



PATIENT PRESENTING CLINICAL SIGNS

Jasmin Haines History: New diabetic, decreased appetite to anorexia, not drinking, mild blood in stool. Medication: Vetsulin, Metronidazole, ondansetron
Labs: ALP 1241, ALT 204, BUN 54, Glucose 3.08, Precision PSL 3231, platelets 490

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Miniature Pinscher

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 were noted.

SEX

Spayed Female

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 and focal cortical cyst were present in the left kidney. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

AGE

2009

Adrenal Glands

WEIGHT

14.6

Mild bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 2.0 cm length x 0.71 cm width at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.86 cm width at the caudal pole. No adrenal tumors were noted.

INTERPRETED BY

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

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent, primarily small hyperechoic nodules were present throughout the cranial to caudal parenchyma, consistent with benign myelolipomas. 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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

Blue Ridge VC

The liver was enlarged with symmetrical mildly rounded hepatic capsule contour. Generalized mild nonhomogenous increased parenchyma echogenicity with multiple discrete nondisruptive hypoechoic intraparenchymal nodules. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Filchner

The gallbladder was non distended in size with mild nonorganized echogenic debris without evidence of gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

DATE

3/1/23

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.



PATIENT

Jasmin Haines

The small intestine presented intact generalized prominent wall layering, owing to propensity for generalized mildly prominent muscularis and mucosa layers. No intestinal tumors were present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Canine

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Miniature Pinscher

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

SEX

Spayed Female

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Enlarged nonhomogenous subtly nodular liver- diabetic hepatopathy, cholestasis, inflammatory hepatopathy, i.e., cholangiohepatitis, or less likely infiltrative neoplasia are all potentials

WEIGHT

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- Mild gallbladder debris (non-mucocele)
- Mild heterogenous pancreas- no sonographic evidence of significant/active pancreatitis. Minor remodeling or low-grade pancreatitis are possible.

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 (Canine and Feline)

- Subjective inflammatory enterocolonopathy pattern
- Nonspecific mild adrenomegaly

Secondary Findings

IMAGING

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Rebekah Jakum, CVT
 ARDMS/RVT

- Benign splenic nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Blue Ridge VC

Assuming normal clotting status, and using a 25-gauge needle, with possible vitamin K pretreatment, screening hepatic FNA cytology could be considered, primarily to assess for evidence of inflammatory criteria. Fresh fecal analysis and GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Urine culture and sensitivity on sterile urine sample is suggested if evidence of glucosuria. Endoscopic enterocolic biopsies may be considered if persistent or progressive gastrointestinal signs. Empirically, as needed gastrointestinal support, hydrolyzed diet trial, high colony count probiotic, pending assessment of cobalamin and folate levels, may prove beneficial.

REFERRING VET

Dr. Filchner

Potential Causes of Diabetic Dysregulation

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

UTI

DATE

3/1/23



PATIENT Dietary indiscretion/intolerance

Jasmin Haines Pancreatitis

Hyperthyroidism/hypothyroidism

SPECIES Exogenous steroids (including topical eye meds)

Canine Cushing's

BREED Acromegaly

Miniature Pinscher Owner compliance

Insulin quality issues

SEX Antibodies to insulin

Spayed Female Underlying Neoplasia

AGE 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/>.

2009

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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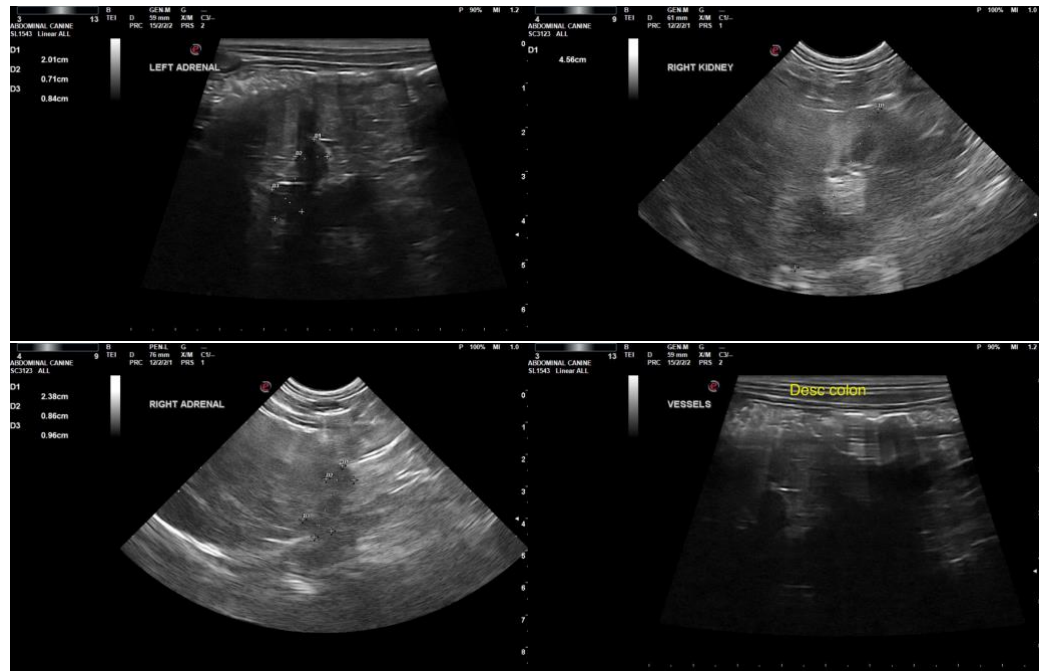
Dr. Filchner

