

PATIENT PRESENTING CLINICAL SIGNS

Dexter Herbert

History: -pet is diabetic -Aug. 9th 2022 abnormal structure found within bladder on US -severe diabetic cataracts -heart/lungs sound good on PE -OA pain in pelvic limbs -poss difficulty defecating at night when dark -bloody urine since tumor in bladder diagnosed Current Medications piroxicam, insulin Humulin N

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALKP- 153H Glucose 303H

BREED

Labrador

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed an irregular, ventral wall mass that measured 5.05 cm with areas of mineralization. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal.

SEX

Netuered male

The residual prostate measured 0.92 cm.

AGE

9 years

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. Moderate degenerative renal changes. The left kidney measured 7.2 cm. An anechoic cyst was noted in the medial cortex of the left kidney measured 1.02 cm. The right kidney measured 7.54 cm.

WEIGHT

91 lbs

Adrenal Glands

The left **adrenal** was slightly irregular, enlarged and heterogenous. The left adrenal gland measured 0.88 cm at the caudal pole and 0.51 cm at the cranial pole and 3.37 cm in length. The right adrenal gland was enlarged and measured 1.4 cm at the cranial pole and 1.0 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

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.

DATE

12/14/22

Invoice

43104



PATIENT

Gastrointestinal

Dexter Herbert

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. 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.

SPECIES

Canine

BREED

Labrador

SEX

Netuered male

AGE

9 years

WEIGHT

91 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

Dr. Sullivan

DATE

12/14/22

Invoice

43104

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

Ventral, mineralized mural mass, appears resectable.

Geriatric abdomen with bilateral adrenal hypertrophy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bladder mass is strongly consistent with transitional cell carcinoma. Ultrasound-guided traumatic catheterization or direct exploratory with partial cystectomy should be considered in this patient. If the urine specific gravity is less than 1.020 then work-up for eventual pituitary dependent Cushing's can also be considered. No obstructive disease was noted regarding the ureters or urethra. There was no evidence of seeding; however, micrometastasis cannot be ruled out.

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

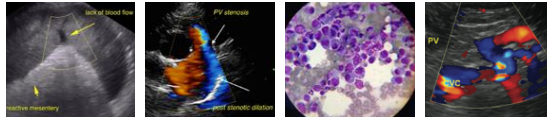
Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

Owner compliance

Insulin quality issues



PATIENT

Antibodies to insulin

Dexter Herbert

Underlying Neoplasia

Diffuse liver disease

SPECIES

Canine

BREED

Labrador

SEX

Netuered male

AGE

9 years

WEIGHT

91 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Westmoreland
AH

REFERRING VET

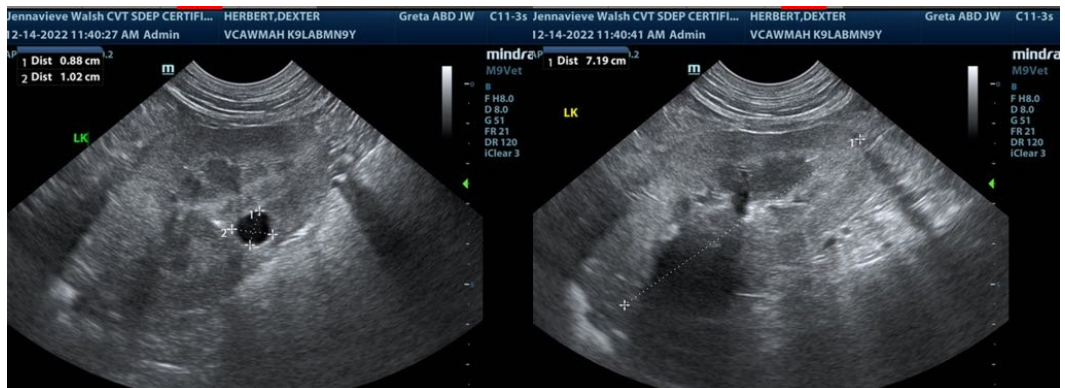
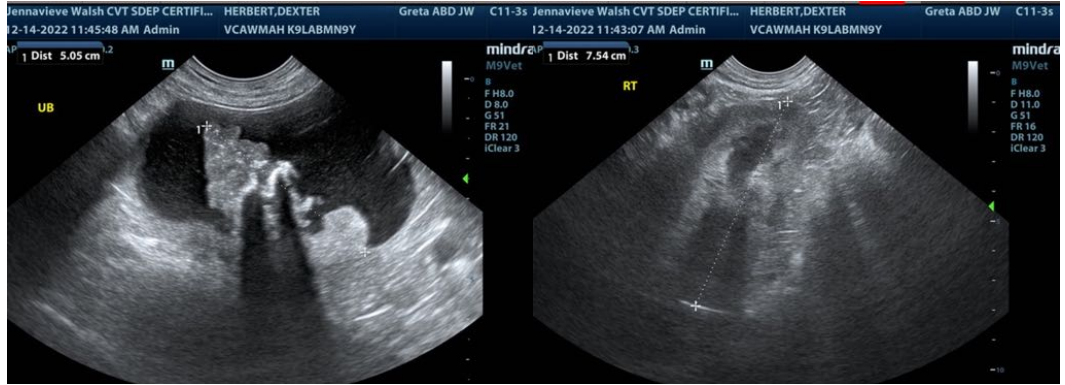
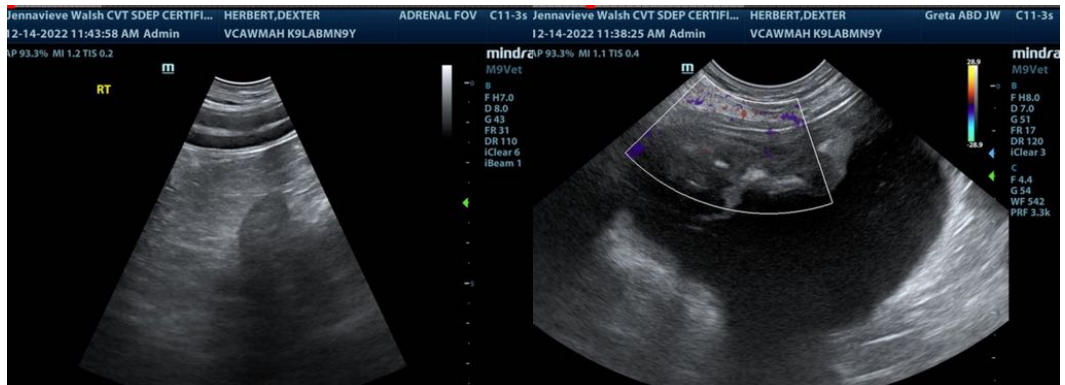
Dr. Sullivan

