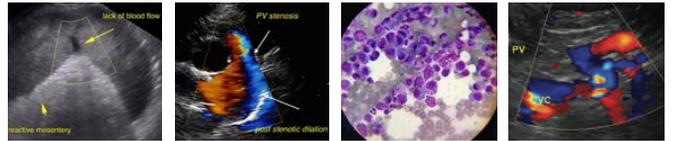
Dr. Griffin

INVOICE

91108

DATE

8/10/21



PATIENT

Gastrointestinal

Rousey Rice

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. 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.

SPECIES

Canine

BREED

Pancreas

Pitbull

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.

SEX

Intact female

ULTRASONOGRAPHIC FINDINGS

AGE

Expected diabetic abdomen.

5 years

Vacuolar hepatopathy with nodular hyperplasia pattern.

Diabetic nephropathy.

WEIGHT

113 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The probable causes for diabetic dysregulation include emerging Cushing's disease; however, structurally the adrenal glands appear normal at this time. Assessment for urinary tract infection, which is the most common cause for diabetic dysregulation would be indicated. Owner compliance, insulin defect and dietary intolerance are also possible. However, structurally the abdomen has expected changes for a diabetic patient.

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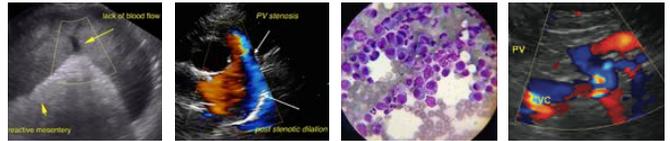
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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