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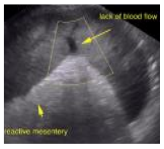
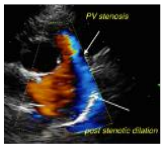
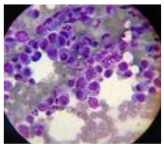
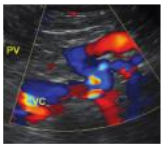





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Ivy Kennedy

SPECIES

Canine

BREED

Jack Russell X

SEX

Spayed Female

AGE

13 Years

WEIGHT

9.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott, DVM

REFERRING VET

Dr. Alastair Westcott

INVOICE

18913

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Diagnosed diabetes in mid-October. Currently unregulated despite insulin. Cushings concern. Internal referral

Abnormal PE/Chem/CBC/UA Results: Still PU/PD Uncontrolled diabetes but responding to insulin Bilateral, mature cataracts Dental disease Hyperglycemia with elevated fructosamine levels. Moderate elevation in ALKP. Mild neutrophilia. Glucosuria

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate mild cellular debris/protein, crystalline debris or mucus was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

Both adrenal glands exhibited subtle nonhomogenous yet nonmineralized parenchyma and maintained symmetrical capsule contour. Both adrenal glands were mildly prominent in size based on caudal pole measurement in light of body weight. The left adrenal gland measured 0.49 cm at the cranial pole and 0.74 cm at the caudal pole. The right adrenal gland measured 0.52 cm at the cranial pole and 0.64 cm at the caudal pole. No evidence of adrenal tumors.

Spleen

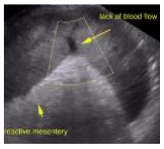
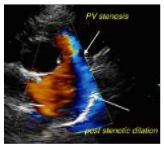
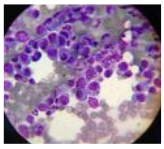
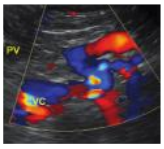
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute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

Liver

The liver was mildly enlarged in size. Mild generalized unform increased parenchyma echogenicity compared to the falciform fat and spleen. 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 with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach was moderately distended with retained echogenic fluid and mild hyperechoic progressively shadowing ingesta. No evidence of mechanical pyloric outflow obstruction.

The small intestine presented intact wall layering, exhibiting propensity for mild segmental to generalized prominent mucosa layer, exhibiting segmental to generalized minor mucosal speckling to mucosal hyperechogenicity. Minor segmental small intestinal ingesta/chyme was present with no obstructive pattern noted.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic renal changes- no evidence of pyelectasia
- Hepatomegaly, exhibiting mild uniform parenchyma hyperechogenicity- metabolic reactive vacuolar (diabetic) hepatopathy, lipidosis, inflammatory hepatopathy and nonobstructive cholestasis are all potentials.
- Suspect chronic pancreatitis
- Bilateral mild prominent adrenal glands
- Nonspecific segmental to generalized prominent intestinal mucosa, exhibiting mild hyperechoic speckling to segmental mucosal hyperechogenicity- potential inflammatory enteropathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample, given the presence of glucosuria, is recommended. Full adrenal work up with ACTH stimulation test, in the face of diabetes, could be considered if clinical suspicion for Cushings syndrome. Although potential for patient variant, the small intestinal mucosal changes may suggest underlying inflammatory enteropathy/IBD, however, without reported GI signs, this finding is nonspecific. Correlation of the intestinal and pancreatic appearance with a full GI panel to include PLI/TLI/Cobalamin/Folate is warranted.

