



**PATIENT**

Hero Lancelotti

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Intact Male

**AGE**

9 Years

**WEIGHT**

75 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Westwood Regional

**REFERRING VET**

Dr. Giammanco

**INVOICE**

24717

**DATE**

8/16/21

**PRESENTING CLINICAL SIGNS**

Fairly new diabetic, on NPH, presented for DKA on 8/12/21 BG 641/4+ ketones, Alk. Phos. 380, creat. ok.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL. Chem: BG 402, Alk.Phos. 380, CPLi pending, ACTH stim= normal. U/A: USG 1.045, pH 6.0, WBC 2-3/HPF, RBC 2-3/HPF, sperm present.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The prostate presented minor heterogeneous parenchymal changes with mild dilation of the pelvic urethra. The prostate measured 3.24 cm in long axis.

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 right kidney measured 6.52 cm. The left kidney measured 6.39 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.78 cm x 1.07 cm at the caudal pole and 1.3 cm at the cranial pole. The left adrenal gland measured 3.0 cm x 1.01 cm at the caudal pole and 0.8 cm at the cranial pole.

**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 heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

**Gastrointestinal**

Examination of the **gastrointestinal tract** was largely unremarkable other than stasis in the stomach. Transit of chyme appeared to be normal in the small intestine.



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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.

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**Other**

The testicles were imaged and found to be uniform, no evident pathology.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Intact Male

- Bilateral adrenal hypertrophy
- Diabetic nephropathy
- Diabetic hepatopathy
- Chronic cystitis bladder pattern
- Heterogeneous pancreas
- Gastric stasis

**AGE**

9 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the bilateral adrenal hypertrophy, atypical Cushing's may be present given that the USG is well concentrated. However, this may be a pre-cushingoid state, especially is USG drops near 1.020. Treatment for UTI warranted, as it is frequently a cause for diabetic dysregulation.

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75 Pounds

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

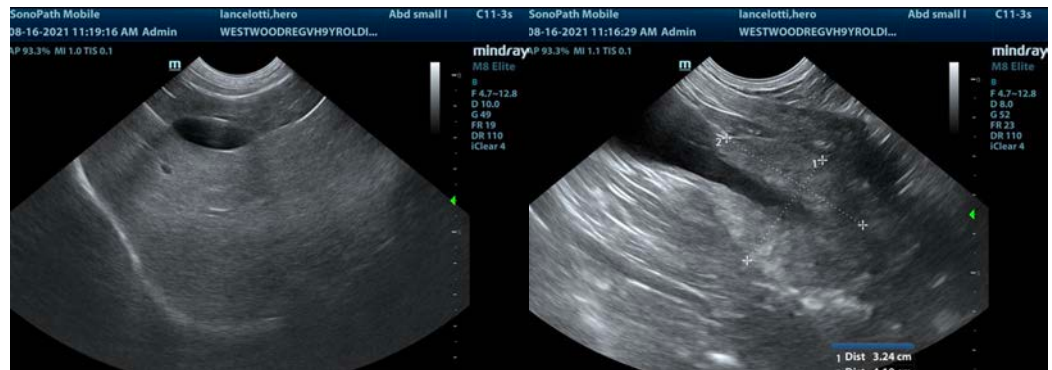
**INTERPRETED BY**

Eric Lindquist, DMV  
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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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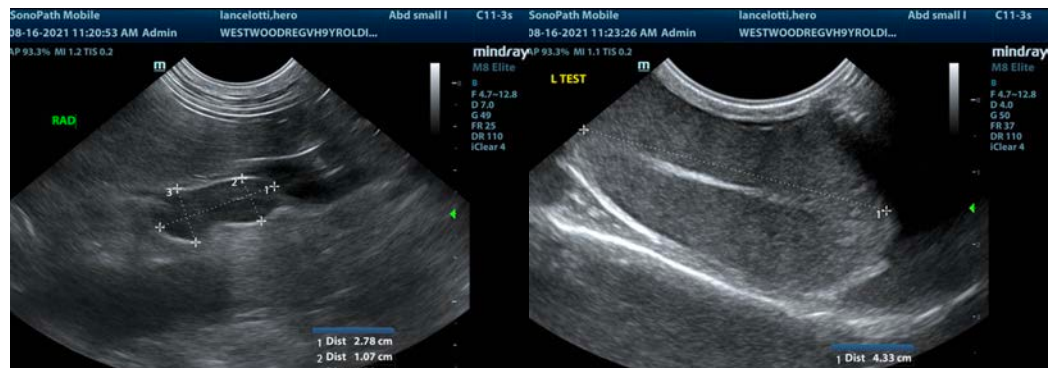
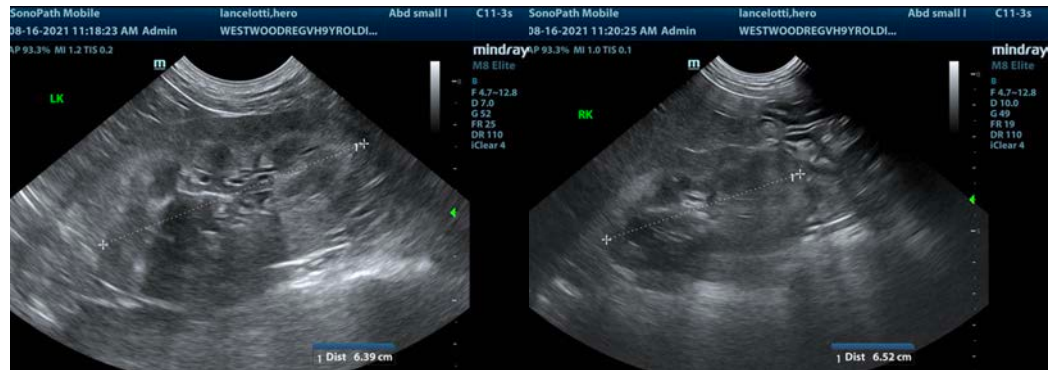
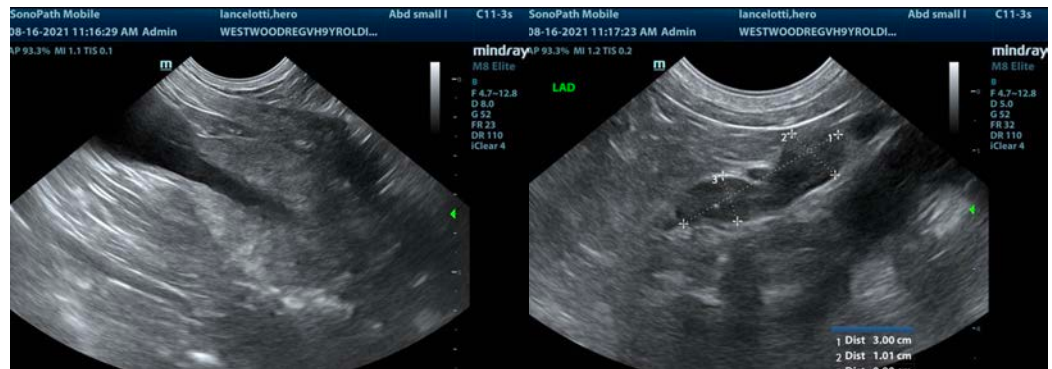
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)

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