



PATIENT

Peanut McConney

SPECIES

Canine

BREED

Pomeranian X

SEX

Neutered Male

AGE

15 Years

WEIGHT

4.98 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

41177

DATE

9/8/22

PRESENTING CLINICAL SIGNS

Diabetic dog had a history of not eating for a few days. Bloodwork did not show DKA or pancreatitis. however there was anemia. P is on 3 units of vetsulin but decreased to 2units

Abnormal PE/Chem/CBC/UA Results: Alk Phosph 199 BG 166 Chol 397 Triglycerides 388 PSL 21 WBC 19.1 RBC 3.4 HCT 27% HGB 8.7 MCV 80 Nucleated RBC 4/100

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 3.0 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 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. Mineralization noted in both kidneys. The kidneys measured approximately 4.0 cm each.

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 right adrenal gland measured 0.64 cm. The left adrenal gland measured 0.50 cm.

Spleen

The **spleen** was folded upon itself caudally, uniform. No evident pathology.

Liver

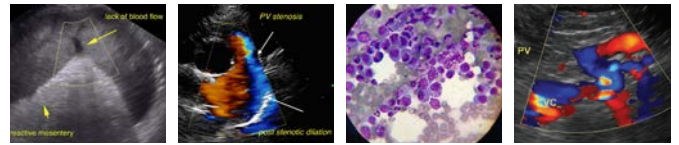
The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle,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

Gastrointestinal

Mucosal speckling noted in the **gastrointestinal tract**, yet no loss of structural detail.

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.



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ULTRASONOGRAPHIC FINDINGS

- Non-specific diabetic abdominal changes
- Diabetic nephropathy
- Vacuolar hepatopathy with mild remodeling
- Minor renal mineralization

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of specific disease. Supportive care should prove effective.

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





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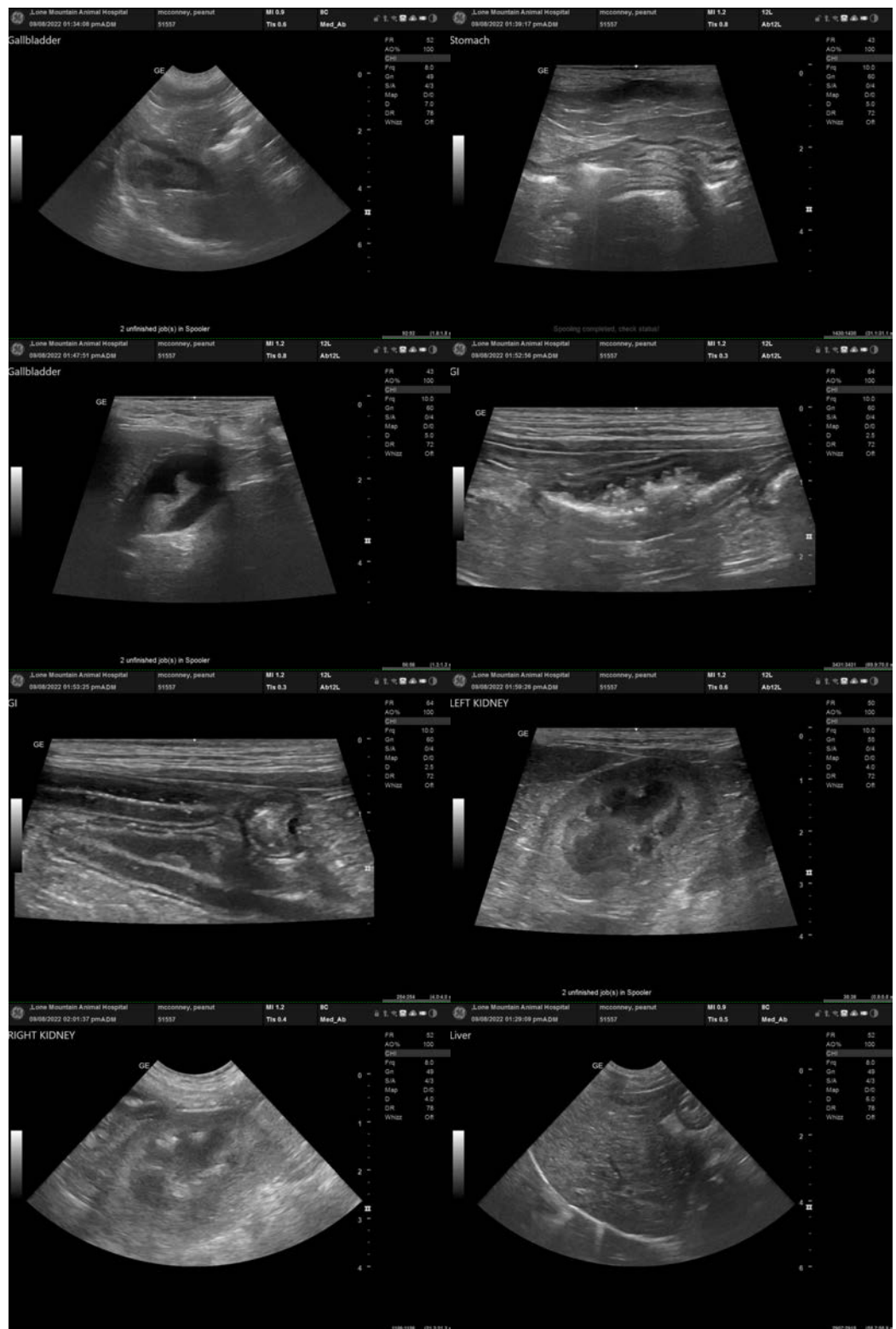
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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