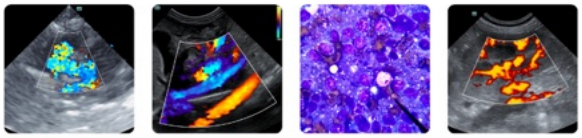

PATIENT

Chestnut Fiore

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

12 years

WEIGHT

92 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Orchard Grove AH

REFERRING VET

Dr. Cassano

INVOICE

70366

DATE

1/21/26

PRESENTING CLINICAL SIGNS

- Acute diabetes, hx of possible collapse or seizures, enlarged abdomen on palpation
- Current meds: Amoxicillin, Carprofen
- CBC: RBC 4.73, HCT 34.3, HGB 11.8, Retic hgb 21.8, WBC 26.9, neuts 21.52, Mono 2.4, nRBC 16
- Chem: Glucose 464, Sodium 137, Chloride 103, Alb 2.6, Glob 4.8, alb/glob ratio 0.5, AST 61, ALP 271, t bili 0.5, unconj bili 0.4, lipase 469, CK 371 -T4 low <0.4 - u/a: 100 leuks, 30 protein, 1000 glucose, blood 50, ugb 1, bil 1

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** 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. The left kidney measured 7.9 cm. The right kidney measured 7.0 cm.

The **prostate** was uniformly enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 4.5 cm.

An anechoic 0.5 cm cyst was noted in the left testicle.

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 2.5 x 0.96 cm at the cranial pole and 0.8 cm at the caudal pole. The left adrenal gland measured 2.8 x 0.68 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

The **spleen** revealed a large, cavitated mass that measured 11+ cm with slight areas of regional free fluid.

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Liver

The **liver** revealed an anechoic cyst at the caudal aspect of the left liver. Minor heterogenous parenchymal changes were noted on the liver. However, no overt metastatic lesions were noted, yet I cannot rule it out. There was also a 1.0 cm nodule in the mid left liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A moderate amount of intestinal stasis was noted. 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.

Free Abdomen

Reactive mesentery was noted associated with the intestine.

Heart

Rapid view of the heart revealed no evidence of pathology. There was no evidence of pathology in the right auricle or pericardium.

ULTRASONOGRAPHIC FINDINGS

Ruptured splenic mass with heterogenous hepatic changes. Moderate concern for metastatic disease.

Enlarged prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated in this patient with direct inspection of the liver and GI tract given the minor stasis. Chest radiographs are warranted prior to surgery.

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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

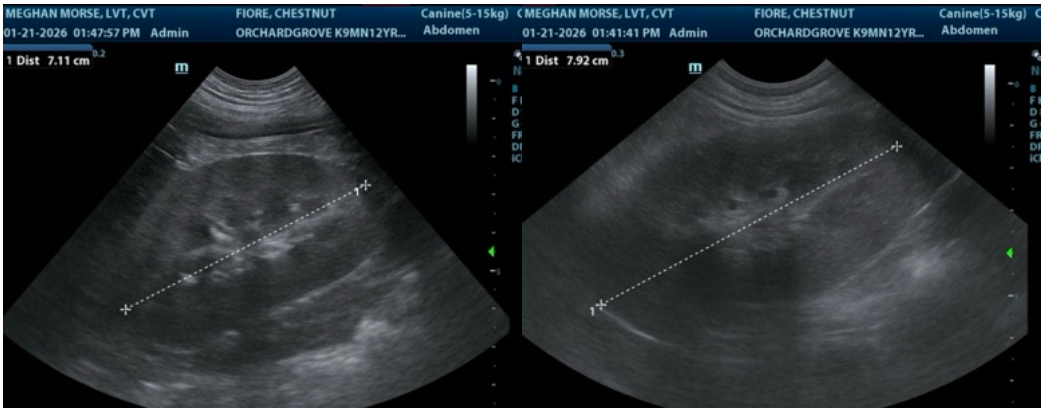
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease



