



PATIENT

Chico Ortiz

SPECIES

Canine

BREED

Miniature Pinscher

SEX

MN

AGE

9 years

WEIGHT

8.45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Highland VH

REFERRING VET

Rachel Poet DVM

INVOICE

15295

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Patient has been Diabetic (poorly regulated) for ~ 2 years. Had an episode of vomiting/lethargy this summer that may have been associated with pancreatitis in July this year (based upon blood work and response to therapy) Patient is relatively stable at this time, but LE's continue to increase. He is having urinary accidents and polyuria.

Abnormal PE/Chem/CBC/UA Results: PE: Lean with increasingly enlarging abdomen (pot-belly). Increasing cataracts OU. Mild to moderate dental disease. Blood work: September 8, 2022 CHEM: — BG: 345 (63-114) — ALP: 705 (5-160) — GGT: 26 (0-13) — CHOL: 902 (131-345) UA has been unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths, sediment or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the residual prostate was free of overt pathology.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 5.2 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size based on caudal pole width measurement in light of patient body weight. The left adrenal gland measured 1.9 cm length x 0.54 cm width at the caudal pole. The right adrenal gland measured 1.7 cm length x 0.80 cm width at the caudal pole.

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/ Gallbladder

The liver was moderately increased in size. The parenchyma of the liver exhibited generalized mild uniform increased parenchyma echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild 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 containing primarily anechoic



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content with mild nondependent, mildly echogenic nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with subjective propensity for generalized mildly prominent mucosa layer. The duodenum wall measured 0.43 cm width. The jejunum wall measured 0.39 cm width.

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

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Pancreas

The pancreas base exhibited focal hypoechoic parenchyma adjacent to the pylorus.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Benign hepatopathy - suggestive of metabolic / reactive / vacuolar (diabetic) hepatopathy, cholestasis, less likely potential for inflammatory / immune- mediate disease
- Mild gallbladder debris (non-mucocele)
- Focally hypoechoic pancreatic parenchyma at pancreas base- potential focal chronic active pancreatitis
- Intact yet mildly prominent small bowel walls
- Bilateral prominent adrenal glands - no adrenal tumors

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is suggested if evidence of glucose urea.

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Full adrenal workup could be considered if clinical signs suggestive of Cushing's Syndrome, in light of diabetic dysregulation, would be warranted.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

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Potential for focal pancreatic inflammation in the area of the pancreas base may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec cPL may be considered.



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

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UTI

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Dietary indiscretion/intolerance
Pancreatitis

Canine

Hyperthyroidism/hypothyroidism
Exogenous steroids (including topical eye meds)

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Cushing's
Acromegaly

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Owner compliance

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Insulin quality issues

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Antibodies to insulin
Underlying Neoplasia
Diffuse liver disease

