



PATIENT

Clinton Beksel

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

14 years

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Lovell

INVOICE

43791

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Anorexia, elevated liver enzymes, diabetic, geriatric pt Current meds: Vetsulin
Abnormal PE/Chem/CBC/UA Results: ALT 274, ALP 1831, lipase 2118 UA: 1000 glucose, no ketones, SG 1.046

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a urachal remnant at the cranial pole measuring 0.7 cm and minor apical bladder wall thickening. Full urinary work-up is warranted to assess for UTI.

The residual prostate measured 1.12 cm.

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 right kidney measured 6.56 cm. The left kidney measured 6.7 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 2.35 x 1.04 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland was at the upper limits of normal and measured 0.85 cm at the cranial pole and 0.61 cm at the caudal pole and 1.98 cm in length.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was enlarged, irregular and heterogenous with swollen, irregular contour. Nodular changes were noted. A hepatic cyst or nodule was noted and measured 2.5 cm in the right medial liver. This is likely benign. 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.



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Pancreas

The **pancreas** was heterogenous, hypoechoic and irregular with enhanced surrounding mesentery. This is suggestive for pancreatitis.

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ULTRASONOGRAPHIC FINDINGS

Chronic active pancreatitis.

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Nodular, irregular vacuolar hepatopathy liver pattern.

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Splenic mineralization.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic FNA is indicated. I am concerned about the hepatic changes in this patient. General FNA is indicated +/- culture to rule out underlying neoplasia versus suppurative hepatitis. Treatment for pancreatitis and hepatitis is indicated. Full urinary work-up is warranted. Concurrent urachal remnant. Eventual apical cystectomy would be ideal. Recheck sonogram is recommended in 2-5 days depending on clinical progression.

WEIGHT

Potential Causes of Diabetic Dysregulation

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

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Dietary indiscretion/intolerance

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Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

