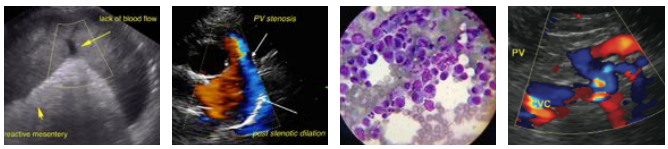
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mowlgi Bruno

SPECIES
Canine

BREED
Pomeranian

SEX
Neutered male

AGE
8 years

WEIGHT
7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Barnea

HOSPITAL NAME
Tenafly VC

REFERRING VET
Dr. Barnea

INVOICE
32535

DATE
8/24/22

PRESENTING CLINICAL SIGNS

History: DIABETES/PANCREATITIS DOING POORLY

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** 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. Pinpoint mineralization was noted in the kidneys and was non-obstructive. The kidneys measured 4.0 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 not visualized.

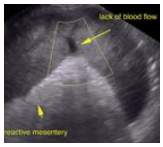
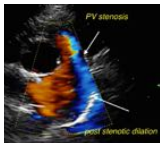
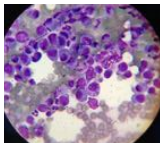
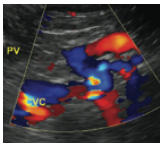
Spleen

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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Mowlgi Bruno

SPECIES
Canine

BREED
Pomeranian

SEX
Neutered male

AGE
8 years

WEIGHT
7 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Barnea

HOSPITAL NAME
Tenafly VC

REFERRING VET
Dr. Barnea

INVOICE
32535

DATE
8/24/22

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. Minor retention of ingesta. 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.

Pancreas

The **pancreas** revealed hypoechoic 1.5 cm lesion with hyperechoic surrounding fat. This is most consistent with abscessation or necrosis. Distorted lymph node is also possible, yet less likely. A separate hypoechoic lesion was also noted. Regional inflammation was noted.

ULTRASONOGRAPHIC FINDINGS

Pancreatic necrosis or distorted lymph nodes.

Diabetic hepatopathy with remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hypoechoic lesions are recommended. Otherwise, surgical intervention with debridement and removal of the structures could also be considered if the lesions were undifferentiated.

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

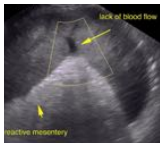
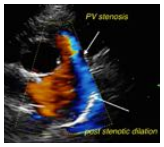
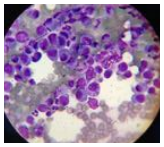
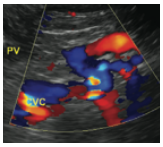
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mowlgi Bruno

