**PATIENT**

Ruby Thorpe

PRESENTING CLINICAL SIGNS

PU/PD for the last week, this haircoat (possible Cushing's?), Normal activity level and eating normally. Started Insulin Novolin N 4 units BID last week. Glucose curve done 1/17/2023

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CPL - abnormal U/A - Glucose 300, Prot 500, BW - Glu 446, ALT 158, ALP 571 Glucose Curve 1/17/2023 8:00am - 94 10:00am - 102 12:00pm - 153 2:00pm - 148 4:00pm - 160

BREED

Cockapoo

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

SF

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

12 years

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. Intermittent cortical cysts were noted bilaterally. The left kidney measured 4.7 cm in length. The right kidney measured 5.4 cm in length.

WEIGHT

18 lbs.

Adrenal Glands

The bilateral adrenal glands were borderline to mild prominent in size based on caudal pole measurement in light of body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.8 cm length x 0.57 cm width in the caudal pole. The right adrenal gland measured 1.8 cm length x 0.62 cm width in the caudal pole.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Sarah Pender, CVT

Spleen

The spleen was normal in size and contour with primarily finely textured homogenous parenchyma. Discreet areas of hyperechoic parenchyma to nondisruptive nodules were noted in the medial spleen adjacent to the hilus, consistent with benign myelolipomas.

HOSPITAL NAME

SVS Imaging QC

Liver/ Gallbladder

The liver revealed mild to possible moderate enlargement. Symmetrical contour and generalized nonhomogenous parenchyma were noted, exhibiting moderate coarse echotexture. Minor parenchyma remodeling was noted. No masses or nodules present.

REFERRING VET

Dr. Hartmann

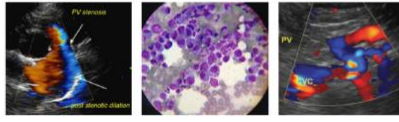
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The gallbladder was non distended in size with echogenic, nonmineralized, nondependent biliary sludge. The biliary sludge was non organized with a hypoechoic to anechoic, irregular to interrupted rim visible between the nondependent sludge and inner wall. No signs of peripheral inflammation.

Gastrointestinal**DATE**

1/19/23

**PATIENT**

Ruby Thorpe

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta, exhibiting distal acoustic shadowing. The stomach was otherwise normal.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas**BREED**

Cockapoo

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

SEX

SF

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Moderate chronic renal changes with cortical cysts
- Borderline/mild prominent bilateral adrenal glands- no adrenal tumors
- Hepatopathy, exhibiting parenchymal remodeling- benign, metabolic, reactive, vacuolar (diabetic) hepatopathy, nonobstructive cholestasis, possible concurrent inflammatory parenchymal disease are all potentials
- Partial/emerging gallbladder mucocele
- Chronic pancreatitis/pancreatic fibrosis

WEIGHT

18 lbs.

Secondary Findings

- Benign splenic nodules
- Gastric ingesta- likely postprandial presentation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended, especially if evidence of glucosuria. Full adrenal work up with ACTH stimulation test, given the concurrent diabetes, is warranted if strong clinical suspicion for Cushings syndrome. Low-fat diet, given the chronic pancreatitis presentation, may be considered. Hepatosupportive medications, including Denamarin and Ursodiol with monitoring for progressive enzyme elevation/cholestasis or cranial abdominal/subxiphoid discomfort on palpation with potential sonographic reassessment of the gallbladder is recommended.

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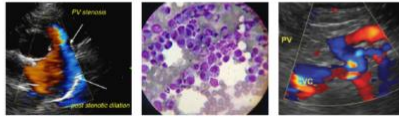
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