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Owner compliance

Insulin quality issues

Antibodies to insulin

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Underlying Neoplasia

Diffuse liver disease

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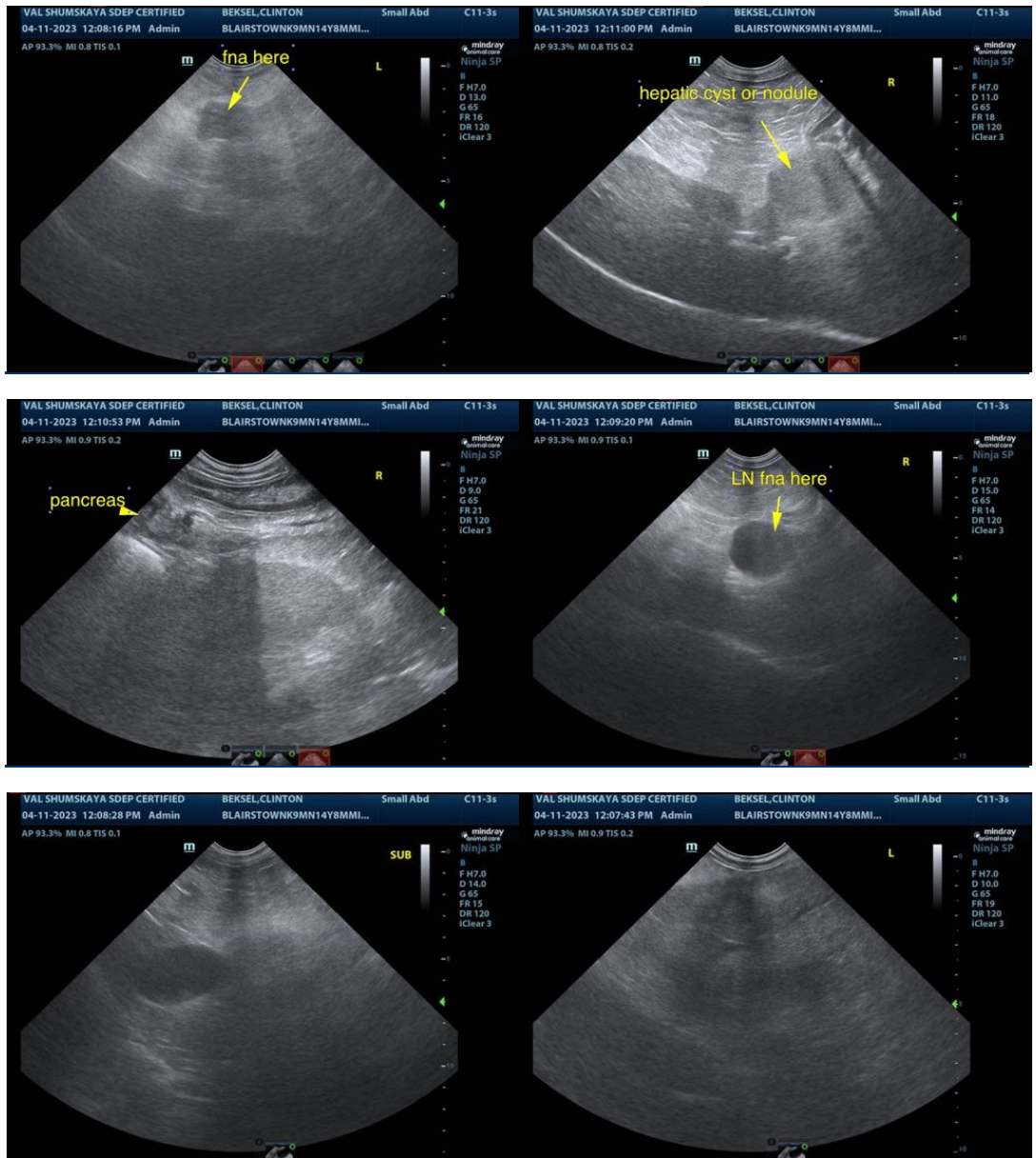
