



PATIENT

Daisy Acri

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Lupole

INVOICE

24805

DATE

8/19/21

PRESENTING CLINICAL SIGNS

Presented at our hospital for being wobbly and lethargic. P did not eat as much tonight and O gave 10units of insulin. P vomited in car. Previous Health Concerns: Diabetic, pancreatitis, heart murmur, hypothyroid, anemia Current Medications: novoilin 10 units Bid, Lasix 12.5mg ½ tab BID, pimobendan SID, Thyroid meds

Abnormal PE/Chem/CBC/UA Results: Rads: severe hepatomegaly, no obvious masses. Bloodwork: Na 139; Lactate 12.19; BUN 41.1; GLU 646; HCT 32; RBC 4.51; Chol 407; ALP 322

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 **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. Slight hyperechoic medullary rim sign noted in both kidneys. The right kidney measured 6.91 cm. The left kidney measured 5.65 cm. Occasional cortical cysts noted in the kidneys.

Adrenal Glands

Both **adrenal glands** were slightly enlarged. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.72 cm x 0.74 cm at the cranial pole and 0.59 cm at the caudal pole. The right adrenal gland measured 2.0 cm x 1.0 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.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. Gallbladder polyps and excessive debris noted, consistent with emerging mucocele formation. A gallbladder calculus was noted measuring 4.0 mm.

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.



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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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Low-grade inflammation of the right limb may be present.

ULTRASONOGRAPHIC FINDINGS

- Vacuolar hepatopathy with inflammatory component
- Mild bilateral adrenal hypertrophy – potential emerging PDH
- Medullary rim sign kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious neoplasia. However, chronic active pancreatitis, chronic hepatic changes and emerging mucocele are likely all playing a role in the clinical status. Structurally the gastrointestinal tract appeared unremarkable. Blood pressure measurements warranted. If USG is <1.020, workup for PDH would be indicated. Assessment for UTI also indicated. Treatment for pancreatitis and addition of Ursodiol to current protocol would be indicated. Full CNS exam indicated regarding any clinical signs.

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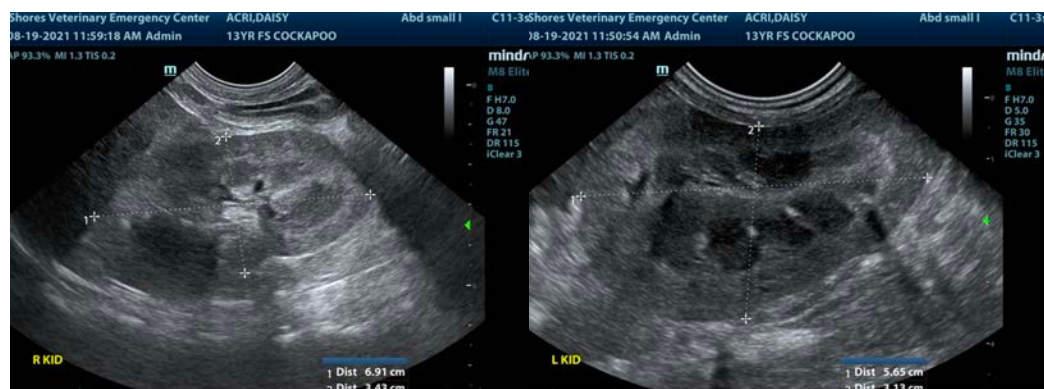
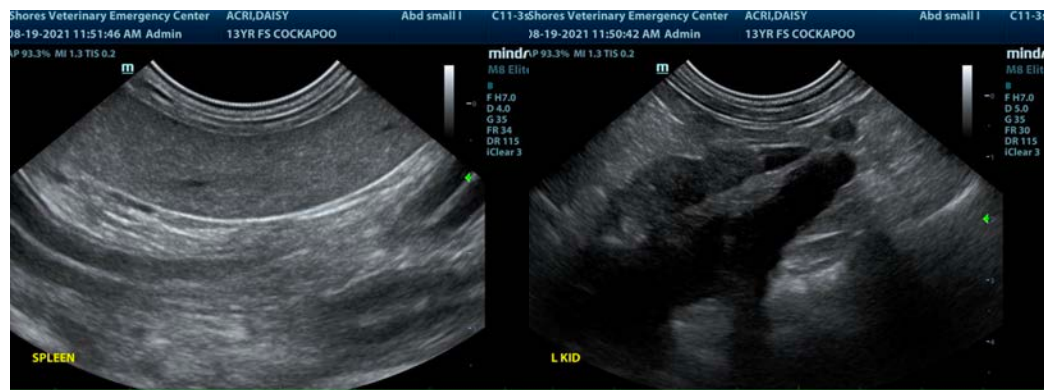
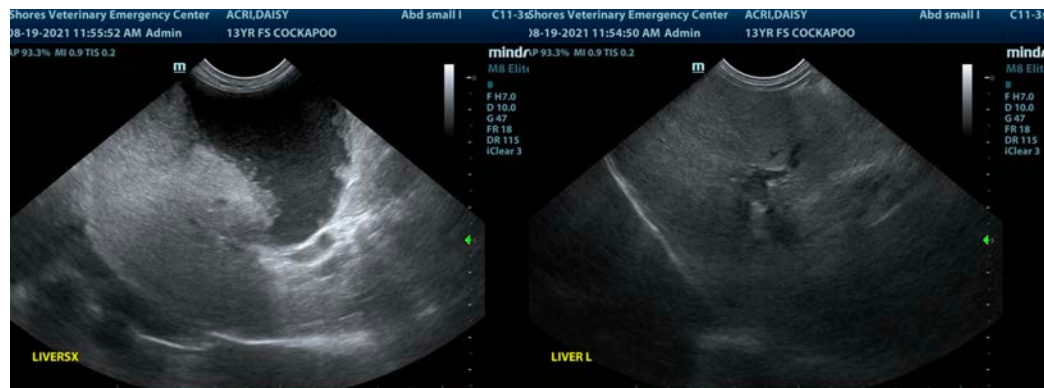
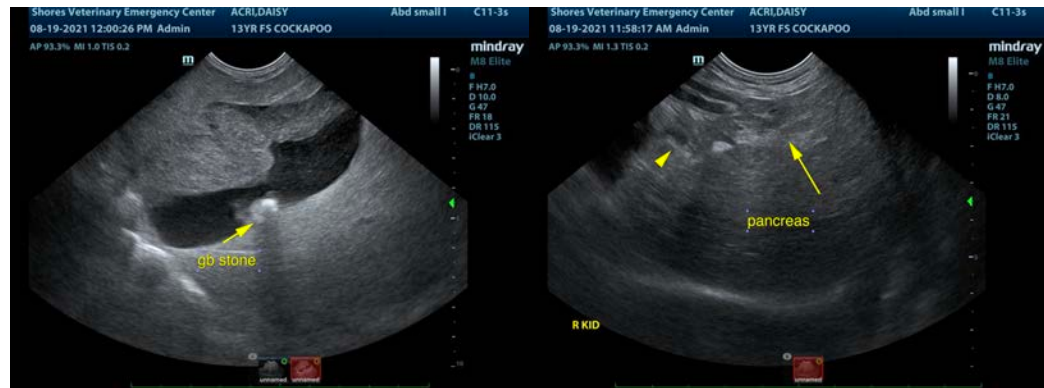
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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