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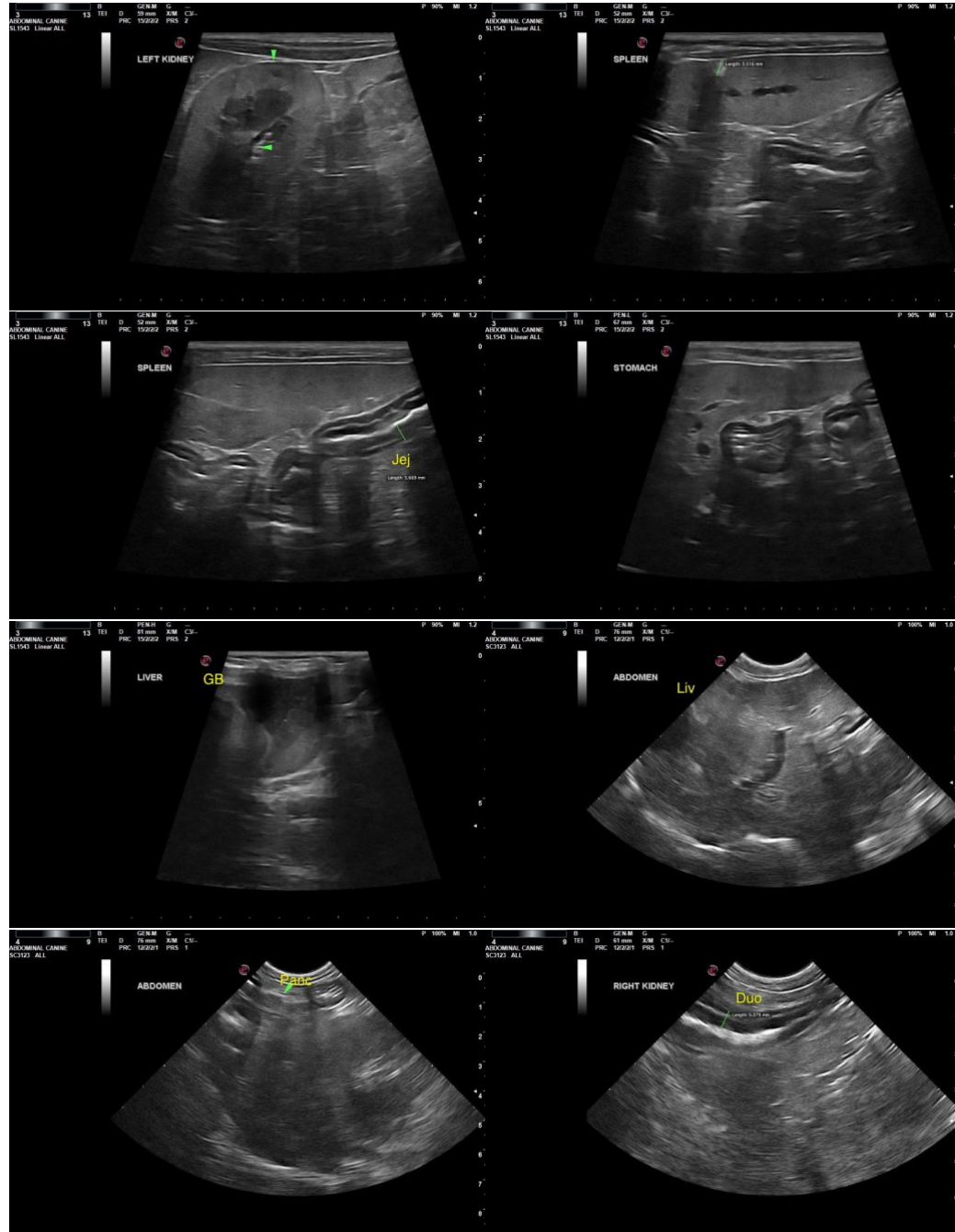
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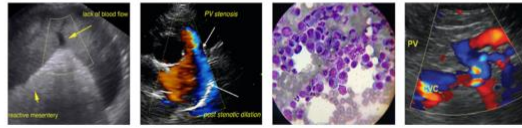
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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PATIENT info@SonoPath.com

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