



PATIENT

Mannie Lewis

SPECIES

Canine

BREED

Beagle X

SEX

Spayed Female

AGE

11 Years

WEIGHT

18 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Ashley Custer

INVOICE

24728

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Was well controlled with NPH Insulin and suddenly out of control Changed to Glargine, didn't help. Abnormal PE/Chem/CBC/UA Results: Increased SAP, high Potassium, low sodium. UA - SpG 1.042, glucosuria and proteinuria. CBC - platelets high. ACTH stim test within reference range. Plain view radiographs - chest: unremarkable; abdomen: hepatic enlargement, stomach wall appears thickened, intestine moved caudally from the cranial organomegaly, kidneys appear normal, spleen appears normal.

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 **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. Slight pyelectasia noted. The kidneys measured 5.0 cm each.

Adrenal Glands

The **left adrenal gland** was 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 0.6 cm.

The **right adrenal gland** was mildly heterogeneous, uniform and measured 0.6 cm.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies. The spleen was folded upon itself caudally.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Slight gallbladder polyps noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** was filled ingesta, some of which was shadowing. The largest shadowing structure measured approximately 2.0 cm and does not appear obstructive. Mucosal fogging noted in portions of the small intestine. However, wall thicknesses were normal.



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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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ULTRASONOGRAPHIC FINDINGS

- Diabetic abdominal changes involving the liver, kidneys and spleen
- Retention of ingesta – consistent with post-prandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was not NPO at the time of the sonogram, foreign matter in the stomach could be a potential, such as corncob or similar material.

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Potential Causes of Diabetic Dysregulation

