



PATIENT PRESENTING CLINICAL SIGNS

Pepe Fiore

History: DKA, hx of controlled DM, pancreatitis, hepatomegaly on rads R/O underlying neoplasia
Current meds Fluids, Cerenia, Pepcid, Metro, Unasyn, Humulin R and Vetsulin
Abnormal PE/Chem/CBC/UA Results: increased HCT and WBC (Neut and Mono) increased Glu ALP
1741 abnormal CPL U/A increased Protein, Glu, Ketones, blood SG 1.024

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

12.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Kahn

INVOICE

32370

DATE

8/17/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 5.3 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 right adrenal gland measured 2.06 x 1.49 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 1.88 x 0.66 cm at the caudal pole and 0.47 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 was 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.

Gastrointestinal



PATIENT	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.
Pepe Fiore	
SPECIES	
Canine	<i>Pancreas</i>
BREED	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.
Mix	
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered male	Diabetic hepatopathy.
	Diabetic nephropathy.
AGE	Otherwise, unremarkable abdomen.
12 years	
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
12.3 lbs	Bile acid profile +/- hepatic FNA is indicated.
INTERPRETED BY	Potential Causes of Diabetic Dysregulation
Eric Lindquist, DMV DABVP, Cert. IVUSS	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
IMAGING PERFORMED BY	UTI
Jenn	Dietary indiscretion/intolerance
HOSPITAL NAME	Pancreatitis
Rockaway AH	Hyperthyroidism/hypothyroidism
REFERRING VET	Exogenous steroids (including topical eye meds)
Dr. Kahn	Cushing's
	Acromegaly
INVOICE	Owner compliance
32370	Insulin quality issues
	Antibodies to insulin
DATE	Underlying Neoplasia
8/17/22	Diffuse liver disease



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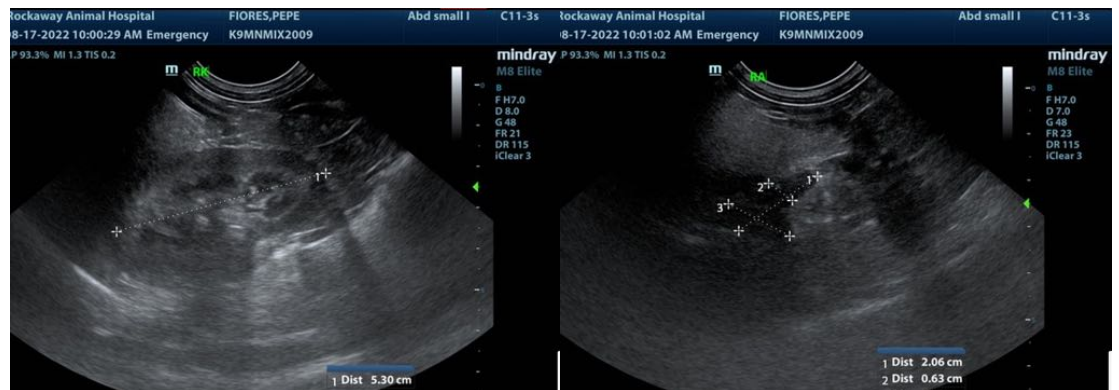
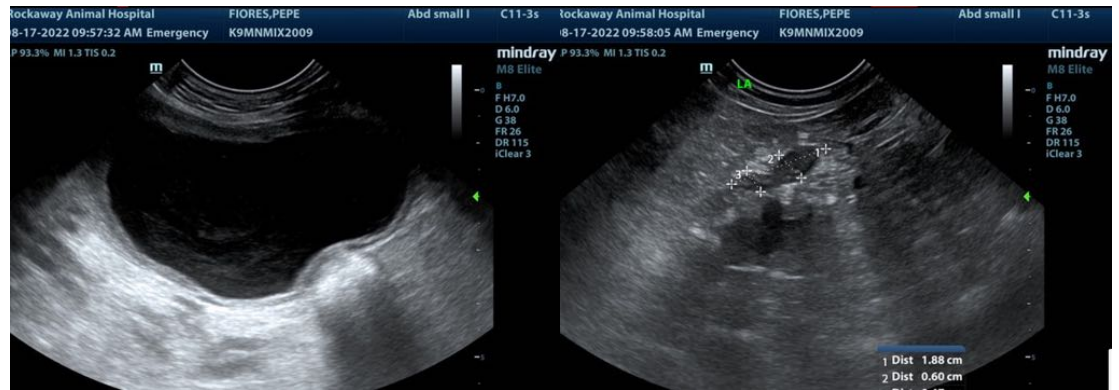
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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