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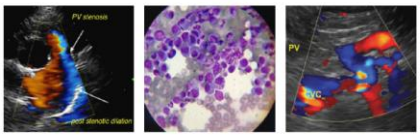

SonoPath
Clinical Sonography & Telecytology
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PATIENT
Shermen Menard

SPECIES
Canine

BREED
Schnauzer

SEX
MN

AGE
8yr

WEIGHT
19lb

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

IMAGING PERFORMED BY
Sarah Pender CVT

HOSPITAL NAME
SVS Imaging QC

REFERRING VET
Dr. Hartley

INVOICE
13044ag

DATE
02/20/2023

PRESENTING CLINICAL SIGNS

Managing DM, possible insulin resistance. Hx of Chronic pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Mild abdominal discomfort, most recent cPLI was normal, chronic elevation in ALP and ALT that has improved, but still mildly elevated. BG curve (2/13): 7:42- 463; Ate at 10:50 (Fed 3/4 can of Purina EN Lowfat)-would not eat his dry food that Molly brought; 10u Vetsulin SQ at 7:50; 9:54am- 243; 11:50am- 179; 2:20pm- 320; 4:40pm- 566

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 5.7 cm in length. The right kidney measured 6.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was borderline prominent in size with pinpoint hyperechoic parenchyma foci. The left adrenal gland measured 0.61 cm width at the caudal pole and 2.0 cm length. The right adrenal gland was uniform in size and contour with pinpoint hyperechoic parenchyma foci. The right adrenal gland measured 0.49 cm width at the caudal pole and 2.9 cm length.

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 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 primarily anechoic luminal content and mild non-dependent non-organized echogenic debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

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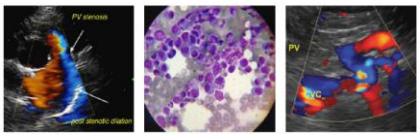

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental duodenojejunal ingesta/chyme with no signs of ileus, obstruction or foreign material.

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, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Benign hepatopathy- probable diabetic (metabolic, vacuolar, reactive) hepatopathy
- Gallbladder debris-not consistent with mucocele criteria
- Heterogenous pancreas
- Sonographically unremarkable GI tract with gastric and mild segmental intestinal ingesta/chyme
- Borderline prominent left adrenal gland-no evidence of significant adrenomegaly or neoplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically the appearance of the pancreas was not consistent with active pancreatitis although low-grade to chronic may present sonographically normal. Continued monitoring of cPL is suggested given history of chronic pancreatitis. Hepatosupportive medications such as Denamarin and Ursodiol may prove beneficial. Suspect recent meal ingestion given presence of gastric and segmental intestinal ingesta. Overall, no overt evidence of significant abdominal visceral pathology.

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

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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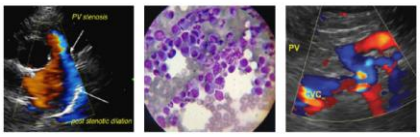

