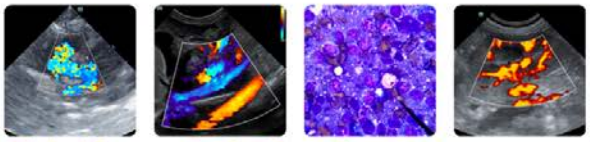


PATIENT

Emmie Lasek

SPECIES

Canine

BREED

English Labrador

SEX

Spayed Female

AGE

9.5 Years

WEIGHT

34.9 kg

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey Animal Emergency Center

REFERRING VET

Dr. Brittany Lang

INVOICE

73968

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Presented 3/4 for profuse watery diarrhea, vomiting, decreased appetite. Patient was seen at rDVM on 3/18 for PU/PD. Performed BW/UA and diagnosed DM. Started insulin on 3/20. NS OU. Mucous membranes pink/hypersalivation, shoestring drool, CRT <2s, moderate tartar/gingival erythema. Slight nausea on abdominal palpation. FSL on R scapula, IV catheter in R cephalic

Abnormal PE/Chem/CBC/UA Results: rDVM dx 3/18 CBC: HCT 50%, Plt 491K (H) Chem: ALP 713 (H), Glu 379 (H), Mg 2.7 (H), Tri 1311 (H) *lipemic sample BG: 396, 228 T4: 2.6 (n) USG: USG 1.049, Prot 3+, Glucose 3+, WBC 2-3/HPF HAEC dx CBC: WNL Chem: Glu 254 (H), ALP 694 (H) EPOC: Glu 247 Ketones: 0.7 mmol/L qPL: 50 (n) Radiographs: There is a mild loss of serosal detail in the cranial abdomen. The stomach is empty. The small bowel is primarily fluid and gas filled with no evidence of dilation, plication, or an obstructing radiopaque foreign object. The descending colon contains gas. The urinary bladder appears normal. There is no evidence of free fluid or free gas in the peritoneal space. The axial skeleton, including the pelvis and coxofemoral joints are within normal limits.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.87 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.4 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

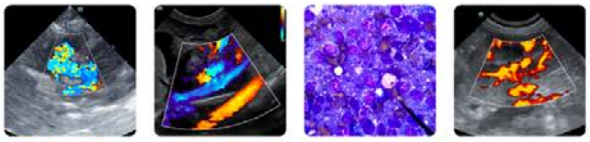
Adrenal Glands

The left adrenal gland is “plump” measuring 1.0 cm at the cranial pole and 0.79 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is “plump” measuring 0.83 cm at the cranial pole and 0.79 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (2.99 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.



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Liver

The liver is large in size, and hyperechoic with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.36 cm. Jejunum wall measures 0.27 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and mottled, particularly in the right limb. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Borderline bilateral adrenomegaly – Findings could be consistent with anatomic variation or bilateral hyperplasia.
- Mild age related changes visualized associated with both kidneys.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- mild chronic pancreatitis in the right limb.
- Large, heterogeneous hyperechoic liver – Findings are most consistent with a vacuolar hepatopathy/diabetic hepatopathy. Other hepatopathies are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreas is somewhat prominent on today's exam, particularly in the right limb, possibly consistent with chronic pancreatitis or chronic pancreatic remodeling. Correlate with a PLI level and consider empirical treatment for pancreatitis.

