



PATIENT

Benjamin Wouda-
Kuipers

SPECIES

Canine

BREED

Mixed

SEX

Male Neutered

AGE

9 Years

WEIGHT

6.6 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Scott

HOSPITAL NAME

Ho Ho Kus Veterinary
Hospital

REFERRING VET

Dr. Eisenberg

INVOICE

48116

DATE

11-1-21

PRESENTING CLINICAL SIGNS

Diagnosed with diabetes about 2 weeks ago and was DKA and pancreatitis- hospitalized at 24 hour facility. Did well for the following week and then last week started with decreased appetite and another bout of DKA. Hospitalized here- up and down improvement but never 100% currently on 3 units humulin N

Abnormal PE/Chem/CBC/UA Results: weight loss, amylase 1270, BUN 34, ketones large in urine

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 or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate was free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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 pelvic dilation. The left kidney measured – cm in length. The right kidney measured – cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole and 0.46 cm width at the cranial pole.

The right adrenal gland was indistinctly visualized without over pathology subjectively measuring 0.73 cm width at the cranial pole and 0.79 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 exhibited generalized subjective moderate enlargement with symmetrical yet mildly swollen hepatic contour and mildly nonuniform to nonhomogeneous parenchyma with evidence of parenchymal remodeling. No distinct hepatic masses or nodules noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size containing a moderate amount of nondependent mildly congealed echogenic luminal debris. The gallbladder walls were sonographically unremarkable without evidence of inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach exhibited intact yet mildly prominent wall layering owing to mildly prominent gastric mucosa. A mild amount of retained echogenic ingesta/chyme was present. The gastric body wall measured 0.60 cm width.

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The duodenum exhibited intact yet subjective mild prominent wall layering. The jejunum and ileum were sonographically unremarkable to the level of the colon. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.40 cm. The jejunum wall width measured 0.33 cm.

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

Pancreas

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Diffuse enlargement of the pancreas base and right pancreatic limb with ill-defined, hypoechoic to heterogeneous parenchyma and asymmetrical contour was present. The surrounding omental fat around the enlarged to hypoechoic pancreas was echogenic indicative of reactive change, adhesions, focal peritonitis, or saponification. No evidence of peripancreatic or cranial abdominal free fluid was noted.

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Free Abdomen

No overt lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Active pancreatitis - subjectively moderate.
- Associated peripancreatic reactive mesentery.
- Hepatomegaly with parenchymal remodeling - subjectively benign.
- Moderate gallbladder debris (nonmucocele).
- Mild gastroduodenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Minor potential for pancreatic neoplasia which may present in a similar sonographic manner cannot be excluded yet thought less likely.

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Overall, the liver exhibited subjective benign changes and enlargement likely consistent with reactive/metabolic/vacuolar hepatomegaly while the possibility of concurrent inflammatory hepatobiliary process, given the presence of gallbladder debris and/or cholestasis, possible. However, the underlying primary cause of the patient's clinical signs and persistent to recurrent diabetic ketoacidosis is suspected to be associated with the pancreatitis.

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Continued aggressive therapy for diabetic ketoacidosis and pancreatitis with as needed gastrointestinal and hepatic support recommended.

Urine C/S on sterile urine sample suggested if not done.

