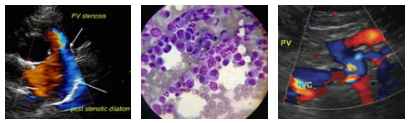
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

9/5/21

PATIENT

Sasha Zachary

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female

AGE

2013

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Willer

INVOICE

91656

PRESENTING CLINICAL SIGNS

Diabetic Keto Acidosis (DKA).

History: Date: 09-05-2021 Notes: Was here a few months ago for DKA is on novolin 10U BID. Went to the vet on Wednesday and did bloodwork and UA, had large ketones. Went to the vet due to excessive panting. Recommended hospitalizing here but, couldn't do it financially because of last time. Got fulids throughout the day and went home. Has been PU/PD and stopped panting on Friday. Today would not eat and didn't get insulin. Didn't have energy at all today. Earlier today threw up.

Current Medications: Insulin - Humulin R U-100 Injection. Potassium Chloride 2mEq/mL Injection. Maropitant Citrate (Cerenia) 10mg/mL Solution Injection. Pantoprazole (Protonix) 40mg/vial Injection. Buprenorphine 0.6mg/mL 1

Lab Results: attached

Date of Previous IntraPet Ultrasound: no previous
Sedation: not needed
Stat Report: not requested

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 ovaries were uniform. The right ovary measured 2.34 x 1.34 cm and the left ovary measured 1.0 x 0.68 cm. The uterus was uniform and measured 0.94 cm.

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. Slight pyelectasia was noted in the left kidney. The left kidney measured 7.72 cm with pyelectasia that measured 0.47 cm. The right kidney measured 7.63 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 2.77 x 0.8 cm at the caudal pole and 0.81 cm at the cranial pole. The right adrenal gland measured 3.19 x 0.76 cm at the caudal pole and 0.75 cm at the cranial pole.

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
The **liver** was diffusely hyperechoic with attenuating sound beam. The gallbladder was unremarkable.

Gastrointestinal
Examination of the **gastrointestinal tract** revealed gastric stasis. This is consistent with metabolic ileus. The intestines were 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.

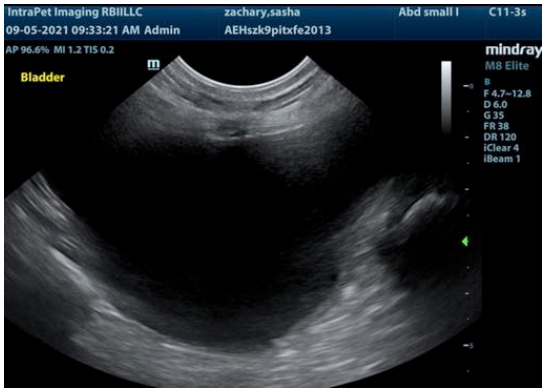
Pancreas
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

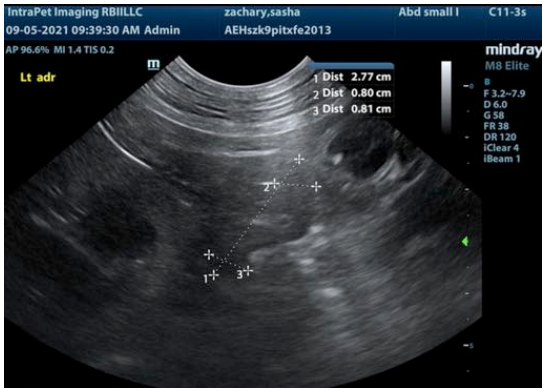
ULTRASONOGRAPHIC FINDINGS
Diabetic nephropathy.
Diabetic hepatopathy.
Minor renal pyelectasia.
Gastric stasis.

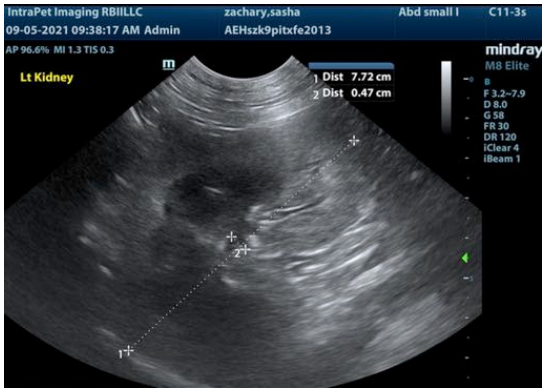
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Assessment for urinary tract infection is warranted. Ovariohysterectomy may allow for better regulation of the diabetic state. Some level of resolving pancreatitis may be playing a role in this patient's clinical presentation. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected.