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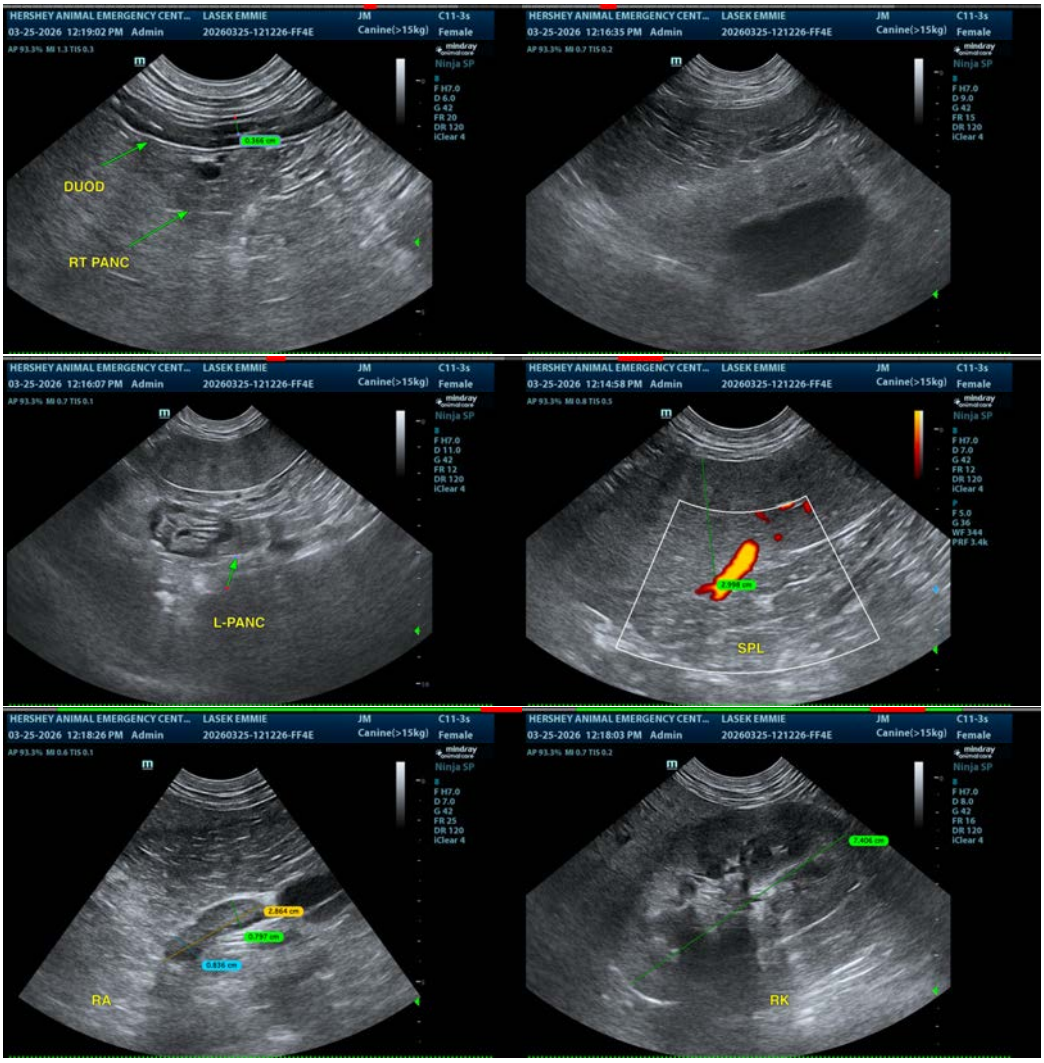
The liver is large and heterogeneous. These findings are likely consistent with a vacuolar hepatopathy/diabetic hepatopathy. If there is concern for more significant liver disease, you could consider a liver function test and a fine needle aspirate.

The adrenals are somewhat "plump". The significance of this is uncertain, as many of the described symptoms could be secondary to the new onset diabetes reported. Recommend aggressive supportive care and stabilization of glucose levels (short acting insulin may initially be necessary, and hospitalization if the patient is not eating well). If the patient proves insulin resistant over time, then adrenal function testing may be indicated.

If the patient is not improving with stabilization of the diabetes and treatment for gastroenteritis/pancreatitis, you could consider repeat imaging, looking for the development of new lesions or the progression of today's lesions.



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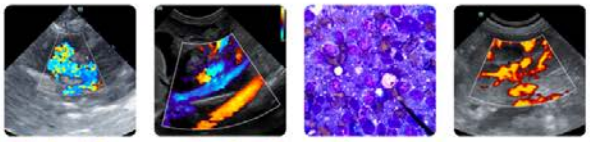

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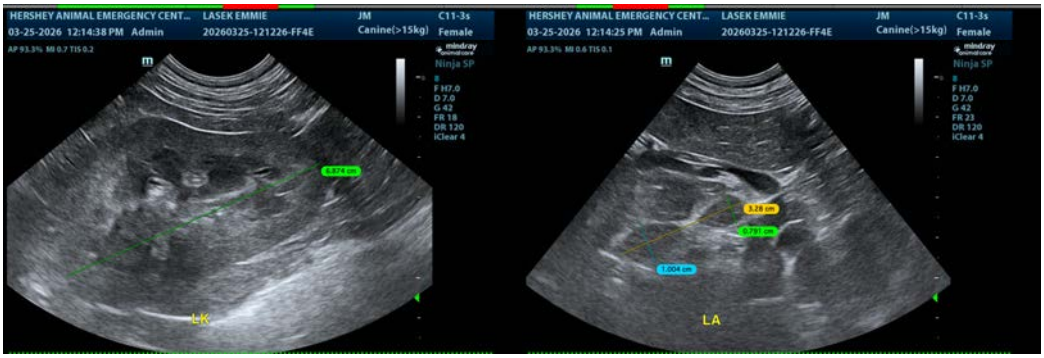

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com