Potential Causes of Diabetic Dysregulation

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

UTI

Dietary indiscretion/intolerance

Pancreatitis

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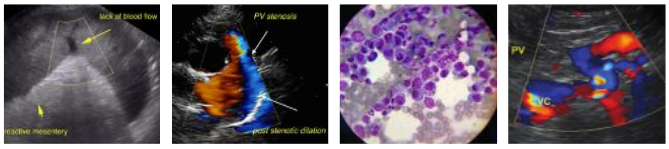

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

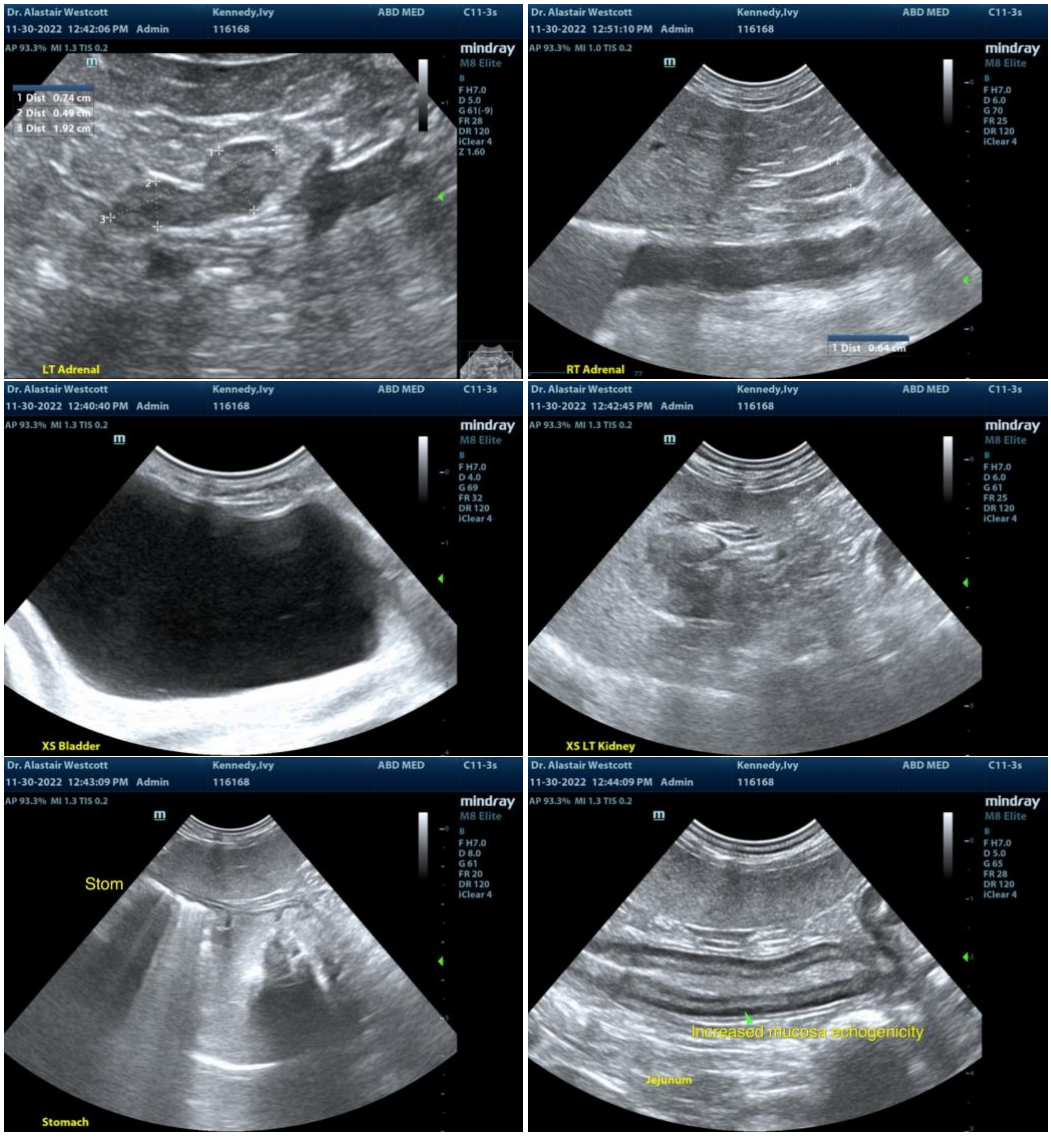
Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia



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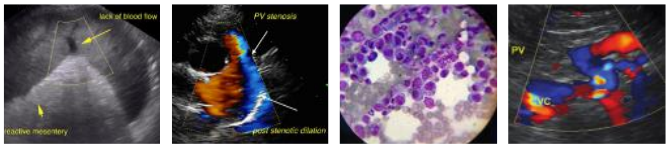

