



PATIENT PRESENTING CLINICAL SIGNS

Muskee Eves History: Recent diabetic, unregulated, elevated liver values, overweight Vetsulin 8u BID, Galliprant, Flexadin Labs: ALP 2202, glucose 540, Specific Gravity 1.022, 1+ protein, 3+ glucose

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

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.

Pomeranian/Spitz/Chow mix

SEX

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

Neutered Male

AGE

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 6.0 cm in length.

2015

Adrenal Glands

WEIGHT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.60 cm width at the caudal pole and 1.2 cm width at the cranial pole.

50 Pounds

INTERPRETED BY

Spleen

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. 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.

IMAGING PERFORMED BY

Liver

Rebekah Jakum, CVT
 ARDMS/RVT

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. The cystic and common bile ducts were normal.

HOSPITAL NAME

New Brittain VC

REFERRING VET

Dr. Bandekar

Gastrointestinal

INVOICE

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.

14596

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.

DATE

4/4/22



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

Muskee Eves **Pancreas**

SPECIES The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Canine

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present. Subjective increased amount of intraabdominal fat noted.

Pomeranian/Spitz/Chow mix

ULTRASONOGRAPHIC FINDINGS

SEX • Benign hepatopathy- metabolic/reactive/vacuolar (diabetic) hepatopathy likely. Minor potential for hepatic inflammation without evidence of neoplastic criteria

Neutered Male

• Otherwise sonographically unremarkable abdomen

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2015

Hepatosupportive medications, including denamarin +/- ursodiol, due to its antioxidant and immunomodulatory effects within the liver, may prove beneficial.

WEIGHT

50 Pounds

The bilateral adrenal glands were not overtly suggestive of adrenal hyperplasia yet if difficulty in regulating diabetes, full adrenal work up could be considered if clinically indicated.

INTERPRETED BY

Urine culture and sensitivity on sterile urine sample, given the presence of glucosuria.

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

Potential Causes of Diabetic Dysregulation

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

IMAGING PERFORMED BY

- 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

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

New Brittain VC

REFERRING VET

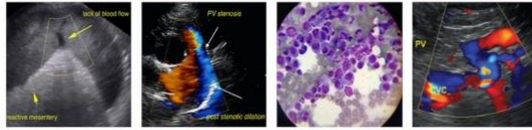
Dr. Bandekar

INVOICE

14596

DATE

4/4/22



PATIENT

Muskee Eves

SPECIES

Canine

BREED

Pomeranian/Spitz/Chow mix

SEX

Neutered Male

AGE

2015

WEIGHT

50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Brittain VC

REFERRING VET

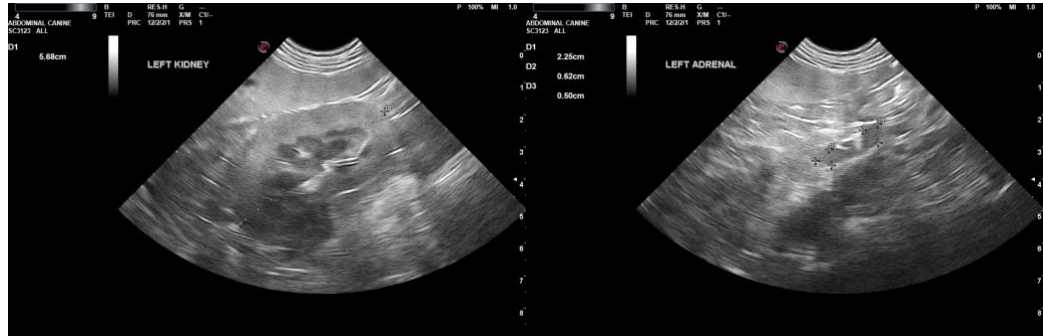
Dr. Bandekar

INVOICE

14596

DATE

4/4/22





PATIENT

Muskee Eyes

SPECIES

Canine

BREED

Pomeranian/Spitz/Chow
mix

SEX

Neutered Male

AGE

2015

WEIGHT

50 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

New Brittain VC

REFERRING VET

Dr. Bandekar

INVOICE

14596

DATE

4/4/22



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)
mac.daniel@sonopath.com