



PATIENT

Mollie Sacks

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

7.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

41186

DATE

9/8/22

PRESENTING CLINICAL SIGNS

P suffers from diabetes and Cushing's. Had hypoglycemic events and seizures last month d/t being overdosed on insulin and was hospitalized. P was placed on a lower insulin dose and was able to go home. This morning, O concerned that p has been spotting blood from vulva since yesterday and hasn't been eating much. Soft stools reported yesterday but better today.

Abnormal PE/Chem/CBC/UA Results: cbc - nsf chem - ALP 184, ALT 145, Glu 187, Na 141, K 4.8, Na:K 29 UA+culture MIC - 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 were 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. Mineralization noted in both kidneys, non-obstructive.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented multifocal hyperechoic nodular changes with heterogeneous parenchyma.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Increased portal markings noted and occasional nodular changes. There was no overt suspicion of neoplasia.

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.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.



PATIENT

Mollie Sacks

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

7.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Munoz

INVOICE

41186

DATE

9/8/22

ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy, given patient history and hepatic remodeling
- Splenic nodule
- Pancreatic remodeling
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen warranted, given the nodular changes. Full urinary workup warranted, given the renal calculi. FNA of the liver ideal, yet subjectively it appears benign. No evidence of residual uterine pathology or ovarian remnants.

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





PATIENT

Mollie Sacks

SPECIES

Canine

BREED

Terrier

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

7.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

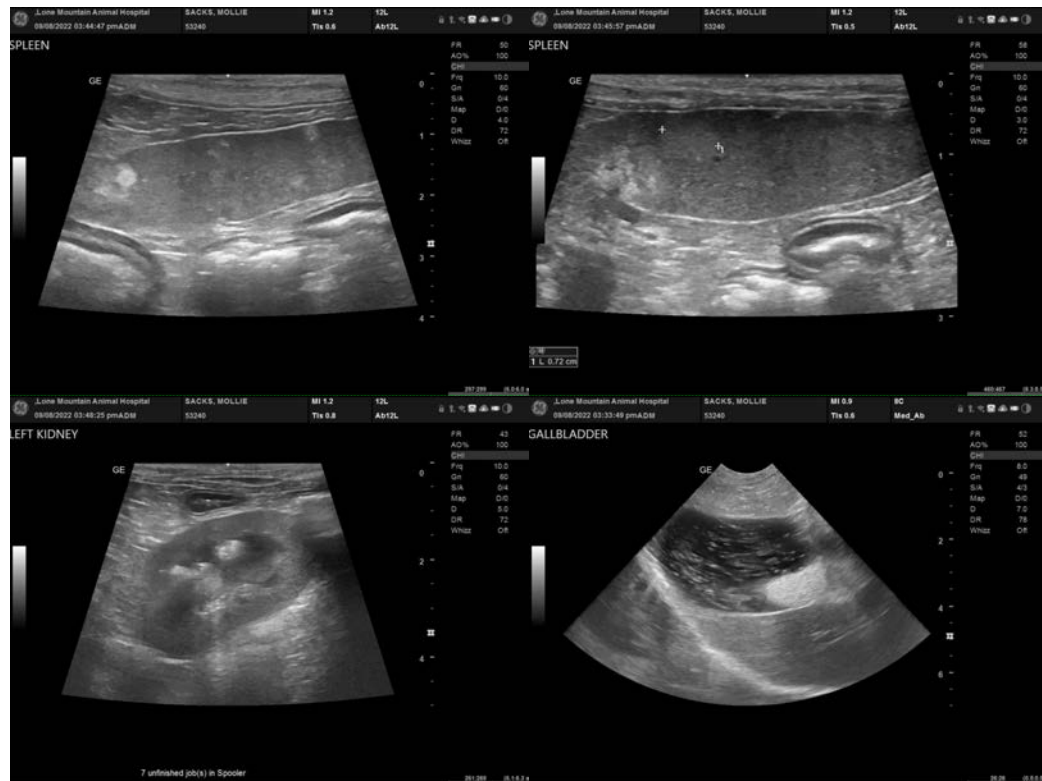
Dr. Munoz

INVOICE

41186

DATE

9/8/22



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