



PATIENT

Obie Fox

SPECIES

Canine

BREED

Pug

SEX

Neutered Male

AGE

11 Years 7 Months

WEIGHT

22.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Erin Rothrock

INVOICE

16764

DATE

8/6/22

PRESENTING CLINICAL SIGNS

History: Patient initially presented 8/2 for not eating, PUPD, and overall not himself. At that time, he was diagnosed with diabetes mellitus and had diabetic ketoacidosis/ He was stabilized over 24-48 hours with IVF, insulin, anti-nausea meds and supportive care. He was doing well at home for about 2 days prior to representing for not eating again. On 8/5 he was lethargic, not eating, and upon presentation still had large amounts of ketones in his urine. P was readmitted to hospital for stabilization. On PE at that time, concern for mass-like structure in left mid/cranial abdomen was noted. GFAST revealed suspicious area near the tail of the spleen. Current Meds: cerenia, pepcid, ampicillin, humulin N, and entyce.

Abnormal PE/Chem/CBC/UA Results: 8/2 Alb 1.9(L), ALKP 902(H), Ca 7.2 (L), Glu 491 (H), Na 132 (L), Tbil 1.4(H), HCT 29.4 (L), WBC 31.45(H), Mono 6.4(H), Neut 21.69 (H), Retics 141.5(H)... 8/5 PCV/TS 32/5.7, Glu 527(H)... Rads: Moderate hepatomegaly, no obvious masses seen..

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 mild 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 6.21 cm. The left kidney measured 5.87 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 left adrenal gland measured 1.87 cm x 0.44 cm. The right adrenal gland measured 1.3 cm x 0.46 cm.

Spleen

The **spleen** revealed a focal expansive hypoechoic nodule, measuring 1.4 cm at the mid body. Slight free fluid was noted adjacent to the spleen. Other nodular changes were noted in the spleen as well.

Liver

The **liver** was diffusely hyperechoic to falciform fat. Minor excessive gallbladder debris was noted. Slight amounts of free fluid were noted, most consistent with diabetic hepatopathy with possible suppurative changes- coagulation panel and FNA are indicated.

Gastrointestinal

The **stomach** was dilated with hypoechoic luminal ingesta consistent with canned diet or similar. The hypoechoic structures in the gastric lumen appear to be residual ingesta or possible foreign matter.



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This does not appear to be overtly connected to the mucosa, however, mucosal proliferative process cannot be ruled out. The small intestine and colon were unremarkable.

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Pancreas

SPECIES

The **pancreas** was enlarged, irregular and hypoechoic in the left limb.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Nodular splenic changes
- Enlarged, irregular and hypoechoic pancreas- pancreatitis versus pancreatic neoplasia
- Suppurative hepatitis liver pattern
- Diabetic nephropathy
- Stomach ingesta or possible foreign matter

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neutered Male

Coagulation panel and FNA of the splenic nodules, pancreas and liver warranted. Prognosis is guarded. If no significant proteinuria is present, then protein losing enteropathy +/- liver failure may be responsible for the low albumin.