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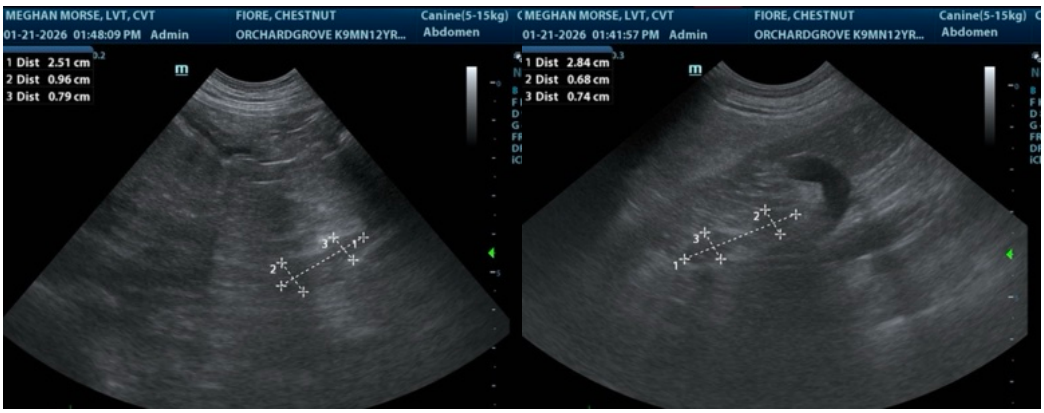

