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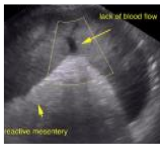
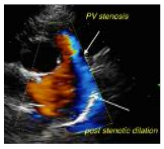
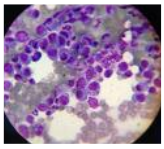
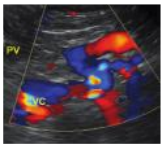





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lily Mae Farrah Burton

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

14

WEIGHT

2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lisa Lomsnes

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Lisa Lomsnes

INVOICE

21517

DATE

3/8/23

PRESENTING CLINICAL SIGNS

History: Uncontrolled diabetic, moderate hair thinning and alopecia, moderate dental disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was not evaluated.

The left kidney has a normal shape and size (3.19 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. Numerous small nephroliths are visualized.

The right kidney has a normal shape and size (2.83 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal. Numerous small nephroliths are visualized.

Adrenal Glands

The region of left adrenal (Cranial to left renal artery) is unremarkable but the adrenal is not distinctly visualized. No evidence of a mass effect.

There is a structure visualized most consistent with the right adrenal gland, measuring 0.6 cm.

Spleen

The spleen is subjectively normal in size and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. Rare discrete focal hyperechoic, perivascular parenchymal abnormalities are present. The appearance of these lesions is most consistent with benign splenic myelolipomas. The blood flow through the hilus and splenic parenchyma appears normal.

Liver

Portions of the liver are evaluated with no significant lesions visualized.

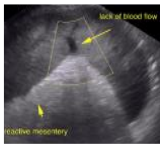
The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized hyperechoic debris. The cystic and common bile ducts are normal/not visible.

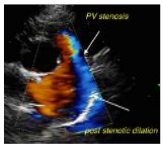
Gastrointestinal

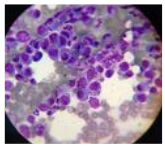
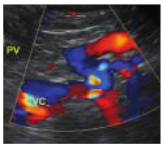
The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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. The small intestinal wall measured 0.26 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The large intestine was not evaluated.





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Pancreas

Some areas of the pancreas are evaluated and no obvious pancreatic lesions are observed.

Free Abdomen

No significant lesions or inflammation are visualized associated with the areas of peritoneal cavity imaged.

ULTRASONOGRAPHIC FINDINGS

- Small nonobstructive nephroliths visualized in both kidneys. Hyperechoic foci are visualized in the kidney most consistent with nephroliths. There is no current evidence of obstructive disease. Correlate findings with abdominal radiographs, urinalysis, and culture. Continued monitoring is warranted for progression/obstruction.
- Hyperechoic nodules visualized within the spleen. These findings are most consistent with benign myelolipomas. Recommend continued monitoring, as a neoplastic process cannot be definitively ruled out.
- Moderate gallbladder debris. The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions are visualized on today's exam to explain the insulin resistance reported. This appears to be a partial exam with no urinary bladder, colon, liver, etc., fully imaged. There are nephroliths visualized in both kidneys, which are likely incidental at this time, and moderate gallbladder debris, warranting continued monitoring of the gallbladder. There is a structure, which appears most consistent with the right adrenal gland, which appears within normal limits. If additional images are available (were not included in the study for some reason), they can be sent and evaluated. Below is a list of issues that I often consider as possible causes for insulin resistance.

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

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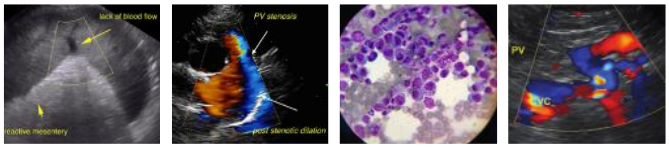

