

PATIENT PRESENTING CLINICAL SIGNS

Diesel Trecartin Weight loss; PU/PD. Recently diagnosed diabetic, unregulated. Recently diagnosed Cushing's. ? adrenal tumor. Cortisol 6.7. On Vetsulin 5u BID; Vetoryl 10 mg/ml: 0.7 ml BID; cytopoint monthly

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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

Rat Terrier

SEX The residual prostate was symmetrically normal in size (0.77 cm diameter) with uniform parenchyma and slight coarse echotexture.

Neutered Male Normal size and margination was 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia noted in the left kidney. The left kidney measured 5.0 cm. The right kidney measured 5.2 cm.

AGE 13 Years

Adrenal Glands

WEIGHT Bilateral symmetrical adrenal gland enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.71 cm at the cranial pole and 1.0 cm at the caudal pole. The right adrenal gland measured 0.74 cm at the cranial pole and 0.95 cm at the caudal pole.

15 Pounds

Spleen

INTERPRETED BY The spleen was overall normal in size and contour with subtle generalized splenic parenchyma heterogeneity. A solitary, mildly expansive nodule was noted in the caudomedial spleen with mild associated medial capsule distortion measuring 0.84 cm diameter. The nodule was non-homogeneously hypoechoic.

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

IMAGING PERFORMED BY **Liver**

Pamela Harrigan, RDCS The liver exhibited subjective mild enlargement. 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. Moderate inspissated, yet non-organized, hyperechoic sludge was present. Gallbladder walls were sonographically normal. No evidence of peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

HOSPITAL NAME **Gastrointestinal**

Pine Banks AH

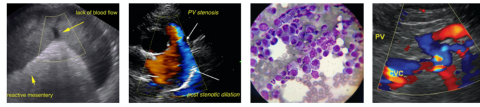
REFERRING VET Dr. Hasan Syed

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

37105

DATE 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.

4/25/22 Normal visible colon wall layers were present with apparent formed feces in lumen.



PATIENT *Pancreas*

Diesel Trecartin

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

SPECIES

Canine

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

Rat Terrier

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

AGE

13 Years

WEIGHT

15 Pounds

- Mild benign hepatomegaly
- Moderate inspissated gallbladder sludge (non-mucocele)
- Bilateral adrenomegaly – consistent with pituitary dependent hyperadrenocorticism
- Mildly non-homogeneous to echogenic pancreas – age related or patient variant, potential for low-grade to chronic pancreatitis.
- Mild chronic renal changes with minor left kidney pyelectasia – The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
- Non-specific, mildly expansive caudal splenic nodule – hyperplasia, hematopoiesis, small hematoma, granuloma, potential for emerging neoplasia cannot be excluded.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, ultrasound guided FNA of the splenic nodule using 25-gauge needle could be considered for screening cytology. Sonographic monitoring of the splenic nodule with initial recheck in 3-4 weeks would be a more conservative approach. Hepatosupportive medications including Denamarin and Ursodiol recommended if elevated liver enzymes or evidence of cholestasis. If clinical concern for gastrointestinal disease, GI panel to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs to rule out occult thoracic pathology as potential contributing factors to the patient's weight loss may be considered.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Pine Banks AH

Potential Causes of Diabetic Dysregulation

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

REFERRING VET

Dr. Hasan Syed

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)

INVOICE

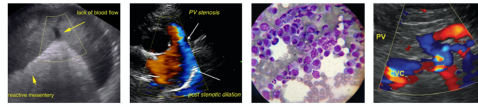
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- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin

DATE

4/25/22

Underlying Neoplasia



PATIENT

Diesel Trecartin

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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Neutered Male