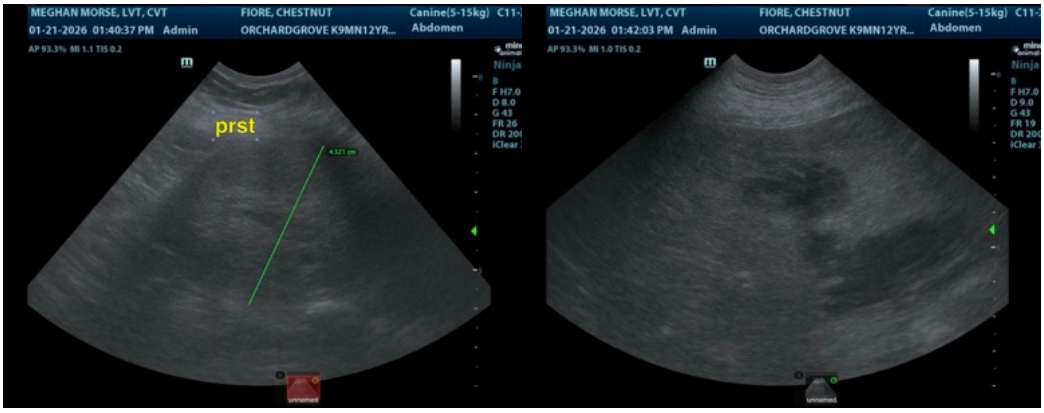

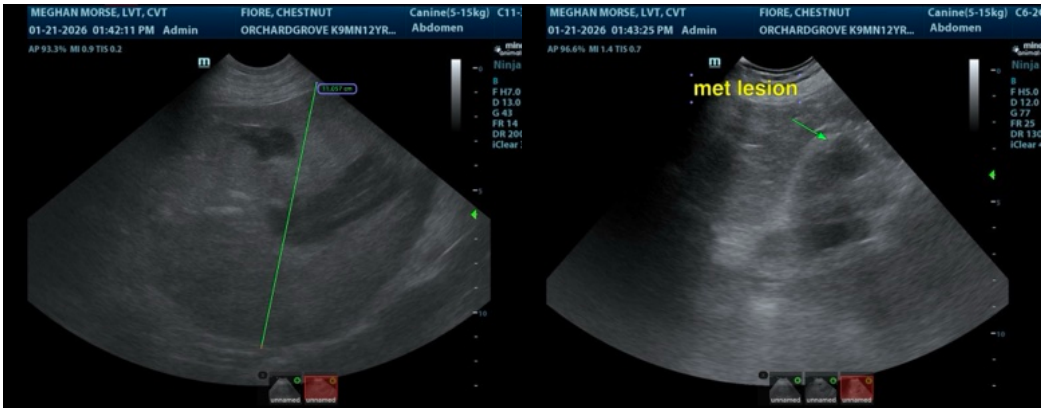

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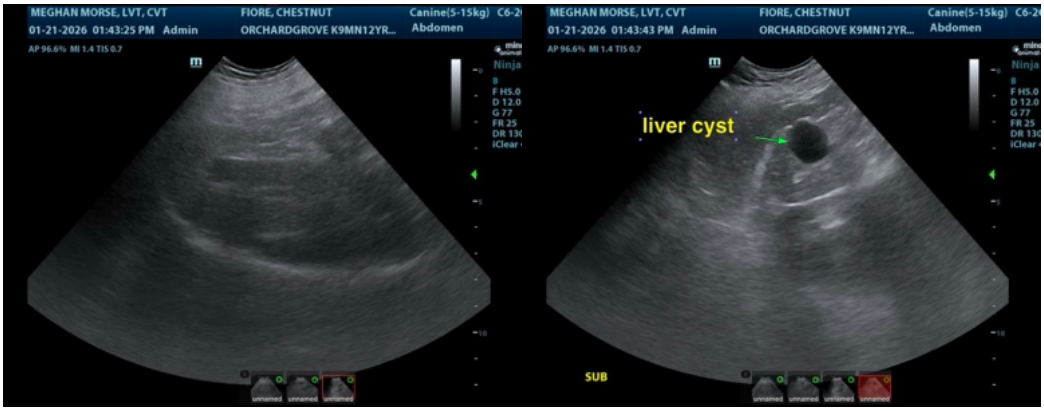
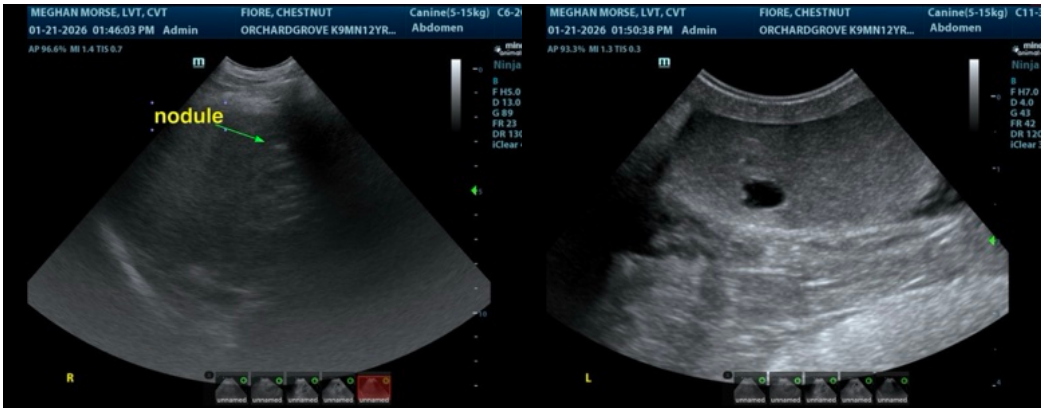
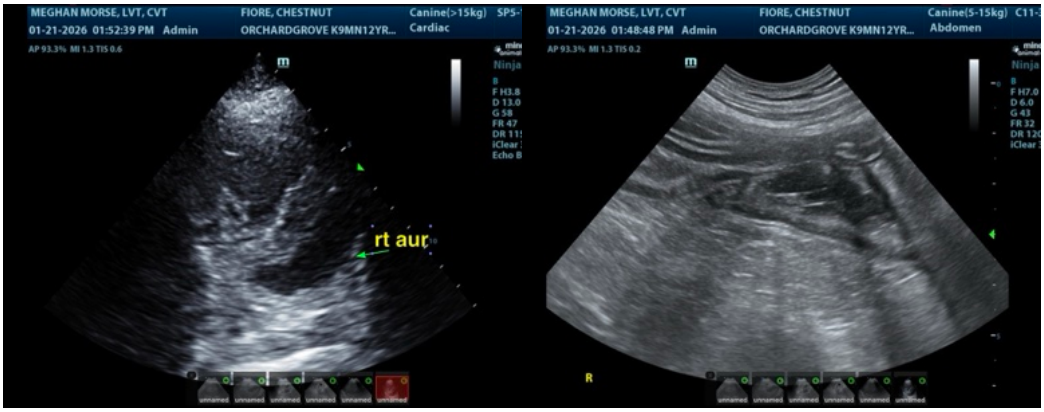
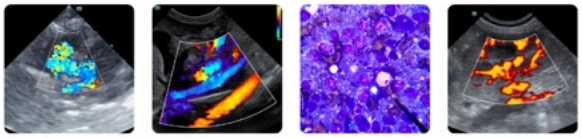






New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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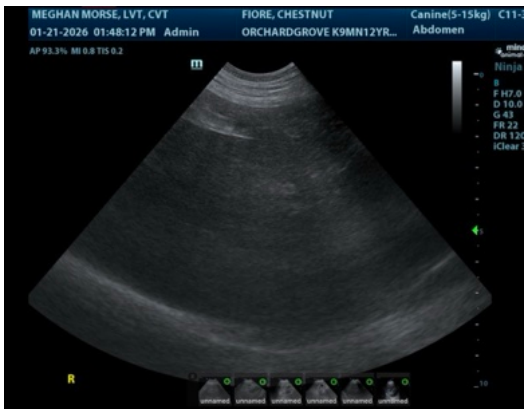

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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