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

AGE

11 Years

UTI

Dietary indiscretion/intolerance

Pancreatitis

WEIGHT

18 Pounds

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

Owner compliance

IMAGING PERFORMED BY

Harold Mike Beard

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

HOSPITAL NAME

West Prince AH

Diffuse liver disease

REFERRING VET

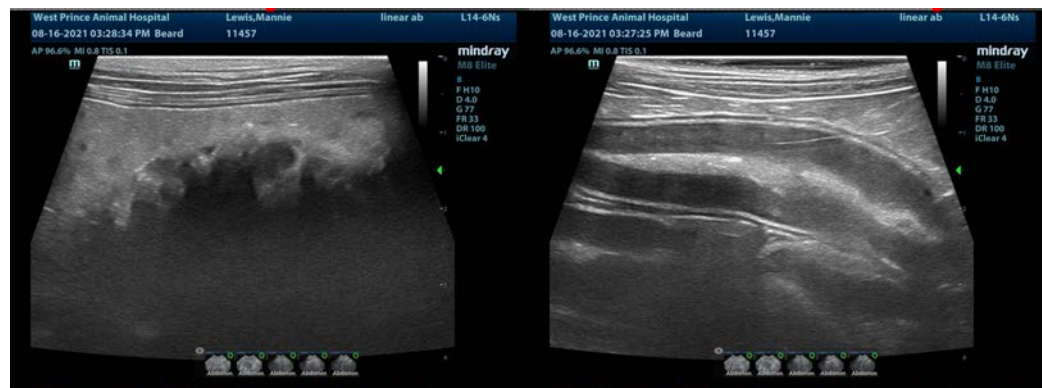
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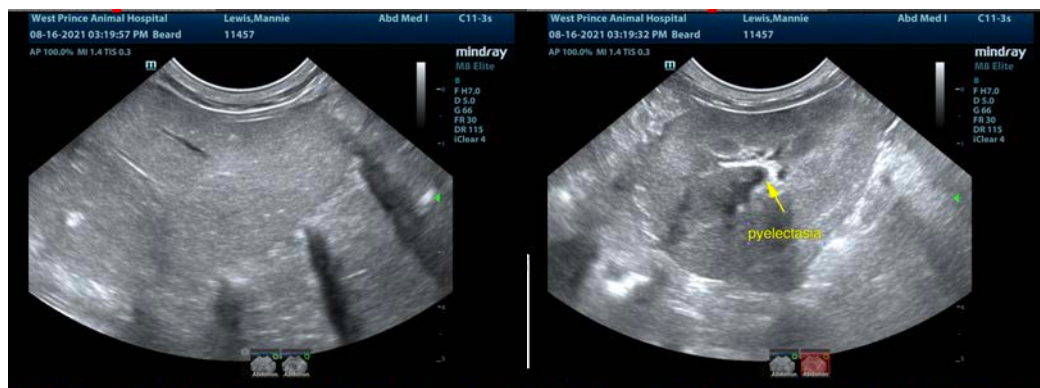
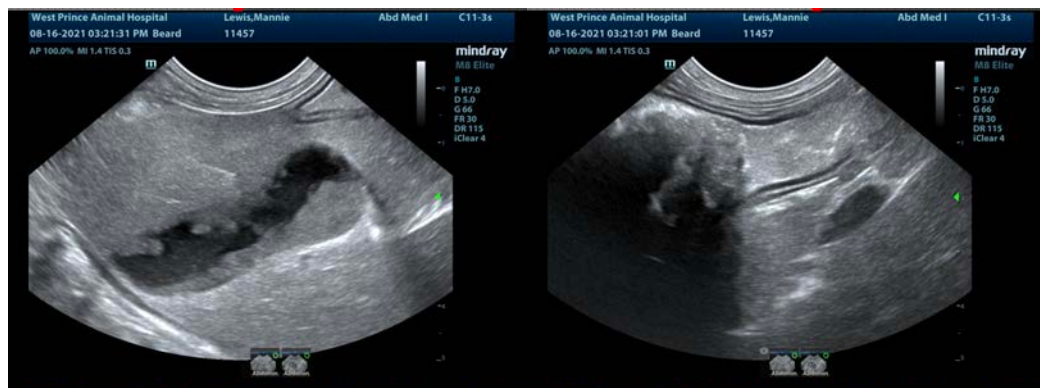
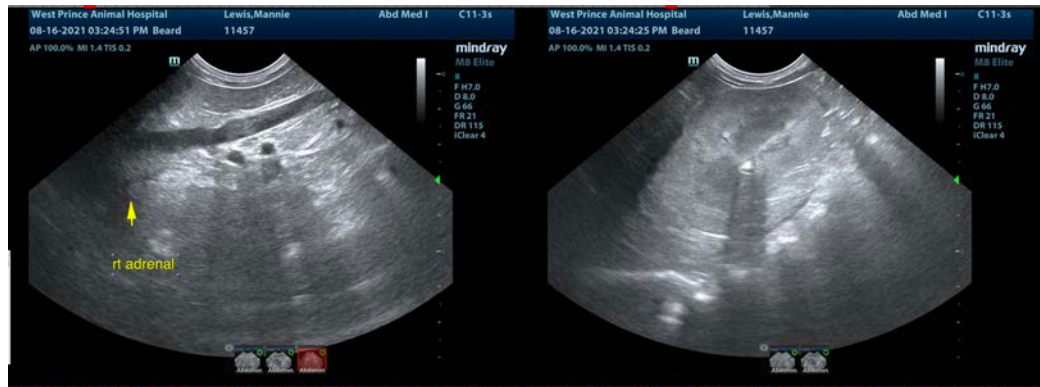
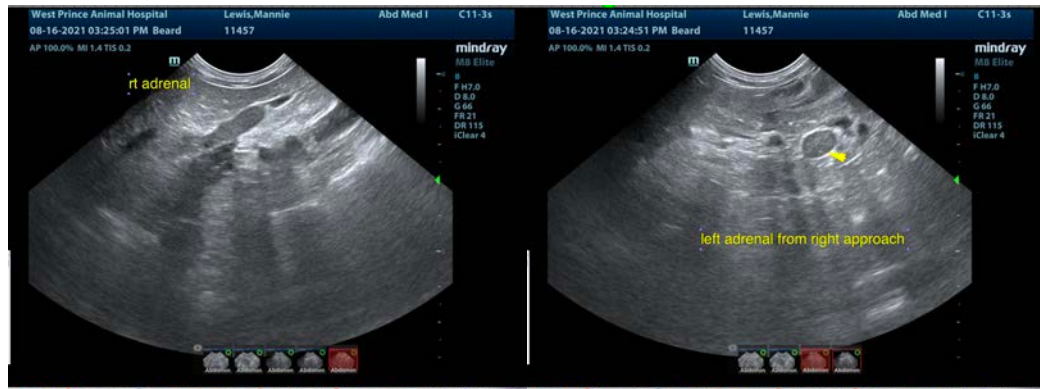
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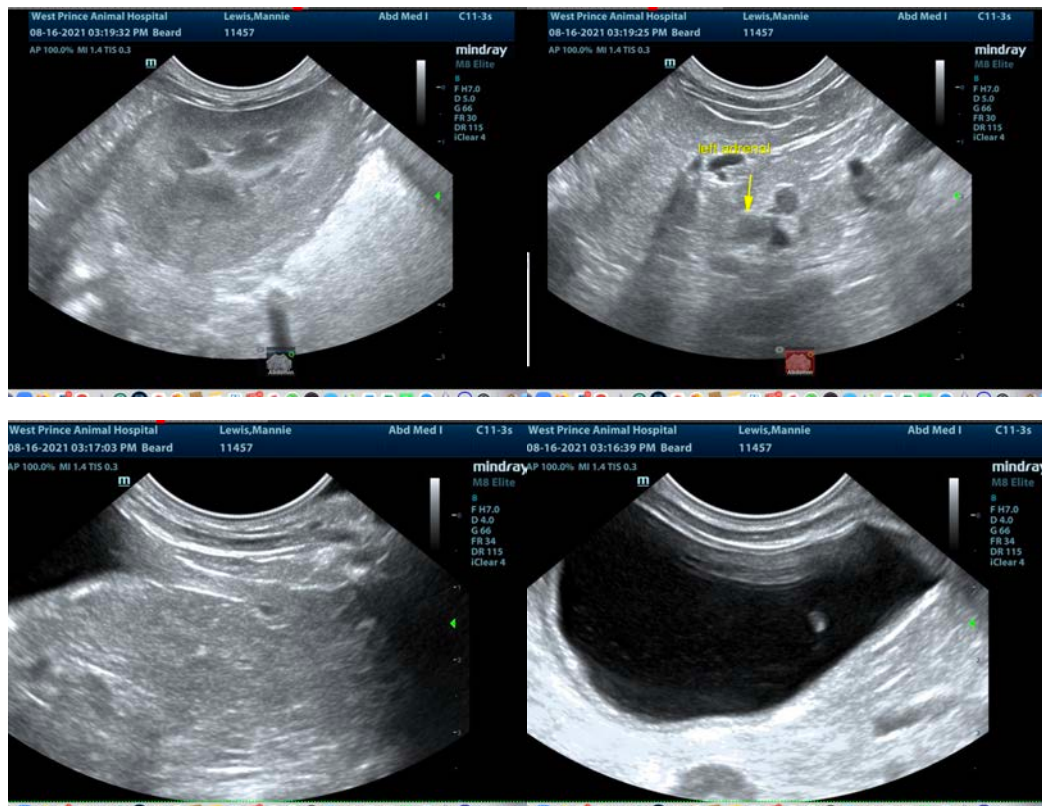
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com