



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Molly Hertzog
SPECIES Canine
BREED Chihuahua Mix
SEX Female
AGE 10 Years
WEIGHT 10.38 Lbs.

History: Not eating, lethargic, vomiting, dehydrated. O unable to give insulin. Newly diagnosed diabetic.
 Abnormal PE/Chem/CBC/UA Results: 1/28/22: CBC - Neut 12.21 (2.95-11.64), Monocytes 1.68 (0.16-1.12), PLT 547 (148-484), PLTcrit 0.62 (0.14-0.46%). Chem - GLU 390 (70-143), BUN 6 (7-27), Chloride 102 (109-122), ALT 210 (10-125), ALP 618 (23-212), AMY 442 (50-1500). UA on SediVue Dx - cocci suspected, non-hyaline cast >1/LPF, rest WNL. Bloodwork was WNL end of Sept. 2021.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Aortic trifurcation was normal.

Both kidneys were normal in size and margination. Both kidneys exhibited mild uniform cortex echogenicity, primarily in the area of the corticomedullary border. No evidence of pyelectasia was noted. The right kidney measured 4.6 cm. The left kidney measured 4.4 cm.

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 1.4 cm in length x 0.37 cm width at the caudal pole.

Mildly expansive to nonhomogeneous nonmineralized nodule was present in the mid to cranial left adrenal gland, measuring 1.5 cm x 1.0 cm. Overall left adrenal gland measured 2.4 cm in length x 1.2 cm at the cranial pole in width and 0.39 cm at the caudal pole in width. Potential for early phrenicoabdominal vein invasion associated with the left adrenal nodule possible.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild to moderate coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild nondependent and nonorganized gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering. The stomach was primarily empty without evidence of retained ingesta, fluid or foreign material. Mild gas was present in the stomach.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rachel Runnells, RVT

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REFERRING VET

Dr. Beth Myers

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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.

SPECIES

Canine

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Chihuahua Mix

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

- Non-homogeneous left adrenal nodule, potential for early phrenicoabdominal vein invasion- functional versus nonfunctional adenoma, hyperplasia or neoplasia, such as adenocarcinoma, pheochromocytoma or other possible.
- Diabetic hepatopathy
- Mild gallbladder debris (non-mucocele)
- Mild. gastritis/gastroenteritis pattern
- Heterogeneous pancreas- not overtly consistent with active pancreatitis, potential for age-related remodeling or low-grade to chronic pancreatitis possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for early phrenicoabdominal vein invasion associated with the left adrenal nodule, although not definitive, may suggest higher potential for emerging neoplastic process. Full adrenal work up, including LDDST as well as screening blood pressure to assess for hypertension warranted. Ideally, CT assessment of the left adrenal nodule for further clarification is recommended.

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Further assessment of the pancreas may include a Spec CPL or GI panel, to include cobalamin and folate to assess for possible occult gastrointestinal disease.

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Hospitalization with serum glucose stabilization and empirical therapy for diabetic ketoacidosis with (as needed) gastrointestinal support may prove beneficial. Urine culture and sensitivity on sterile urine sample recommended given the likelihood of glucosuria.

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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/>.

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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>

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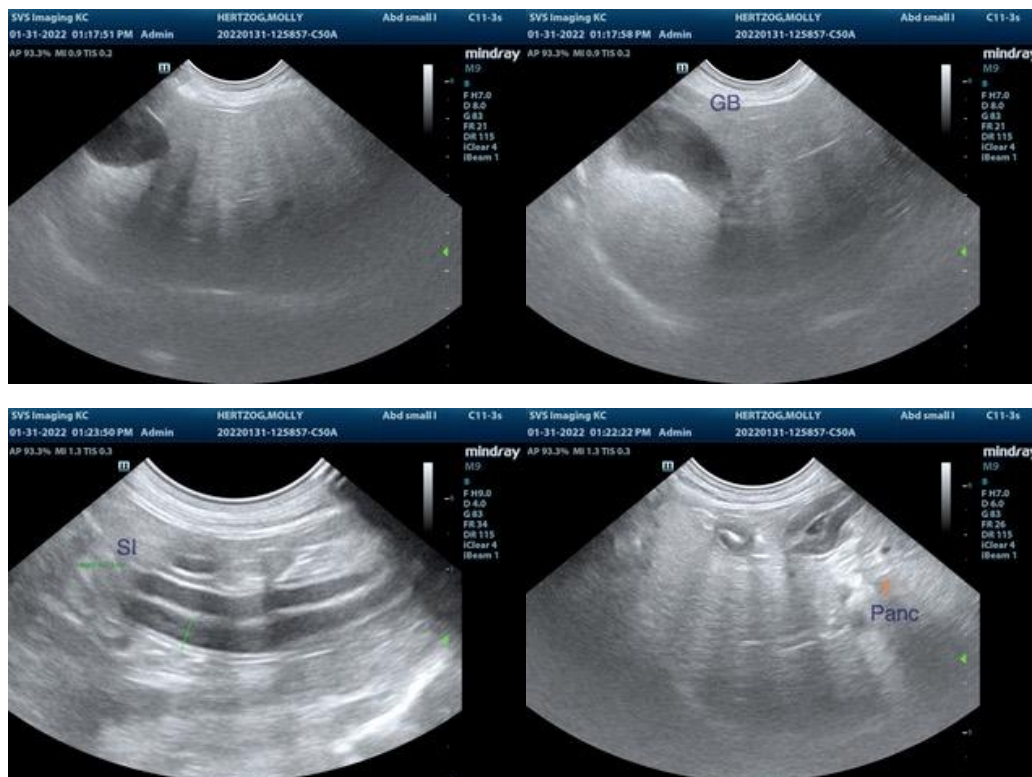
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(Canine and Feline)

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.

IMAGING PERFORMED BY

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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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