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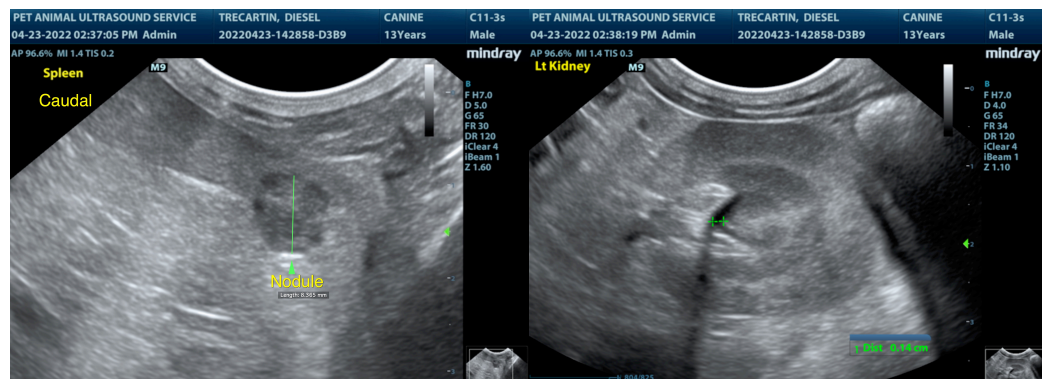
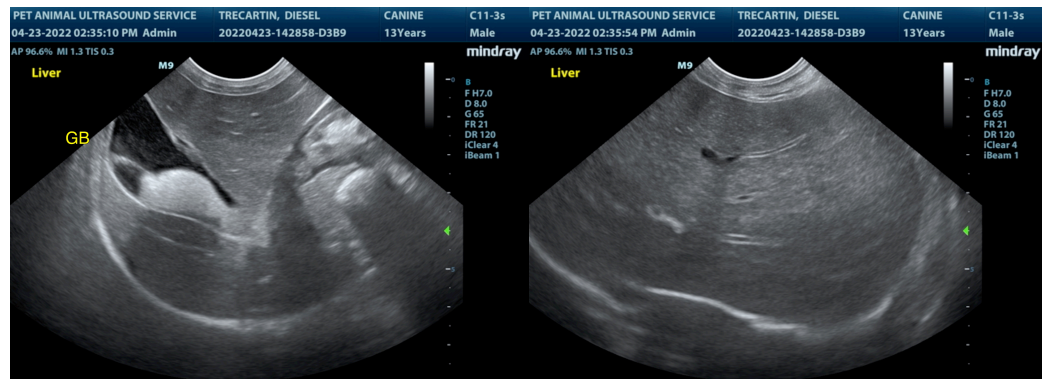
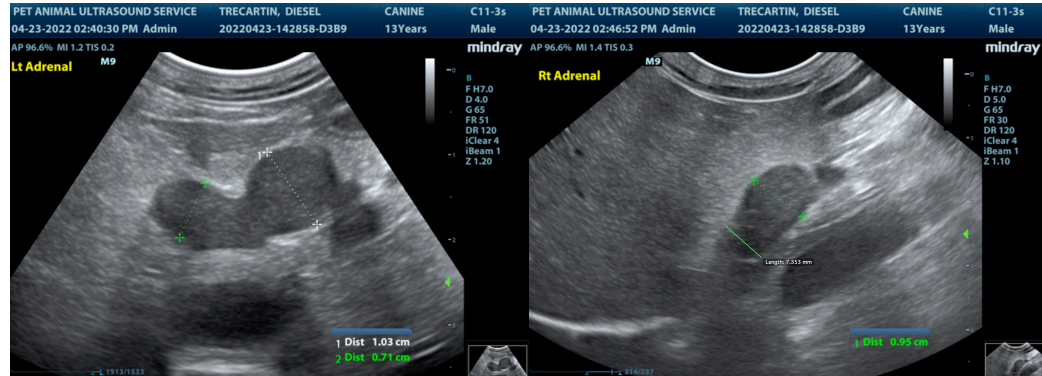
Dr. Hasan Syed

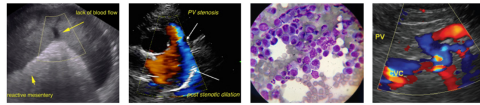
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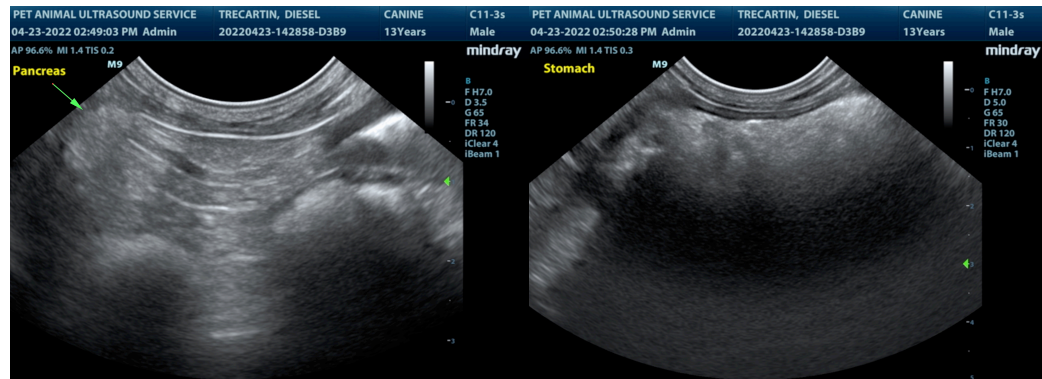
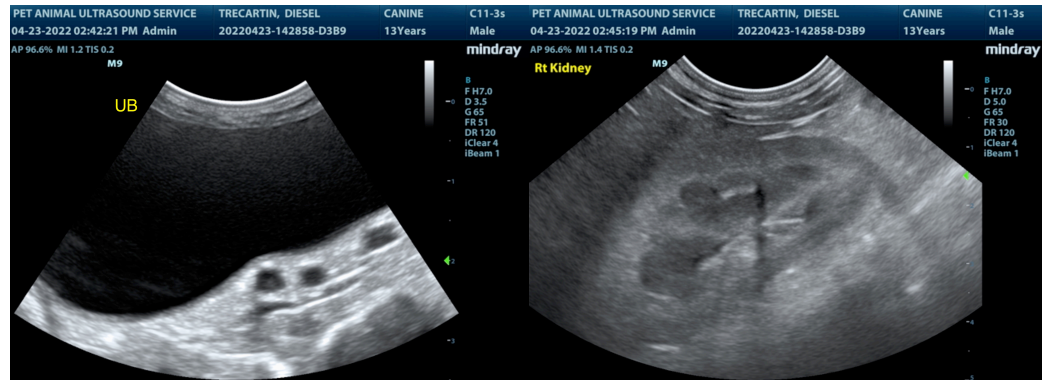
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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 info@SonoPath.com