

PATIENT PRESENTING CLINICAL SIGNS

Sammy Minicozzi

History: newly diagnosed diabetic, unregulated
Abnormal PE/Chem/CBC/UA Results: BG 545; AST/ALT/ALKP elevations; UA: ketones present, USPG 1.043

SPECIES

Canine

BREED

Australian Terrier

SEX

Neutered male

AGE

7 years

WEIGHT

21 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

42827

DATE

2/15/23

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 residual prostate measured 0.5 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.07 cm. The right kidney measured 5.33 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 right adrenal gland measured 2.06 x 0.83 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 1.97 x 0.53 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

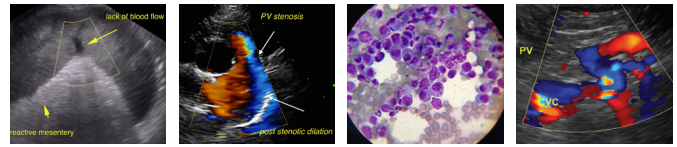
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Generalized hepatic enlargement was present. This is consistent with diabetic hepatopathy. The gallbladder and common bile duct were unremarkable.

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.



PATIENT

Pancreas

Sammy Minicozzi

The **pancreas** was hypoechoic and irregular in the left limb with enhanced surrounding mesentery. This is consistent with pancreatitis, chronic active type presentation.

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ULTRASONOGRAPHIC FINDINGS

Diabetic hepatopathy.

BREED

Diabetic nephropathy.

Australian Terrier

Chronic active pancreatitis presentation.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, broad spectrum antibiotics and pain management is all indicated in this patient along with regulation for the diabetic state. As underlying pancreatitis resolves the necessity for insulin may be diminished. The pancreatic presentation occupied the right and left limbs. Recheck sonogram is ideal in 33-5 days.

