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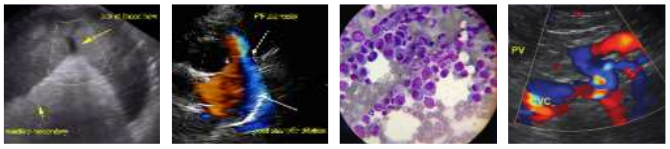

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Casey Prezkop

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

11

WEIGHT

14.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Adrianne Waffle

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrianne Waffle

INVOICE

12752

DATE

12/7/21

PRESENTING CLINICAL SIGNS

Referred from other clinic for suspicion of insulin resistance and uncontrolled D.M. Approx. 3 weeks ago pet went PU/PD and has intermittent inappetence. Current insulin dose is 12 units BID.
Abnormal PE/Chem/CBC/UA Results: BUN 34 CHOL 360 GLU 404 TRIG 805 GLOB 3.9 FRU 400 1 pound weight loss since October

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 was noted.

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 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. Mild pyelectasia was noted in the left kidney. The left kidney measured 4.7 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.39 cm width in the cranial pole and 0.76 cm width in the caudal pole. The right adrenal gland measured 0.53 cm width in the cranial pole and 0.67 cm width in the caudal pole. Overt evidence of adrenal hyperplasia was not noted. No evidence of neoplastic criteria was present.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, non-expansive, echogenic nodules were present in the medial parenchyma adjacent to the hilus. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/ Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

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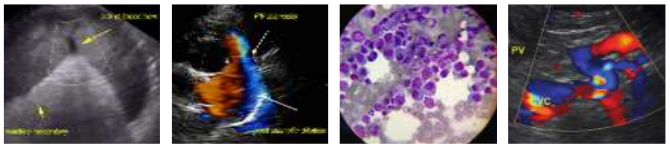

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Gastrointestinal

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 stomach wall width measured 0.38 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Intermittent pinpoint mucosal speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.36 cm.

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

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.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild small intestinal mucosal speckling - nonspecific, possibly suggestive of enteritis vs. patient variant
- Benign hepatomegaly - suspect metabolic / reactive / vacuolar (diabetic) hepatopathy, not consistent with neoplastic criteria
- Mild gallbladder debris (non-mucocele)
- Heterogeneous pancreas - potential for low-grade chronic to chronic active pancreatitis
- Mild chronic renal changes with minor left kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S is suggested given the likelihood of glucose urea. Additional renal staging to include UPC could be considered.

Th PU/PD in this patient may be owing to the diabetes. However, adrenal work up including ACTH Stimulation test in light of diabetes to assess for underlying endocrinopathy may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for structurally insignificant Intestinal disease and further correlation with the heterogeneous pancreas is suggested.

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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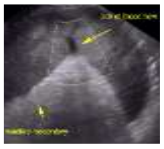
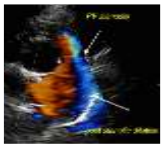
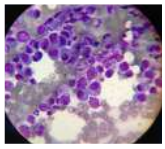
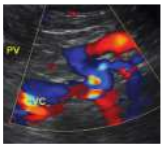