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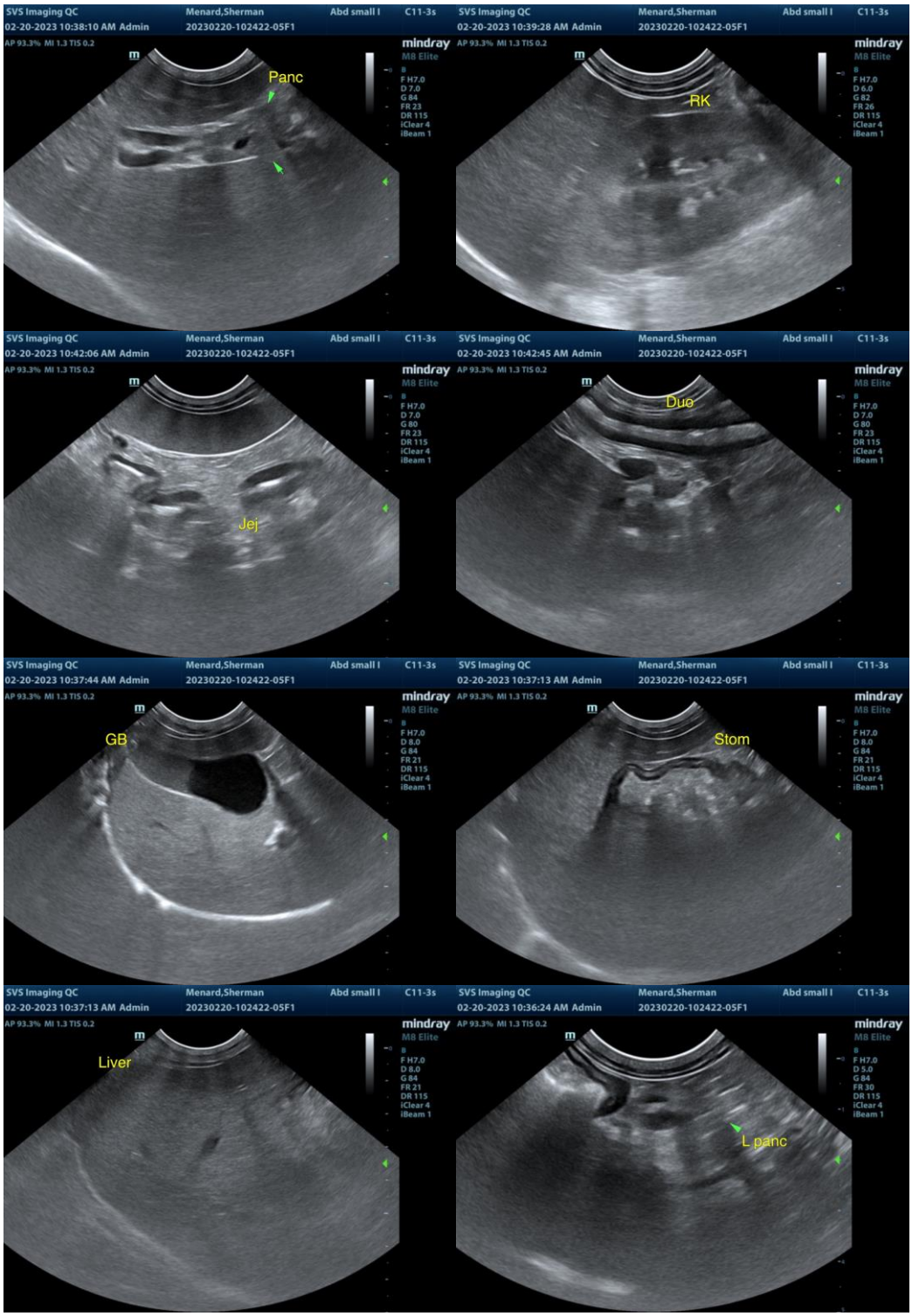

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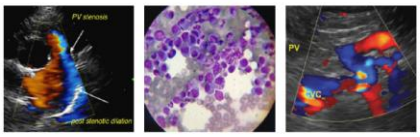

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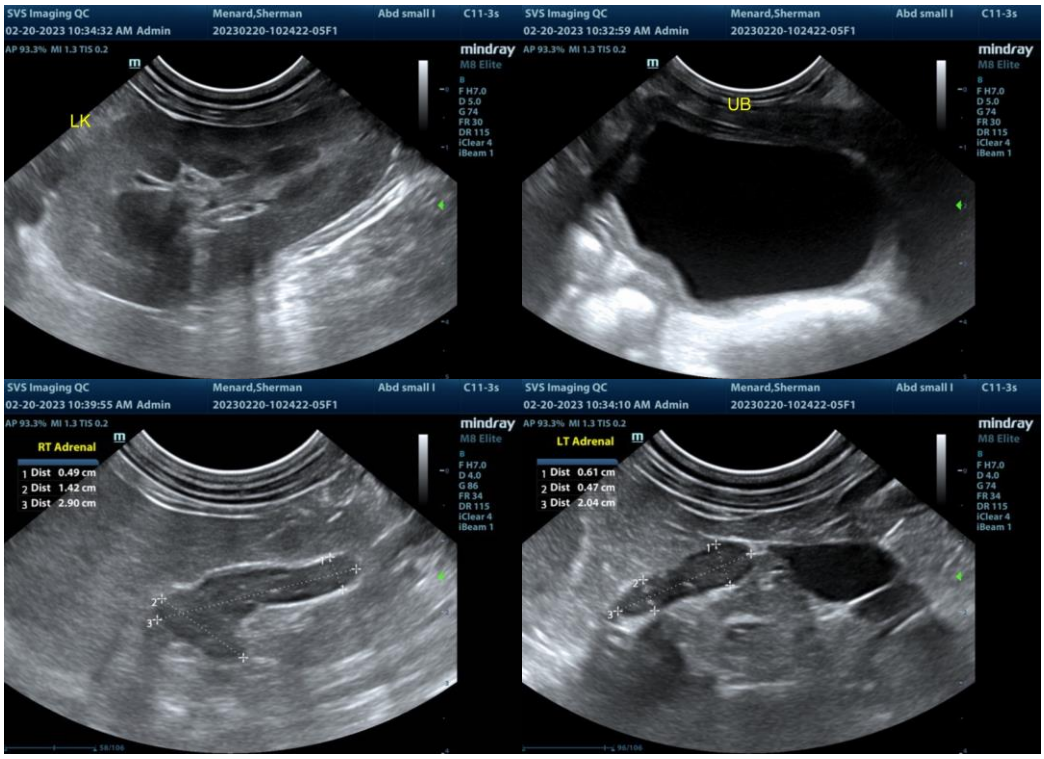

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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