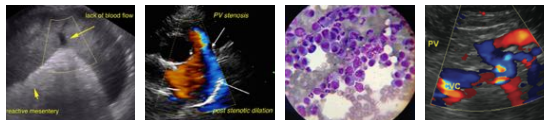
DATE

12/14/22

Invoice

43104





PATIENT

Dexter Herbert

SPECIES

Canine

BREED

Labrador

SEX

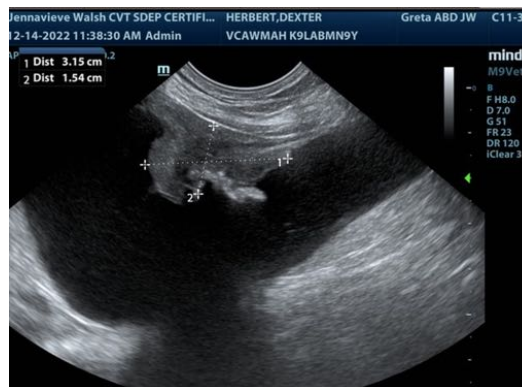
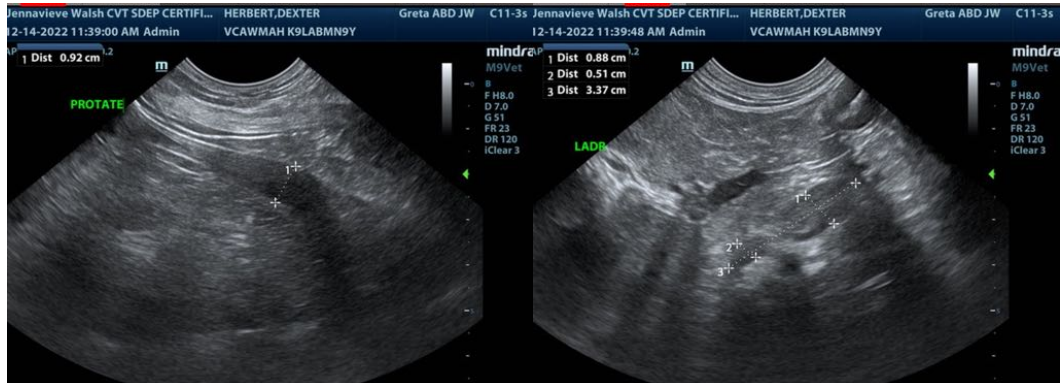
Netuered male

AGE

9 years

WEIGHT

91 lbs



INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

HOSPITAL NAME

VCA Westmoreland
AH

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

Eric.Lindquist@SonoPath.com

REFERRING VET

Dr. Sullivan

DATE

12/14/22

Invoice

43104