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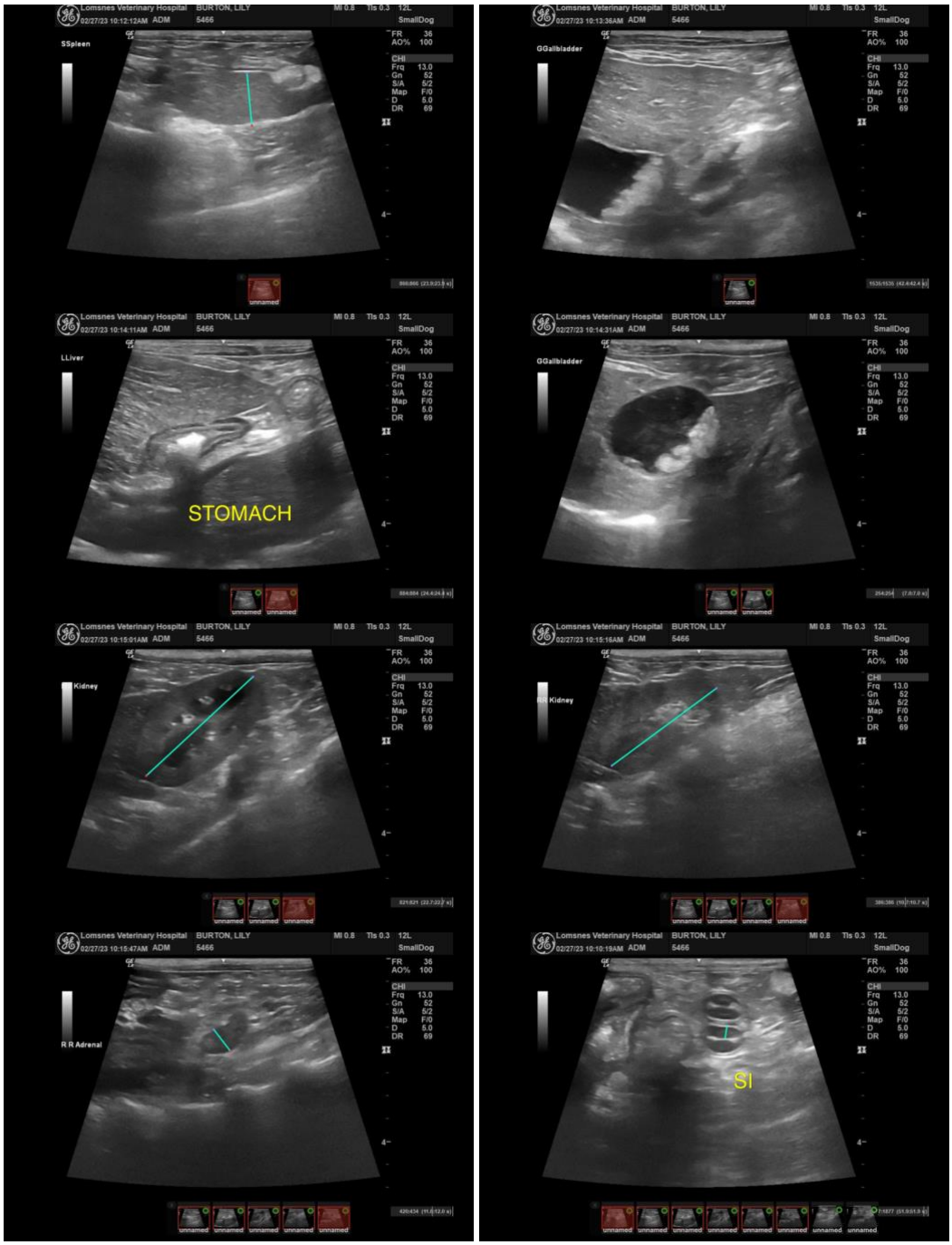
Antibodies to insulin

Underlying Neoplasia



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

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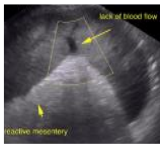
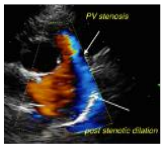
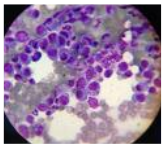
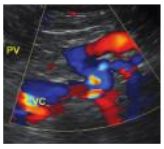

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com