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

8 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenafly VC

REFERRING VET

Dr. Barnea

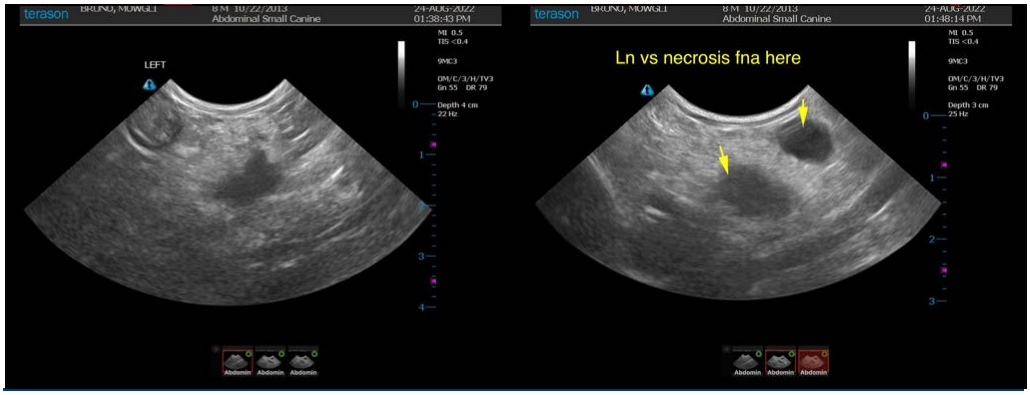
INVOICE

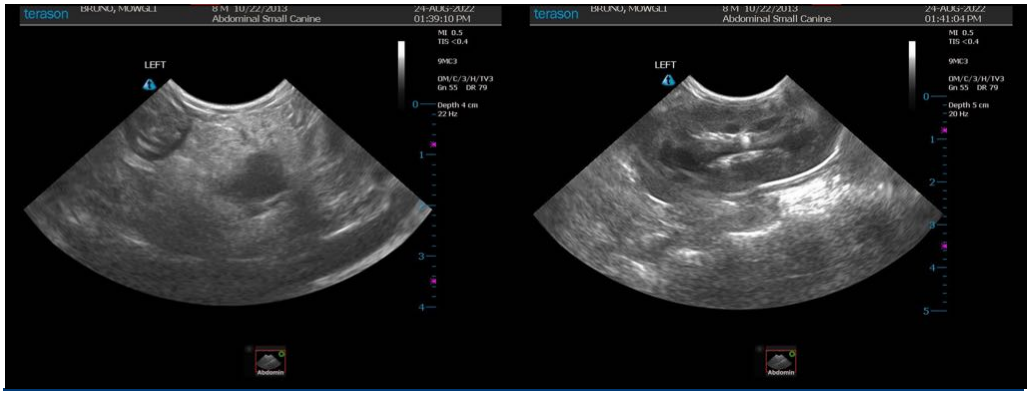
32535

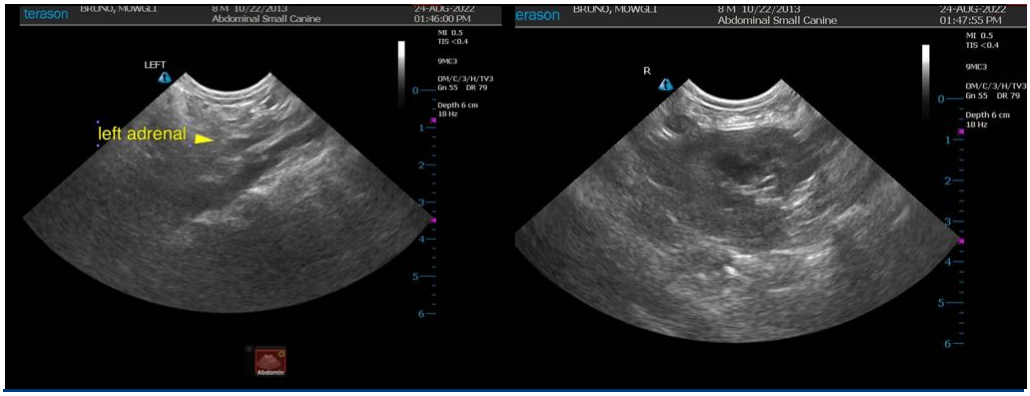
DATE

8/24/22

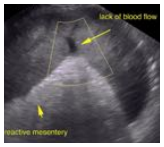
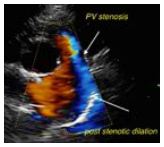
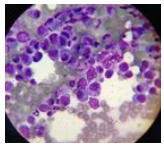
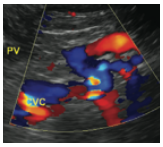
Diffuse liver disease







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mowlgi Bruno

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered male

AGE

8 years

WEIGHT

7 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Barnea

HOSPITAL NAME

Tenafly VC

REFERRING VET

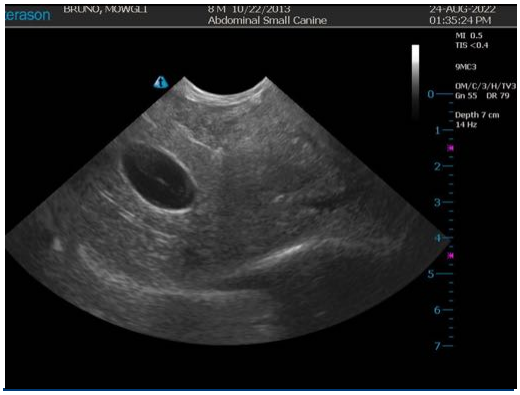
Dr. Barnea

INVOICE

32535

DATE

8/24/22



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