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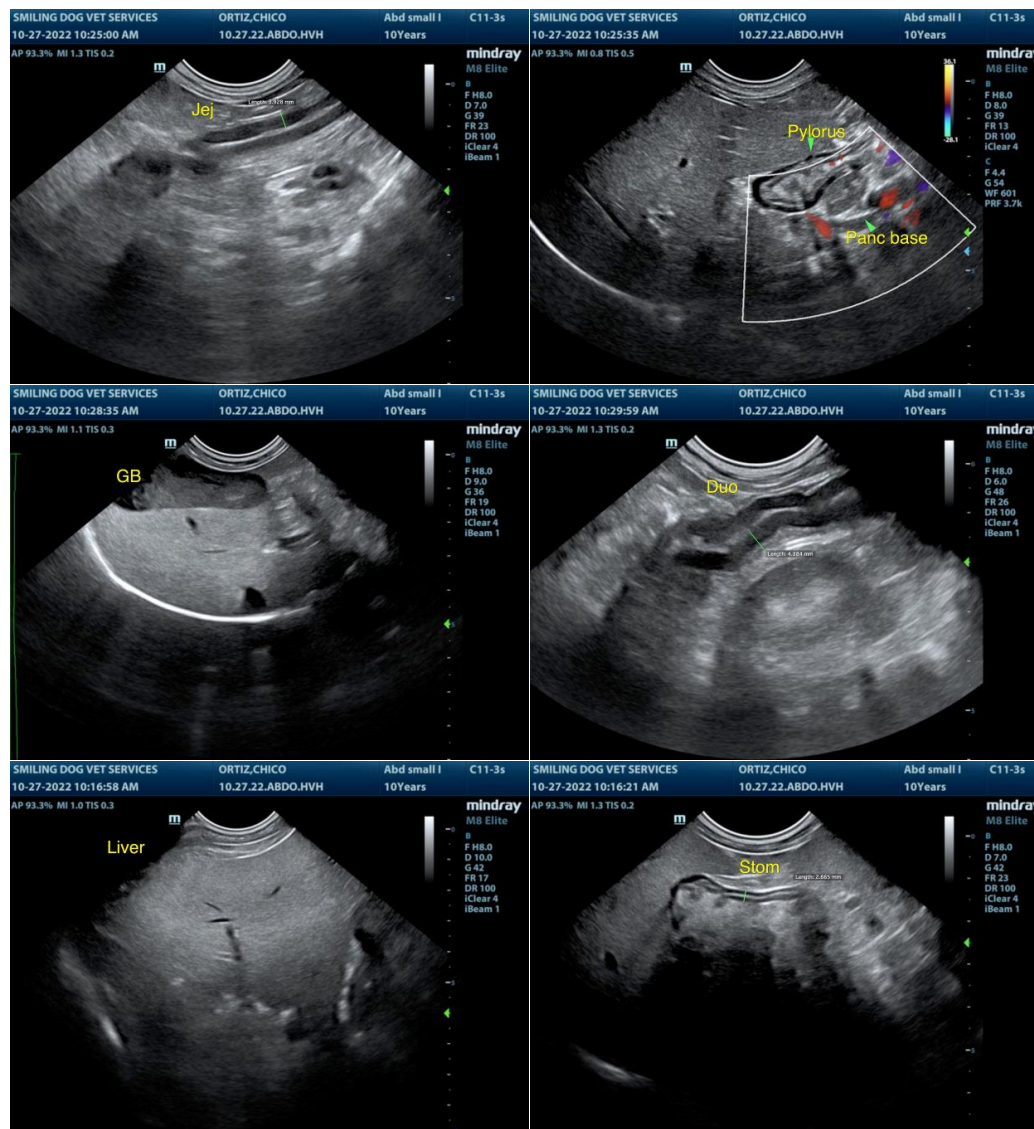
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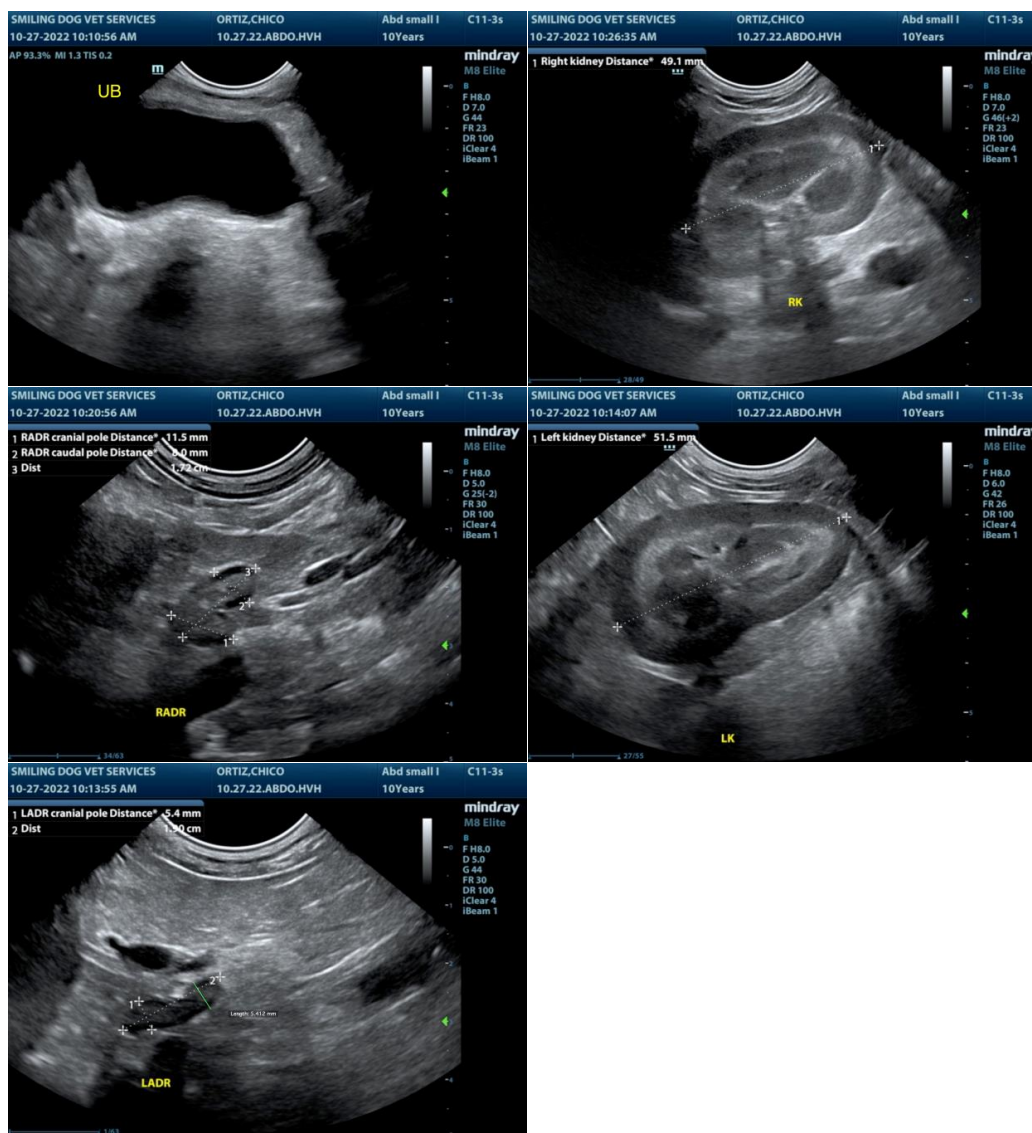
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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