



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Oliver Hohmann	hx of diabetes not controlled, PU/PD r/o chronic pancreatitis vs neoplasia
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, and cystourethral junction 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.
Mix	
<b>SEX</b>	The residual prostate was free of pathology.
NM	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	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 pyelectasia or overt pyelonephritis was present. The left kidney measured 7.2 cm in length. The right kidney measured 6.6 cm in length.
10	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
72.5	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 2.2 cm length x 0.86 cm width in the caudal pole. The right adrenal gland measured 2.6 cm length x 0.63 cm width in the caudal pole. No evidence of hyperplasia was noted.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Focal hyperechoic parenchyma echogenicity was noted adjacent to the splenic hilus, likely consistent with benign myelolipoma, previous infarction, or possible fibrosis. Intermittent pinpoint hyperechoic parenchyma foci were present which, although nonspecific, may indicate pinpoint areas of microinfarction, fibrosis, or mineralization. These hyperechoic foci are incidental and not consistent with pathology. 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. No evidence of neoplastic splenic criteria was noted.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Jenn	The liver was subjectively mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary, non-expansive, discreet, hypoechoic nodule was noted in the ventrocaudal parenchyma, measuring 0.56 cm in diameter. 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.
<b>HOSPITAL NAME</b>	
Rockaway AH	
<b>REFERRING VET</b>	
Dr. Kahn	
<b>INVOICE</b>	
13337	
<b>DATE</b>	
2/14/22	



**PATIENT**

***Gastrointestinal***

Oliver Hohmann

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

**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 0.42 cm.

**BREED**

Mix

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

**SEX**

***Pancreas***

NM

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**AGE**

10

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

72.5

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes - no overt pyelonephritis
- Benign splenic nodule with concurrent pinpoint hyperechoic splenic parenchyma foci
- Hepatic parenchymal remodeling with solitary discreet intra-parenchymal nodule - subjectively benign - nodules are nonspecific with considerations including focal nodular to regenerative hyperplasia or hematopoiesis, neoplastic criteria considered less likely
- Mild gallbladder debris (non-mucocele)
- Mild gastric ingesta
- Mild pancreatic remodeling

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Dr. Kahn

Overall, no evidence of significant abdominal visceral pathology with largely geriatric changes was noted.

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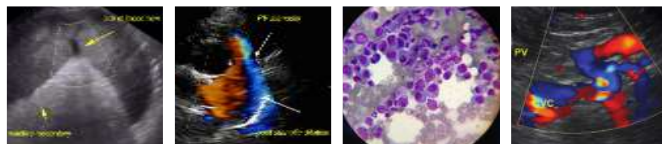
Potential for low-grade to chronic pancreatitis, which may present as essentially sonographically normal, may be present. Further assessment including Spec cPL or a GI panel to rule out occult gastrointestinal disease may be considered.

**DATE**

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Full urinary workup including urine culture and sensitivity, given the potential for glucose urea, as well as baseline UPC in light of quiet urinary bladder sediment, are recommended.

Subjectively, the appearance of the liver and bilateral kidneys was not overtly suggestive of underlying endocrinopathy, yet adrenal testing may be considered if strong clinical suspicion.



**PATIENT**

Oliver Hohmann

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

**SPECIES**

UTI

Canine

Dietary indiscretion/intolerance  
Pancreatitis

**BREED**

Hyperthyroidism/hypothyroidism  
Exogenous steroids (including topical eye meds)

Mix

Cushing's  
Acromegaly

**SEX**

Owner compliance  
Insulin quality issues

NM

Antibodies to insulin  
Underlying Neoplasia

**AGE**

Diffuse liver disease

10

**WEIGHT**

72.5

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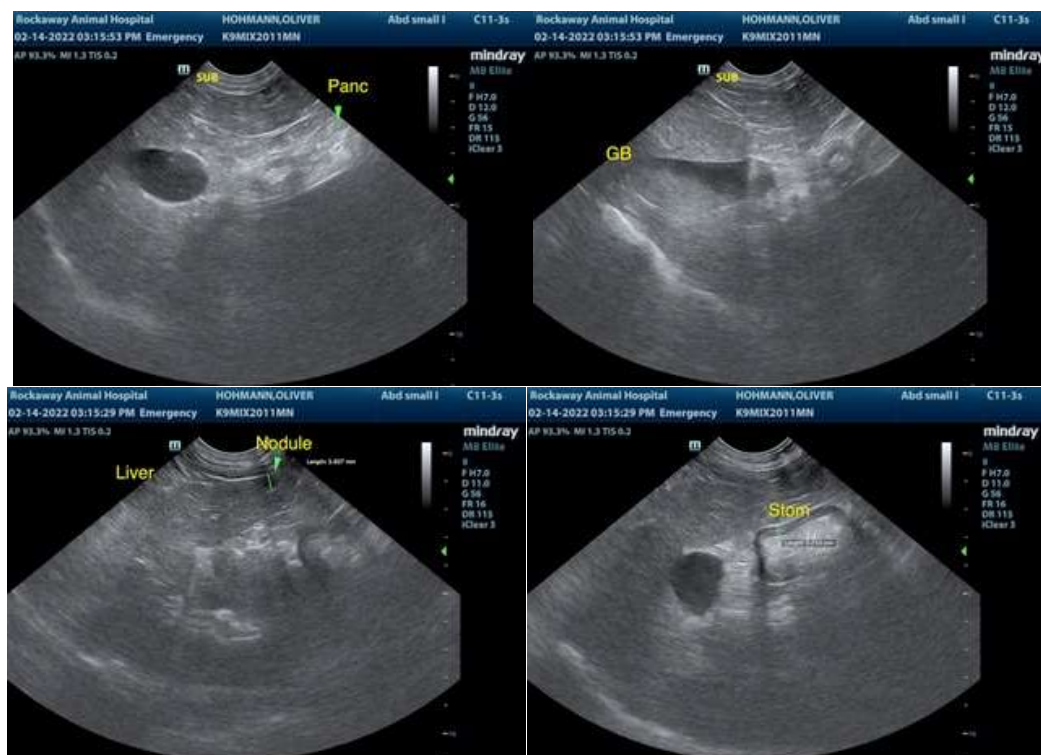
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**PATIENT**

