



PATIENT

Jack Hettinger

PRESENTING CLINICAL SIGNS

Controlled diabetic. abdominal mass palpated on routine annual exam.
Abnormal PE/Chem/CBC/UA Results: Mild anemia, mild hypercalcemia

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

The **urinary bladder** revealed sand accumulation of approximately 1.5 cm. The bladder wall was unremarkable. Non-obstructive urolithiasis present.

The iliac lymph nodes were unremarkable.

SEX

Neutered Male

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 5.0 cm with slight pinpoint mineralizations noted. Blood flow appeared to be adequate on power doppler assessment. The right kidney measured 5.0 cm.

AGE

13 Years

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

WEIGHT

65 Pounds

Spleen

The **spleen** revealed a mixed hypoechoic ill-defined mass measuring 3.9 cm x 4.8 cm in the mid body. No evidence of cavitation. Generalized enlargement and irregular contour noted. A separate 5.0 cm hypoechoic mass was noted with capsular expansion.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

IMAGING PERFORMED BY

Dr. Louise Mandeville

HOSPITAL NAME

BetterVet

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

REFERRING VET

Dr. Louise Mandeville

Pancreas

INVOICE

40994

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.

DATE

9/1/22



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Heart

Rapid view of the heart revealed no evidence of right auricular or pericardial neoplasia. Contractility and volumes appeared normal.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Splenic mass – suspect round cell neoplasia or hemangiosarcoma.
- Bladder sand
- Diabetic nephropathy

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obvious metastatic disease. Chest radiographs, rapid echocardiogram to assess the right auricle and pericardium indicated, followed by exploratory surgery for splenectomy with liver inspection and biopsy.

SEX

Neutered Male

Potential Causes of Diabetic Dysregulation

AGE

13 Years

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

WEIGHT

65 Pounds

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

INTERPRETED BY

Eric Lindquist, DMV

Cushing's

Acromegaly

DABVP, Cert. IVUSS

Owner compliance

IMAGING PERFORMED BY

Dr. Louise Mandeville

Insulin quality issues

Antibodies to insulin

HOSPITAL NAME

BetterVet

Underlying Neoplasia

Diffuse liver disease

REFERRING VET

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Canine

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WEIGHT

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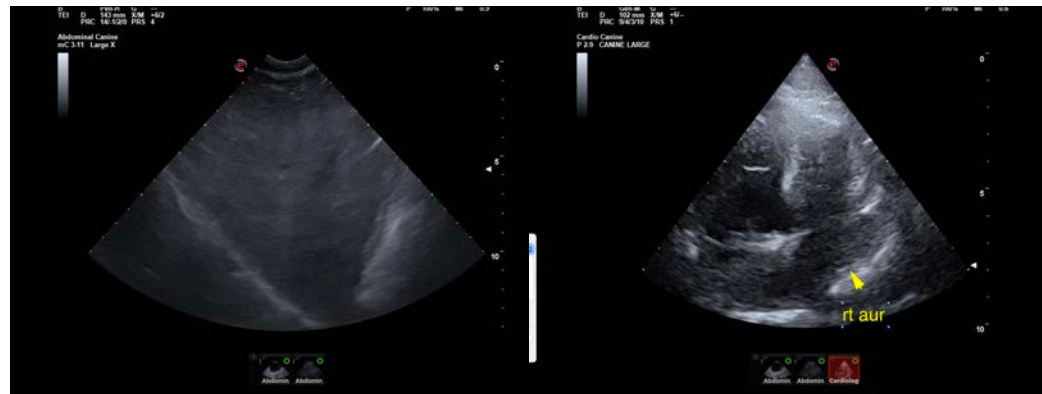
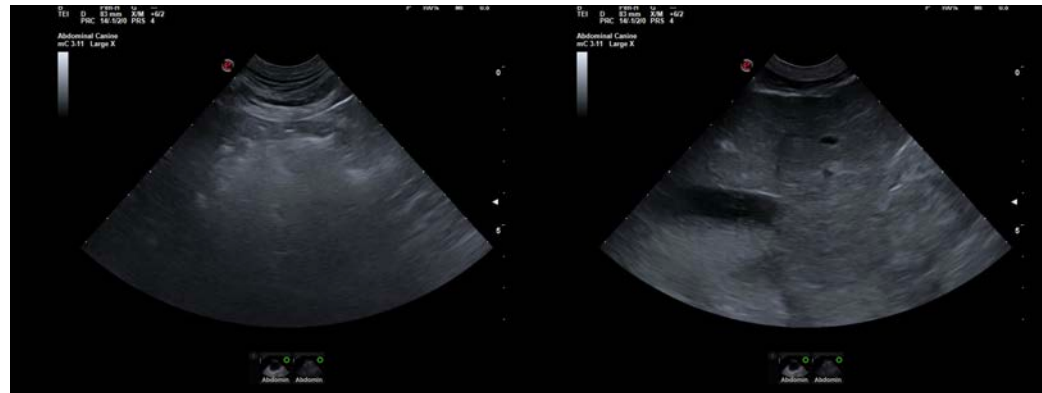
Dr. Louise Mandeville

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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

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