AGE

7 years

Potential Causes of Diabetic Dysregulation

WEIGHT

21 lbs

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

UTI

Dietary indiscretion/intolerance

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Pancreatitis

Hyperthyroidism/hypothyroidism

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Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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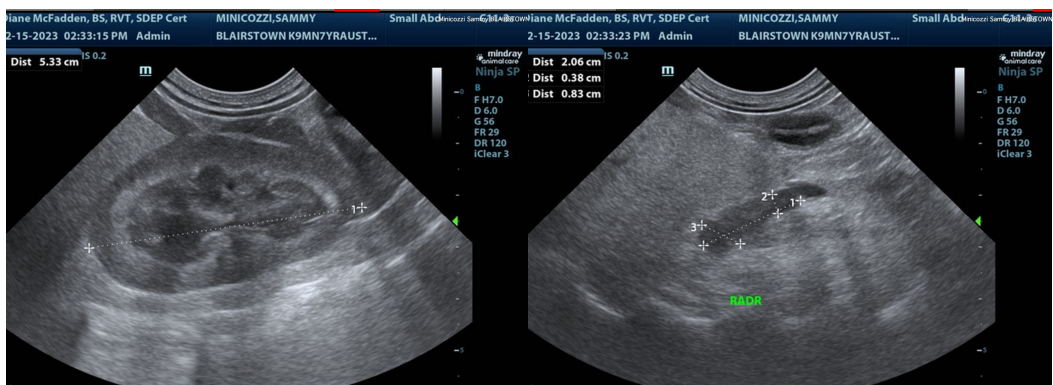
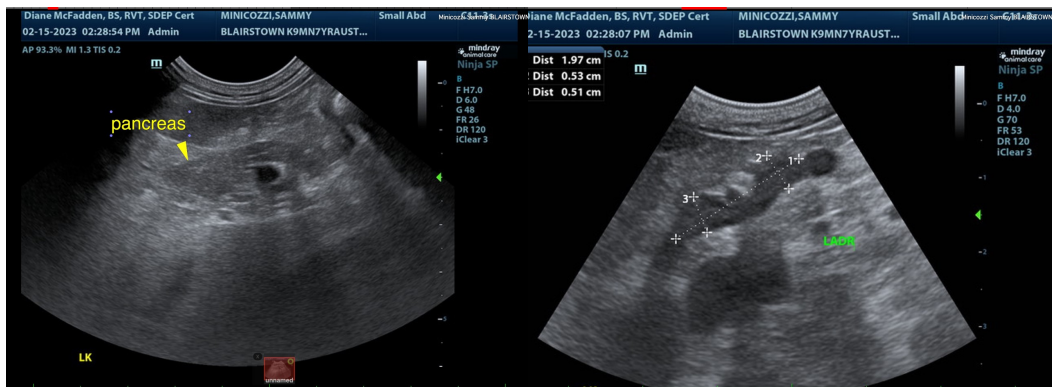
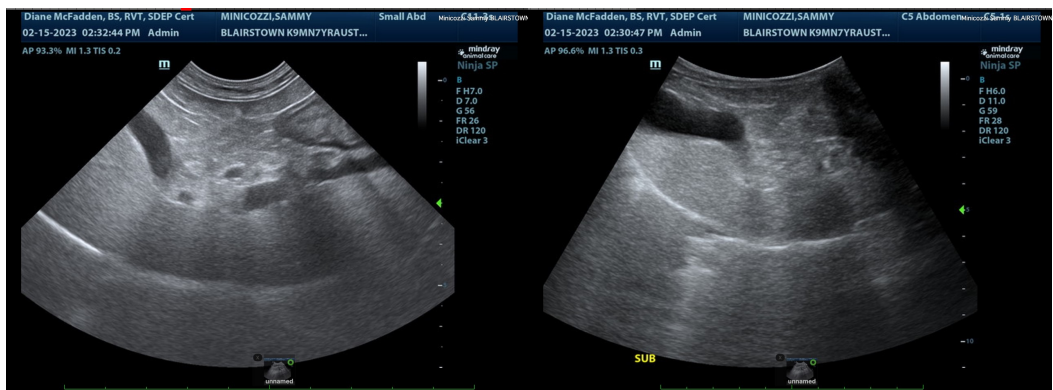
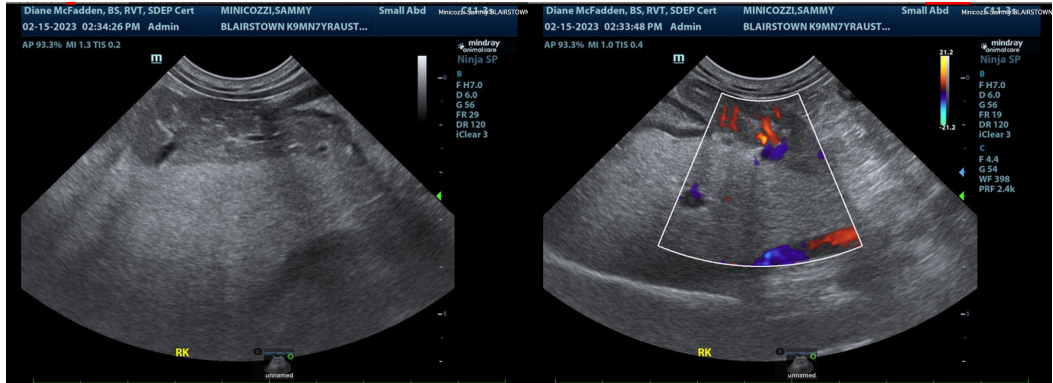
Dr. Clegg

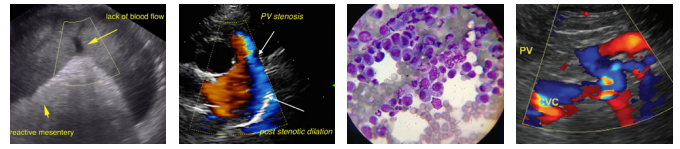
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Info@SonoPath.com