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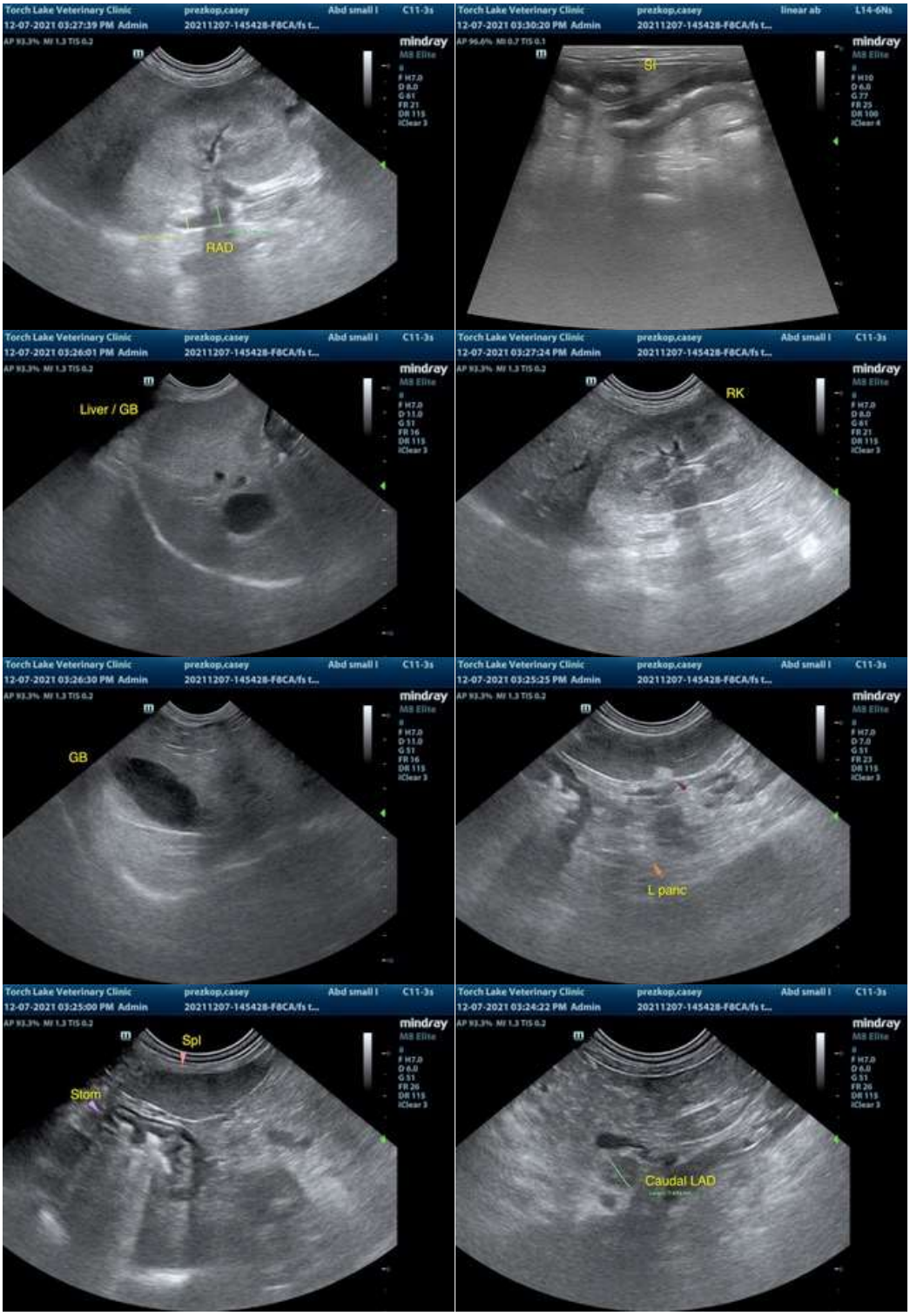
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services



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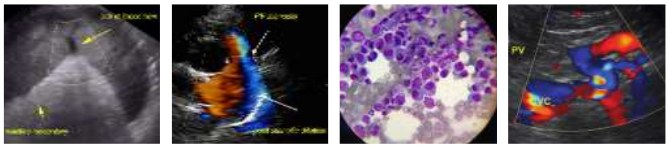

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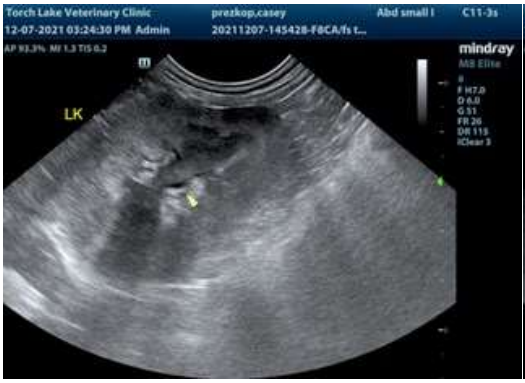

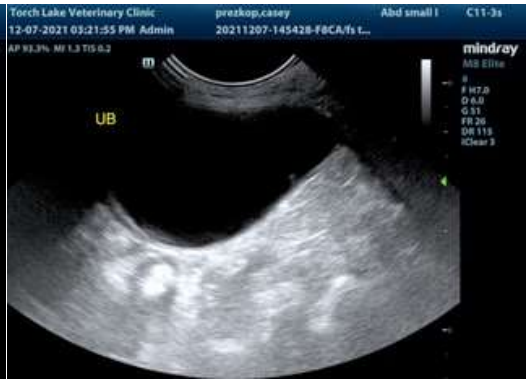

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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