



PATIENT

Campanita Vega

SPECIES

Canine

BREED

Beagle mix

SEX

Spayed female

AGE

8 years

WEIGHT

45.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Marcela Salas

HOSPITAL NAME

Tenaflly VC

REFERRING VET

Dr. Barnea

INVOICE

32505

DATE

8/23/22

PRESENTING CLINICAL SIGNS

History: for campanita vega: pet has Cushing's and is on Trilostane. recent diagnosis hyperglycemia and glucosuria- Diabetes- recently started on insulin. today bg=409, Na low and K+ elevated. ACTH stim run today. elevated ALP and Lipase. Concern for pancreatitis, Diabetes, Cushing's control.

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 6.0 cm and the right kidney measured 6.4 cm.

Adrenal Glands

The region of the left adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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. 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

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.



PATIENT	Pancreas
Campanita Vega	Diffuse hyperechoic changes were present in the area of the pancreas . The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.
SPECIES	
Canine	
BREED	ULTRASONOGRAPHIC FINDINGS
Beagle mix	Diabetic nephropathy.
	Diabetic hepatopathy with a minor amount of remodeling.
SEX	Pancreatic fibrosis. No evidence of any significant inflammation, yet cannot be ruled out with current image resolution.
Spayed female	
AGE	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
8 years	Given the history of Cushing's in this patient I am concerned about the adrenal axis as the adrenal glands were not overtly visible and I would expect them to be enlarged. Reassessment of the adrenal axis and Trilostane therapy is recommended.
WEIGHT	
45.3 lbs	
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
Marcela Salas	Dietary indiscretion/intolerance
HOSPITAL NAME	Pancreatitis
Tenaflly VC	Hyperthyroidism/hypothyroidism
REFERRING VET	Exogenous steroids (including topical eye meds)
Dr. Barnea	Cushing's
	Acromegaly
	Owner compliance
INVOICE	Insulin quality issues
32505	Antibodies to insulin
	Underlying Neoplasia
DATE	Diffuse liver disease
8/23/22	



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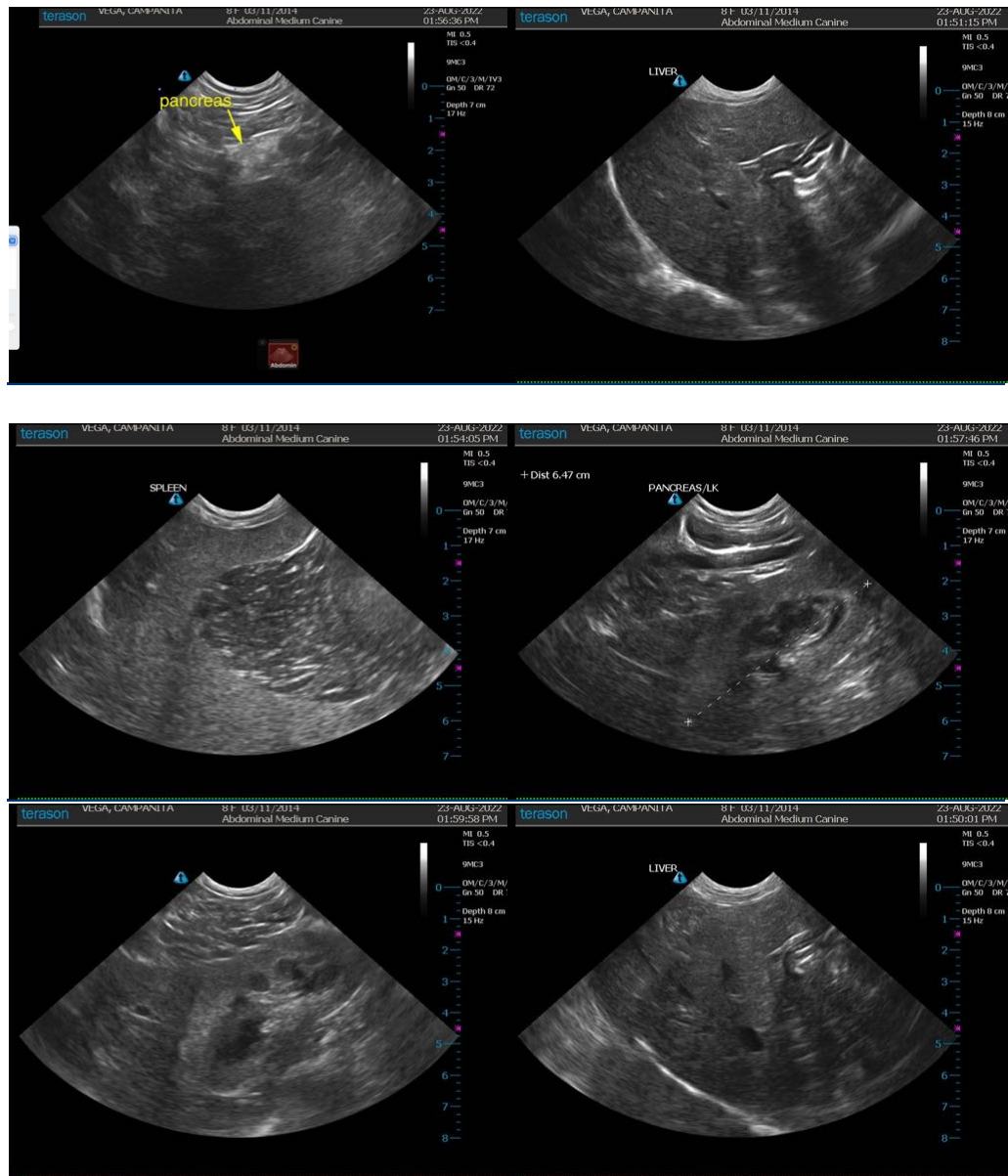
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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