Oliver Hohmann

**SPECIES**

Canine

**BREED**

Mix

**SEX**

NM

**AGE**

10

**WEIGHT**

72.5

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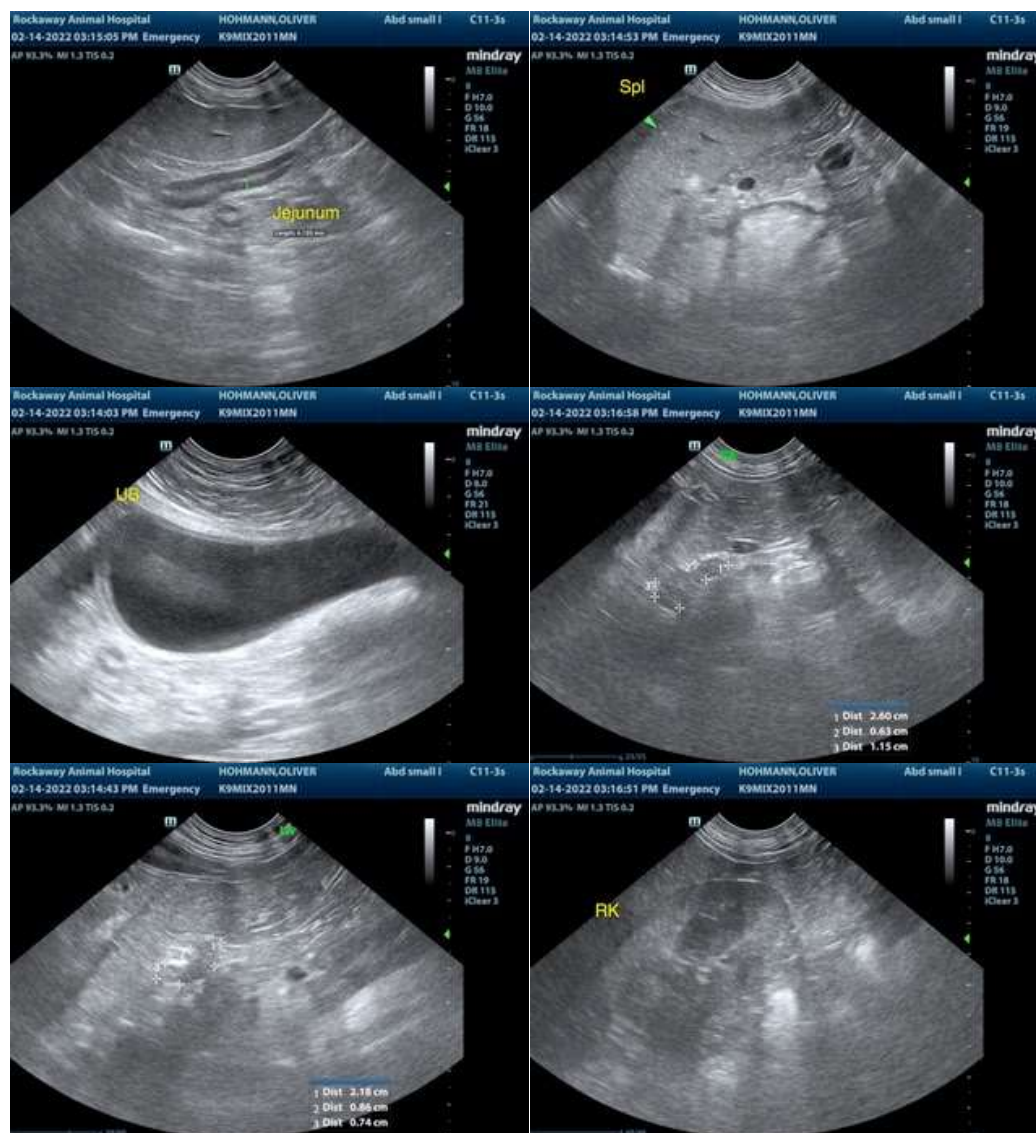
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**DATE**

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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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