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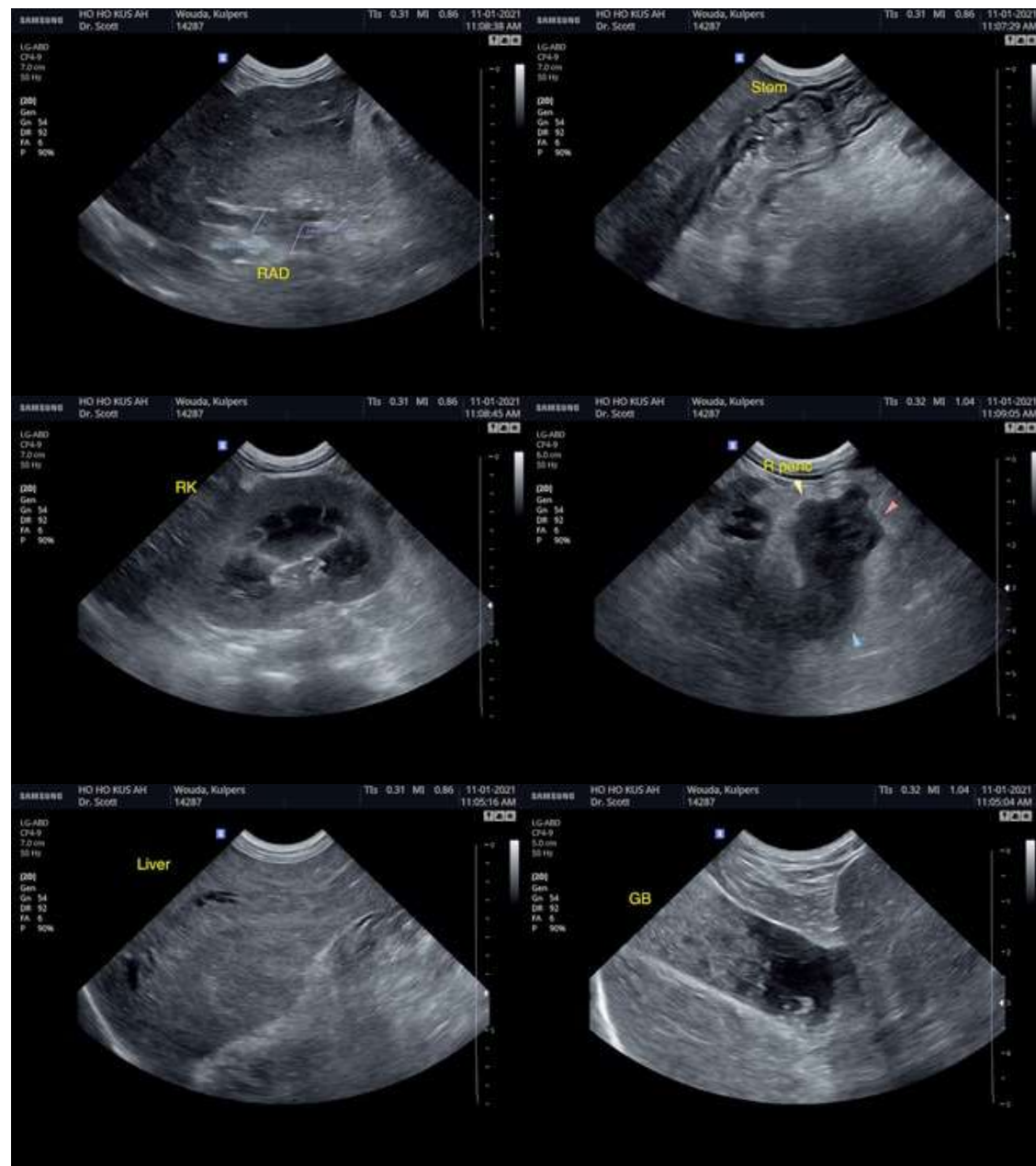
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For an additional charge, internalmedicineconsult can be utilized through SonoPath.com. You can select theinternalmedicinedrop down at<http://spa.sonopath.com/>.

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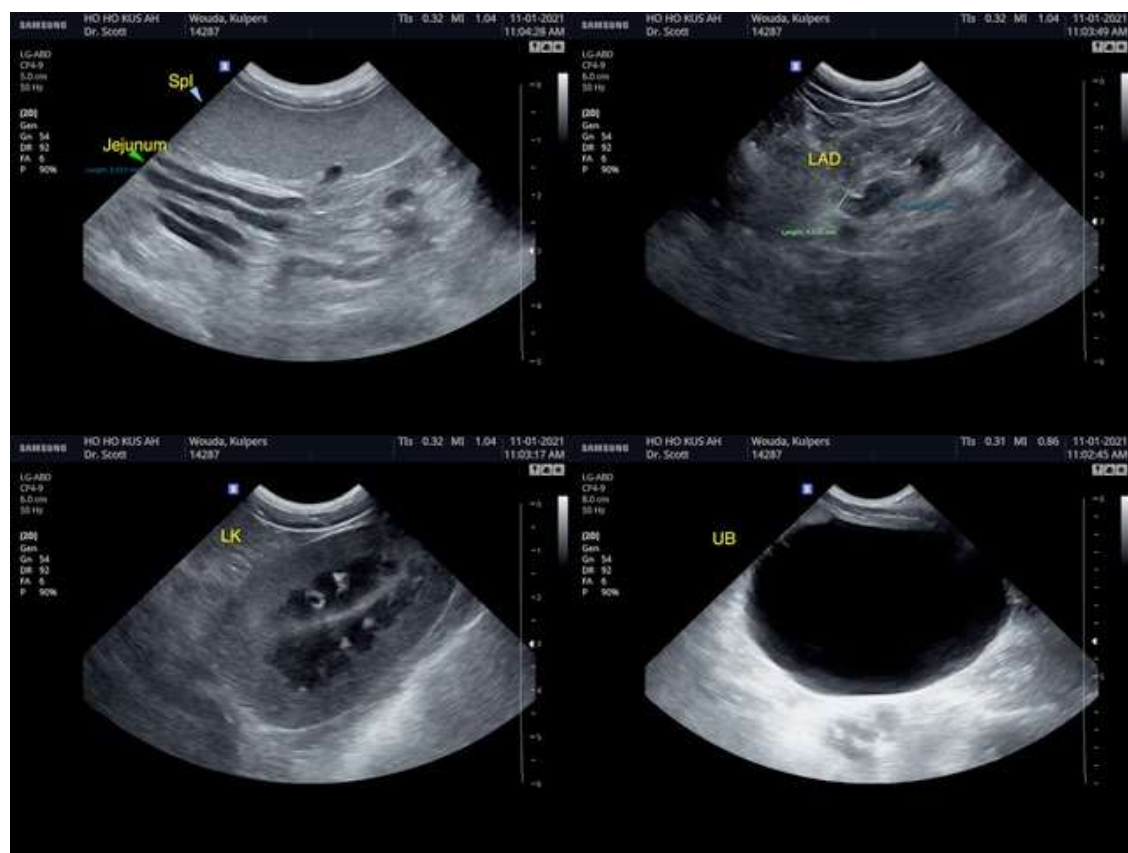
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com