AGE

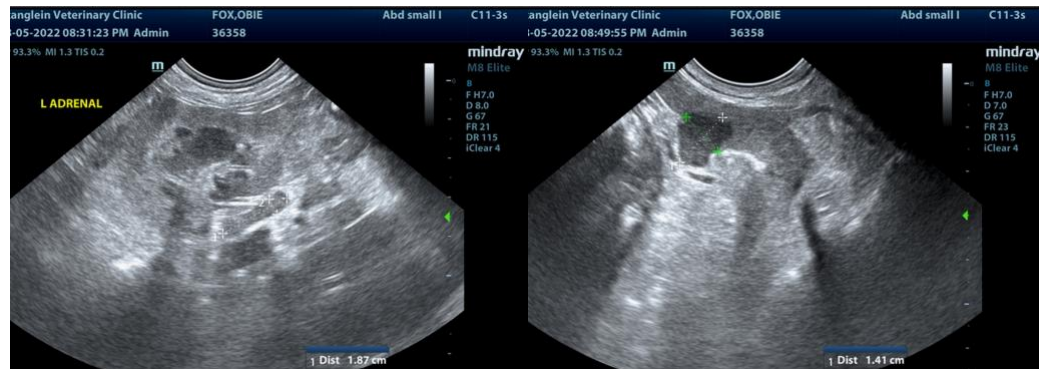
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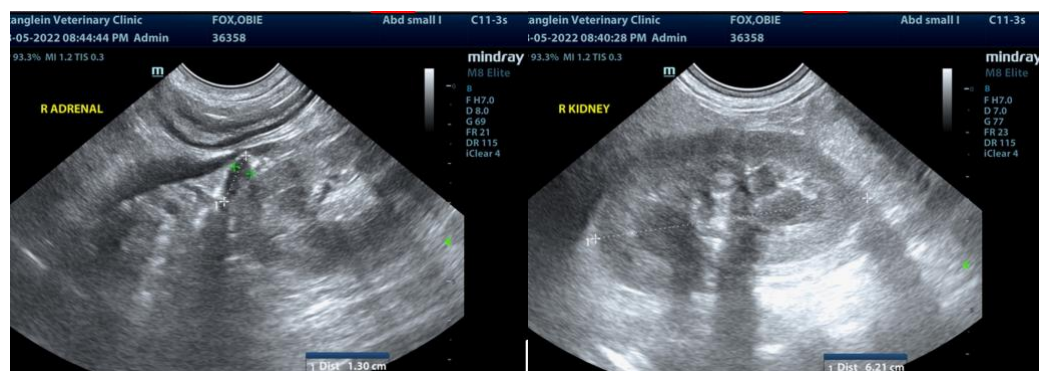


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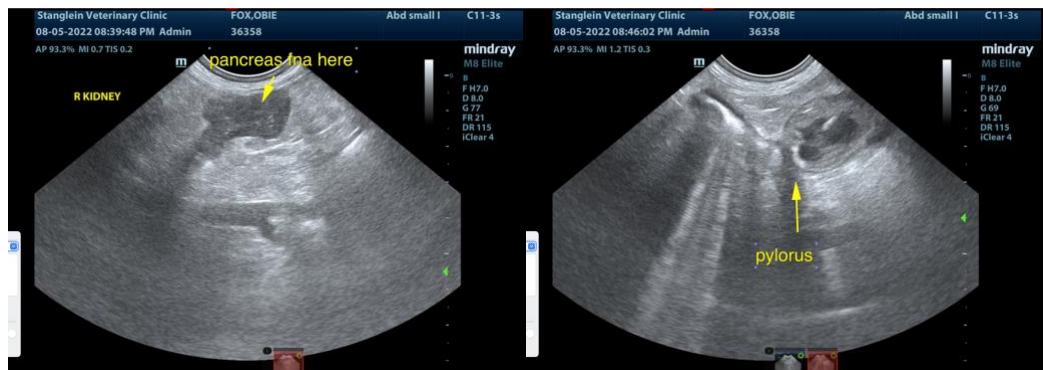
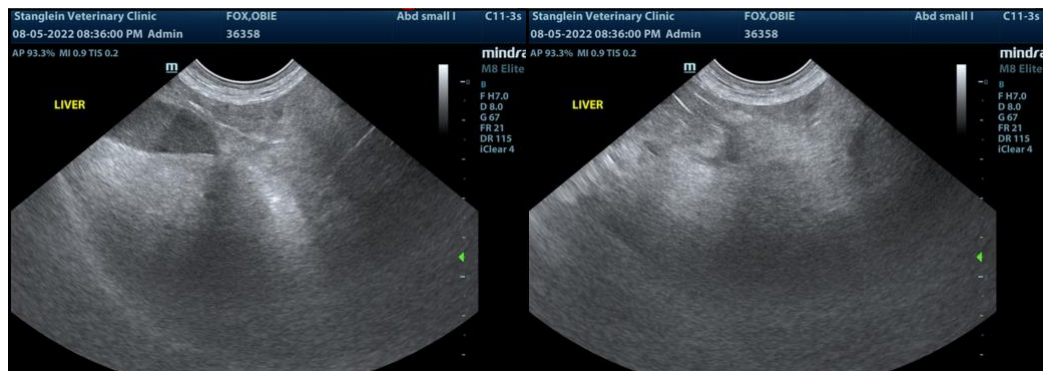
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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