DATE

1/19/23

IMAGING PERFORMED BY

svsmobileimaging.com 309-737-3070



PATIENT

Ruby Thorpe

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Canine

BREED

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AGE

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WEIGHT

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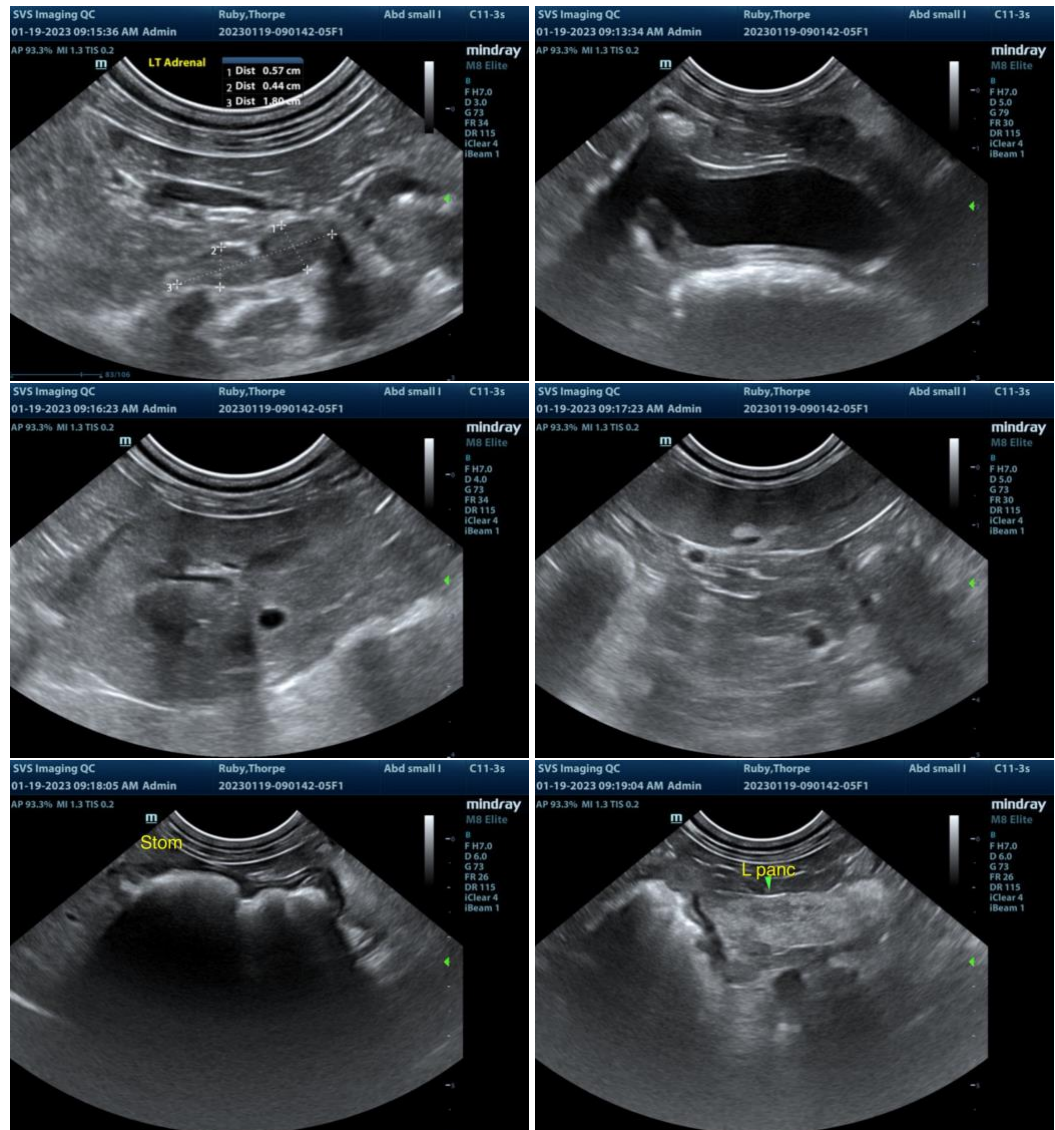
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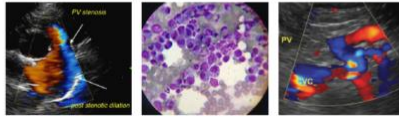
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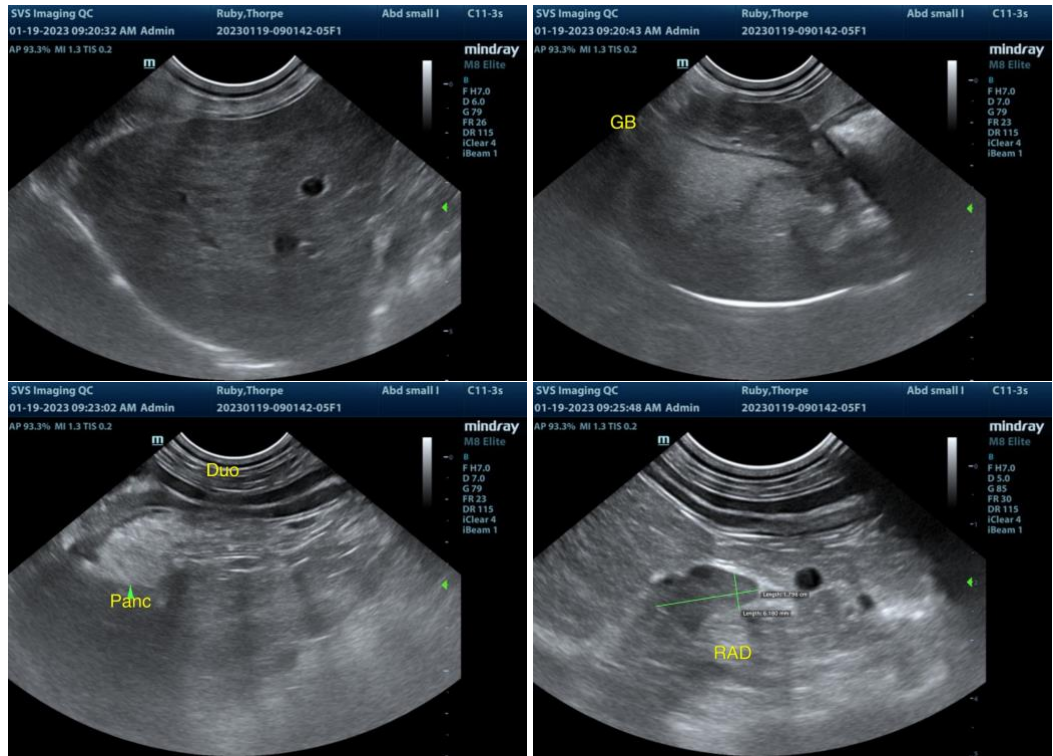
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DATE

1/19/23



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