



**PATIENT**

Rocky Bezou

**SPECIES**

Canine

**BREED**

Great Pyrenees

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

110 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Boley

**HOSPITAL NAME**

Animal Hospital Sussex  
County

**REFERRING VET**

Dr. Boley

**INVOICE**

39512

**DATE**

9/20/22

**PRESENTING CLINICAL SIGNS**

History: Rocky diagnosed with diabetes mellitus on 8-3-22. Has been challenging to regulate. Performing abdominal ultrasound to look for causes to make regulating diabetes difficult.

Abnormal PE/Chem/CBC/UA Results: 8-2-22 chem/ CBC-WNL except glucose 524; Precision PSL-390; UA- pH- 7.5; glucose-3+; rest unremarkable. 8-30-22 Precision PSL-46 (Normal) 9-20-22 UA w/ urine culture pending

**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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.3 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** were 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**

Minimal **liver** was visualized with no evidence of pathology.

**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**

The visible **pancreas** was unremarkable.

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**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

**BREED**

Great Pyrenees

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment of the primary diabetic state is warranted. Further imaging is indicated if clinical signs are persistent.

**SEX**

Neutered male

**Potential Causes of Diabetic Dysregulation**

**AGE**

6 years

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

UTI

**WEIGHT**

110 lbs

Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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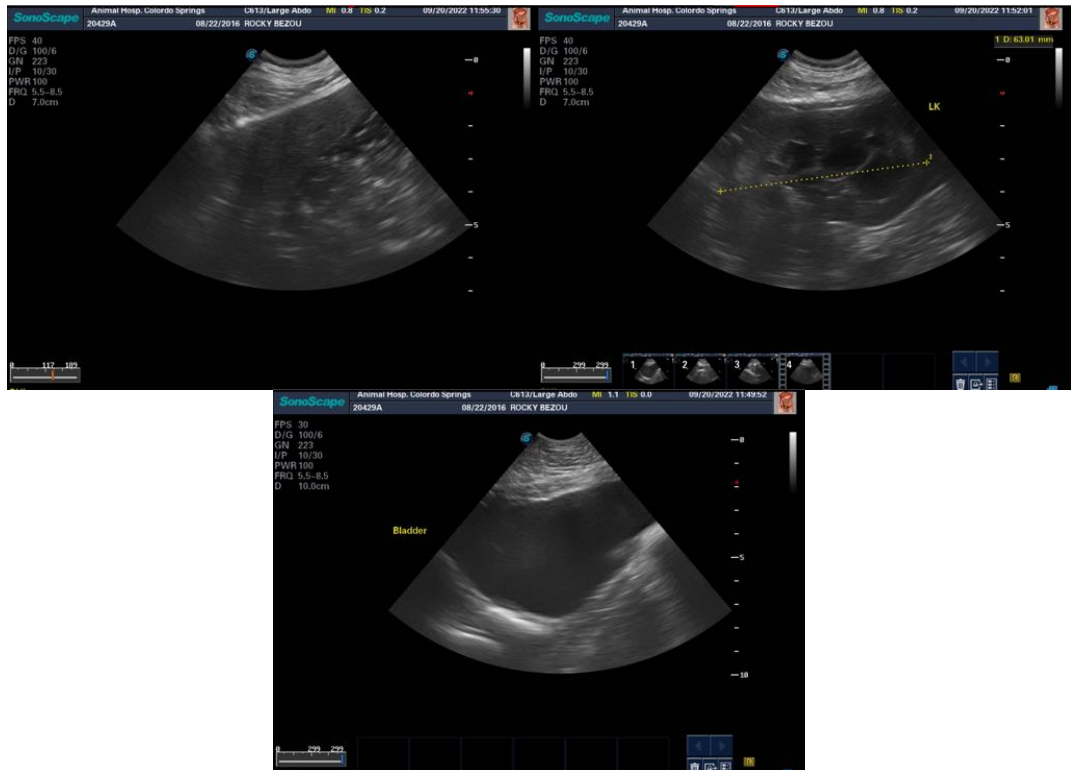
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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