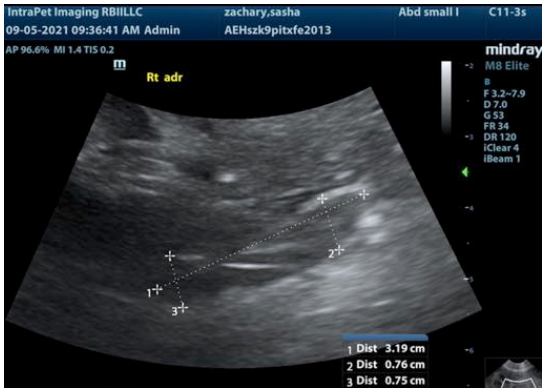
Potential Causes of Diabetic Dysregulation
This is a suggestive checkoff list when faced with an unregulated diabetic patient:

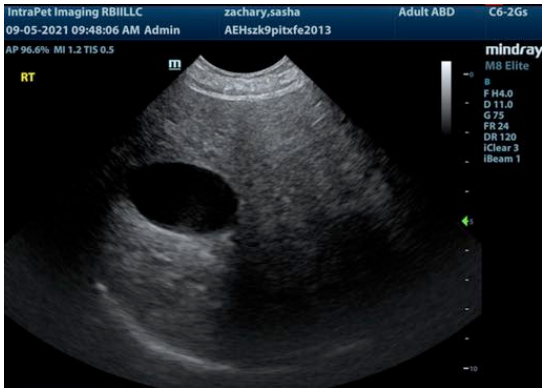
UTI
Dietary indiscretion/intolerance
Pancreatitis
Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)
Cushing's
Acromegaly
Owner compliance
Insulin quality issues
Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

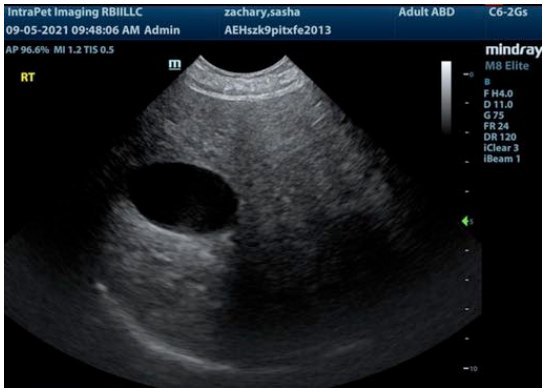

IntraPet Imaging RBIILLC
zachary,sasha
Abd small I
C11-3s
09-05-2021 09:33:21 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.2 TIS 0.2
Bladder
mindray
M8 Elite

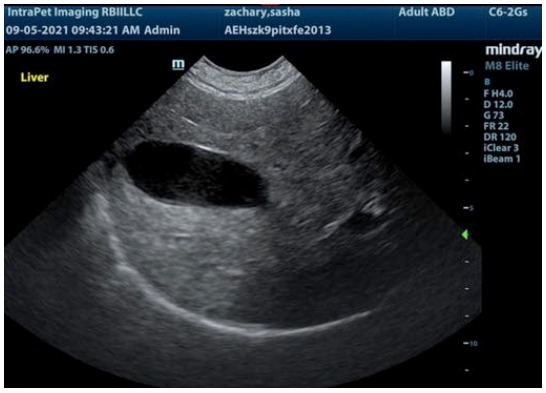

IntraPet Imaging RBIILLC
zachary,sasha
Abd small I
C11-3s
09-05-2021 09:39:30 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.4 TIS 0.2
Lt adr
1 Dist 2.77 cm
2 Dist 0.80 cm
3 Dist 0.81 cm
mindray
M8 Elite

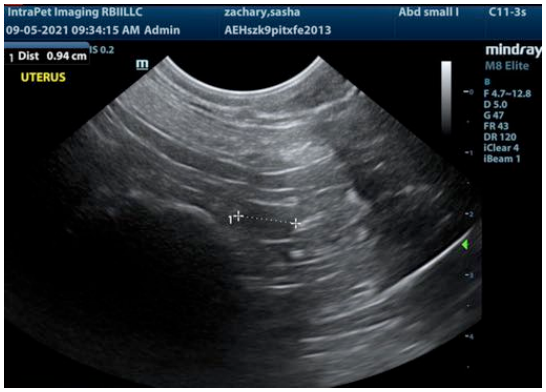

IntraPet Imaging RBIILLC
zachary,sasha
Abd small I
C11-3s
09-05-2021 09:38:17 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.3 TIS 0.3
Lt Kidney
1 Dist 7.72 cm
2 Dist 0.47 cm
mindray
M8 Elite

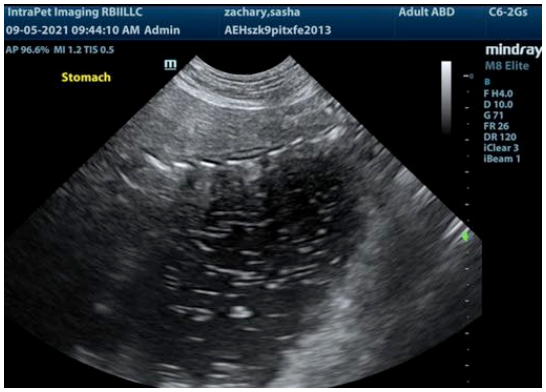

IntraPet Imaging RBIILLC
zachary,sasha
Abd small I
C11-3s
09-05-2021 09:36:41 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.4 TIS 0.2
Rt adr
1 Dist 3.19 cm
2 Dist 0.76 cm
3 Dist 0.75 cm
mindray
M8 Elite


IntraPet Imaging RBIILLC
zachary,sasha
Adult ABD
C6-2Gs
09-05-2021 09:48:06 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.2 TIS 0.5
RT
mindray
M8 Elite


IntraPet Imaging RBIILLC
zachary,sasha
Adult ABD
C6-2Gs
09-05-2021 09:48:06 AM Admin
AEHszk9pitxfe2013
AP 96.6% MI 1.2 TIS 0.5
RT
mindray
M8 Elite







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.

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
Eric.Lindquist@SonoPath.com