

PATIENT

Skye Thomas

PRESENTING CLINICAL SIGNS

History: Diabetic, episode of hypoglycemia

Medication: Vetsulin 5u BID

SPECIES

Canine

Glucose 32, Insulin 33, ALP 451, Potassium 3.4, Unremarkable CBC

BREED

Cavalier King Charles
Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

FS

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, particulate, nondependent sediment 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.

AGE

7 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

28.9 Pounds

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 pelvic dilation. The left kidney measured 6.0 cm in length. The right kidney measured 6.7 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.0 cm length x 0.48 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 3.1 cm length x 0.46 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

New Britain VC

REFERRING VET

Dr. Bandekar

Liver/ Gallbladder

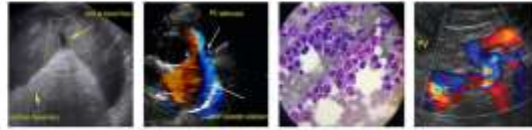
The liver exhibited generalized enlargement with symmetrical yet mildly swollen hepatic contour. Diffuse hyperechoic yet uniform hepatic parenchyma was present. No hepatic masses or nodules. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE

12694

DATE

12.2.2021



PATIENT

Gastrointestinal

Skye Thomas

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.42 cm.

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. The jejunum wall width measured 0.41 cm.

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 Spaniel

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

Pancreas

SEX

FS

The pancreas exhibited sectorial asymmetrical contour and mildly swollen to hypoechoic parenchyma with potential for discreet nodular parenchymal changes.

Free Abdomen

AGE

7 years

Subtle evidence of peripancreatic reactive mesentery was present. No overt evidence of lymphadenopathy or peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

28.9 Pounds

Primary Findings

- Hepatomegaly with generalized parenchyma hyperechogenicity, sonographically unremarkable gallbladder
- Hypoechoic, asymmetrical to indistinctly nodular pancreas
- Mild particulate urinary bladder sediment

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Overall, the liver was nonspecific yet suggestive of metabolic / vacuolar / reactive hepatopathy (diabetic hepatopathy) given the patient's history. Potential for lipidosis, inflammatory hepatic parenchymal or hepatobiliary process, fibrosis, or less likely round cell neoplasia are considered less likely differential diagnoses. Ultrasound-guided FNA of the liver using a 25-gauge needle could be considered for screening cytology assuming normal clotting status.

REFERRING VET

Dr. Bandekar

The appearance of the pancreas may indicate concurrent mild active to chronic active pancreatitis. The possibility of an insulinoma in this patient cannot be definitively excluded yet unclear given the potential recent administration of insulin in light of the insulin: glucose ratio. Continued monitoring of serum glucose levels following reduced insulin with possible recheck Insulin: glucose ratio on same serum sample for further assessment 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/>.

SPECIES

Canine

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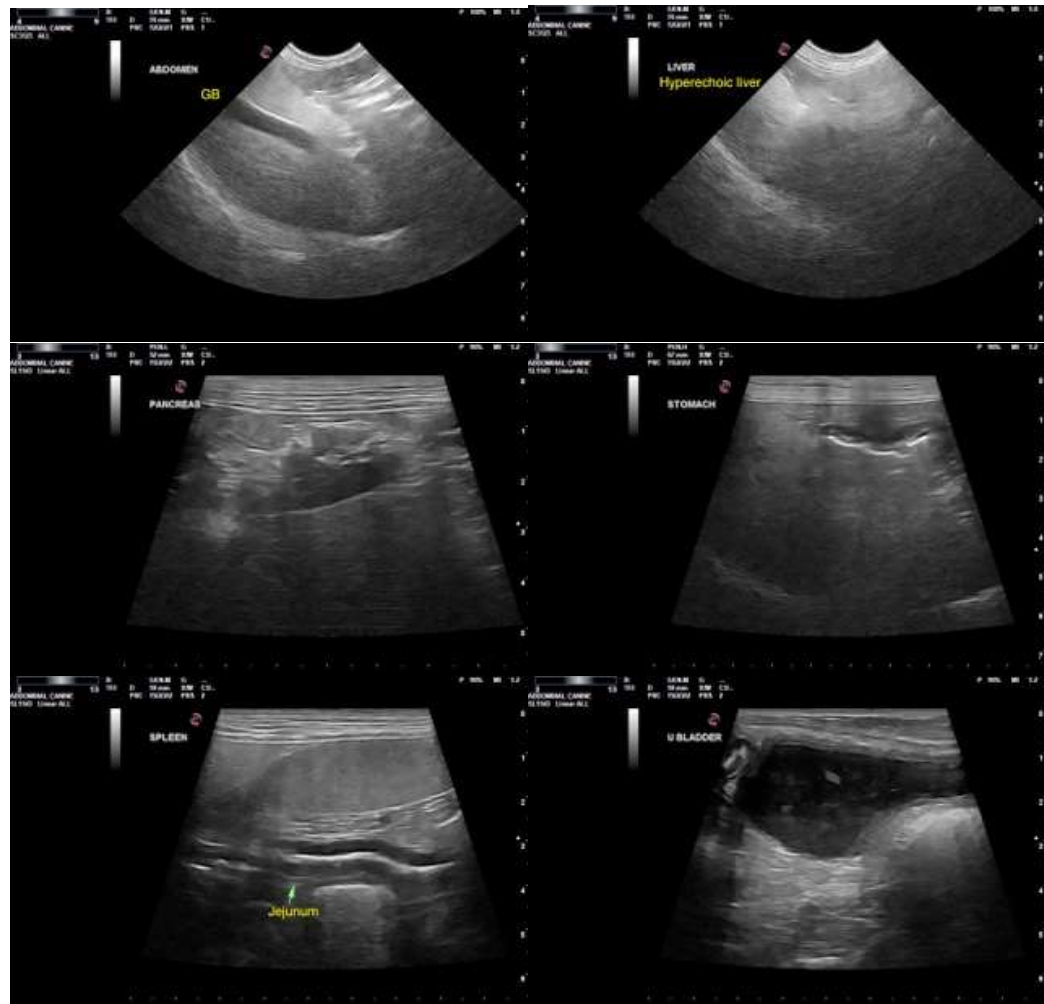
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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