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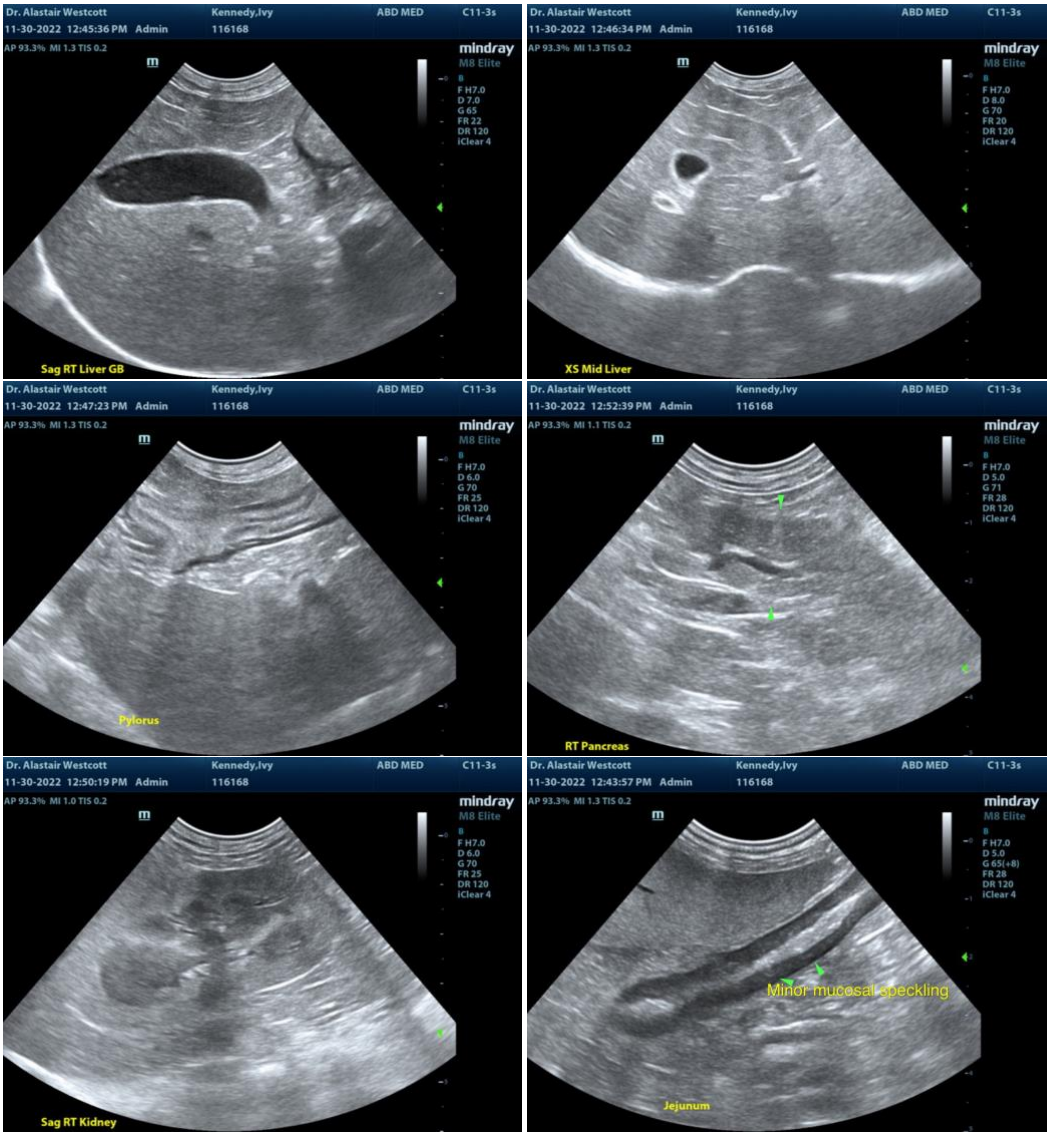

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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