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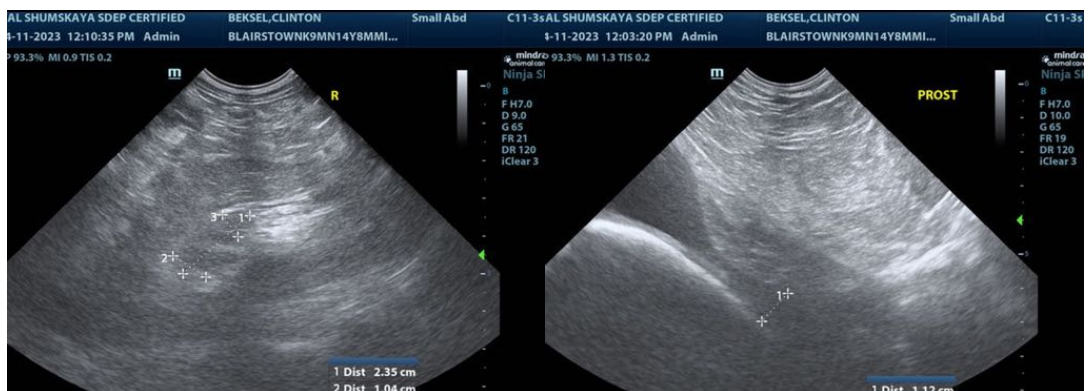
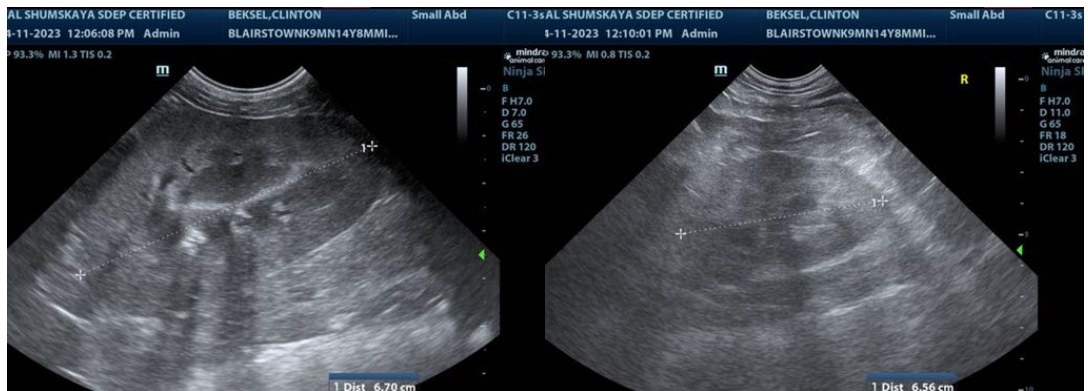
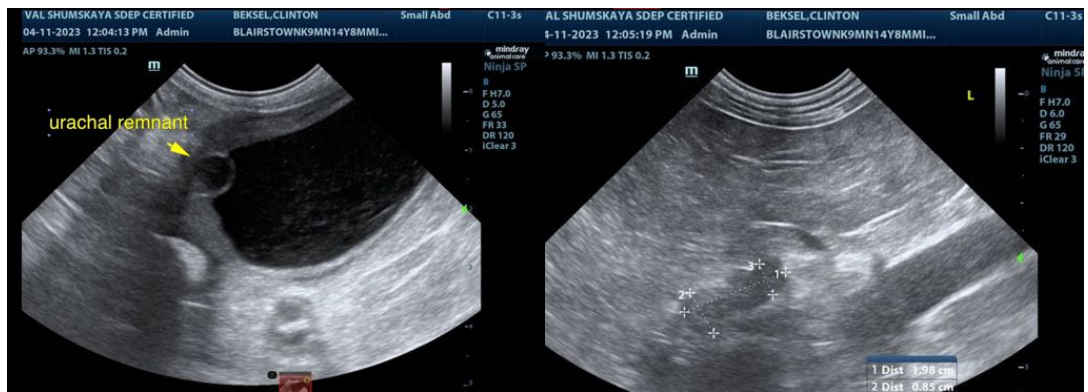
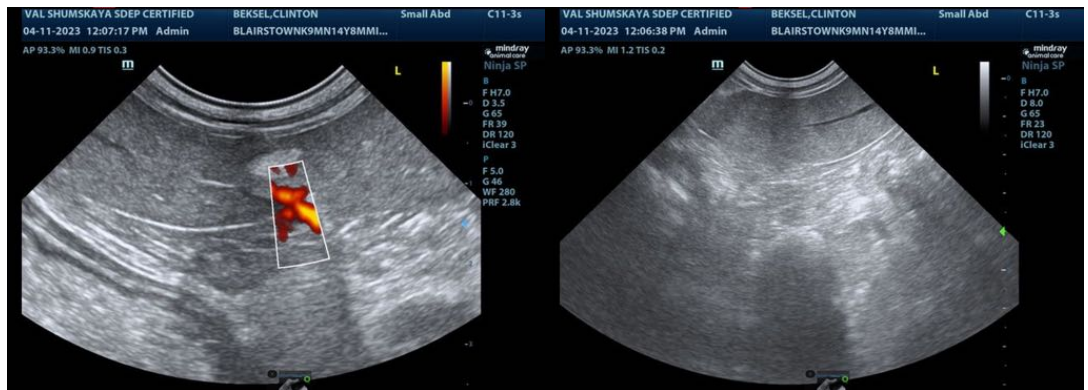
Dr. Lovell

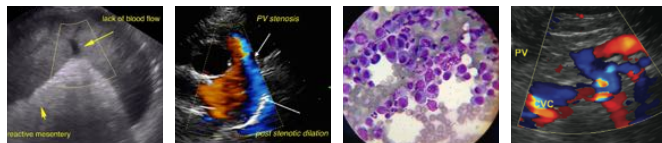
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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