



PATIENT

Mac Gruszecki

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

MN

AGE

11 years

WEIGHT

73 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

13604

DATE

4/6/22

PRESENTING CLINICAL SIGNS

lethargic, ataxic, laterally recumbant, azotemic, elevated liver enzymes. irregulated diabetic. On vetsulin 22 units SQ bid

Abnormal PE/Chem/CBC/UA Results: ALT > 10,000, BUN 51, Crea 2.5, glu > 600, ALKP 165, Na 30, K+ 7, Cl 85, Na/K ratio 19, serum ketones neg, WBC 24.9 with neutrophilia 23 and lymphocytes 1.72. lepto pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

The area of the aortic trifurcation was free of pathology.

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. A moderately sized, thinly walled, lateral cyst containing anechoic fluid measuring 2.9 cm in diameter was present in the right kidney. No evidence of pelvic dilation was present. The left kidney measured 7.6 cm in length. The right kidney measured 7.7 cm in length.

Adrenal Glands

The left adrenal gland was mildly prominent in size exhibiting subtle nonhomogeneous parenchyma measuring 3.5 cm length x 1.2 cm width at the caudal pole. No evidence of left adrenal nodules, masses, or parenchymal mineralization was noted.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.4 cm length x 0.60 cm width at the caudal pole.

Spleen

The spleen exhibited mild generalized enlargement with a primarily maintained symmetrical capsule contour. Mixed, finely textured homogeneous splenic parenchyma with regional areas of hypoechoic parenchyma exhibiting hyperechoic lacey appearing striations.

Liver/ Gallbladder

The liver enlarged yet maintained symmetrical capsule contour with uniform mild echogenic parenchyma compared to the spleen and falciform fat. No masses or nodules were noted. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. 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.



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Gastrointestinal

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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.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental duodenojejunal corrugation. No evidence of mechanical obstruction or foreign material was noted.

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The colon walls presented intact yet prominent wall layering with mildly thickened to echogenic submucosa. The colon was primarily empty with segmental semi-formed to shadowing fecal matter.

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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.

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Free Abdomen

Scant peritoneal free fluid was noted primarily around the spleen and between liver lobes, as well as focally adjacent to the small intestine.

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Brief sonographic assessment of the heart revealed mild to moderate volume subjectively anechoic peritoneal free fluid and overtly normal left and right heart chamber sizes. Overt evidence of right atrium or auricular mass or neoplastic criteria associated with the right atrioventricular groove or free wall was not definitively evident.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Bilateral mild chronic renal changes with right kidney cyst
- Mild splenomegaly exhibiting regional hypoechoic to hyperechoic striated parenchyma
- Hepatopathy - subjectively benign, inflammatory hepatopathy, metabolic / reactive / vacuolar (diabetic) hepatopathy, or other possible without overt evidence of neoplastic criteria
- Mildly prominent yet nonspecific left adrenal gland
- Enteritis exhibiting segmental duodenojejunal corrugation
- Nonspecific minor peritoneal and mild to moderate noncardiogenic pericardial effusion

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential considerations for the spleen may include acute splenitis, regional splenic infarction or lack of blood flow potentially secondary to hypercoagulable state, given the uncontrolled diabetes with potential for neoplasia in the face of concurrent pericardial effusion.

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Assuming normal clotting status yet dependent upon patient stability, hepatosplenic FNA using a 25-gauge needle could be considered for screening cytology.



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Likewise, pericardiocentesis for effusion analysis cytology +/- culture and sensitivity would be Ideal. No current evidence of cardiac tamponade. A coagulation panel is recommended.

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The azotemia in this patient may be pre-renal in origin. Correlation with a full urinary work-up including culture and sensitivity is suggested.

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Empirically, hospitalization with stabilization of serum glucose levels, hepato-gastrointestinal support, electrolyte correction, and assessment of clinical response pending additional diagnostics would be reasonable. A guarded prognosis is warranted.

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Potential Causes of Diabetic Dysregulation

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

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UTI

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Dietary indiscretion/intolerance

Pancreatitis

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

Acromegaly

Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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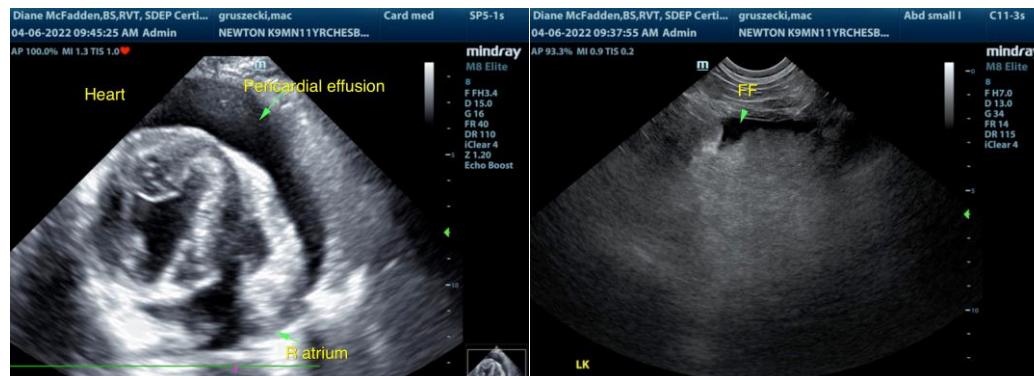
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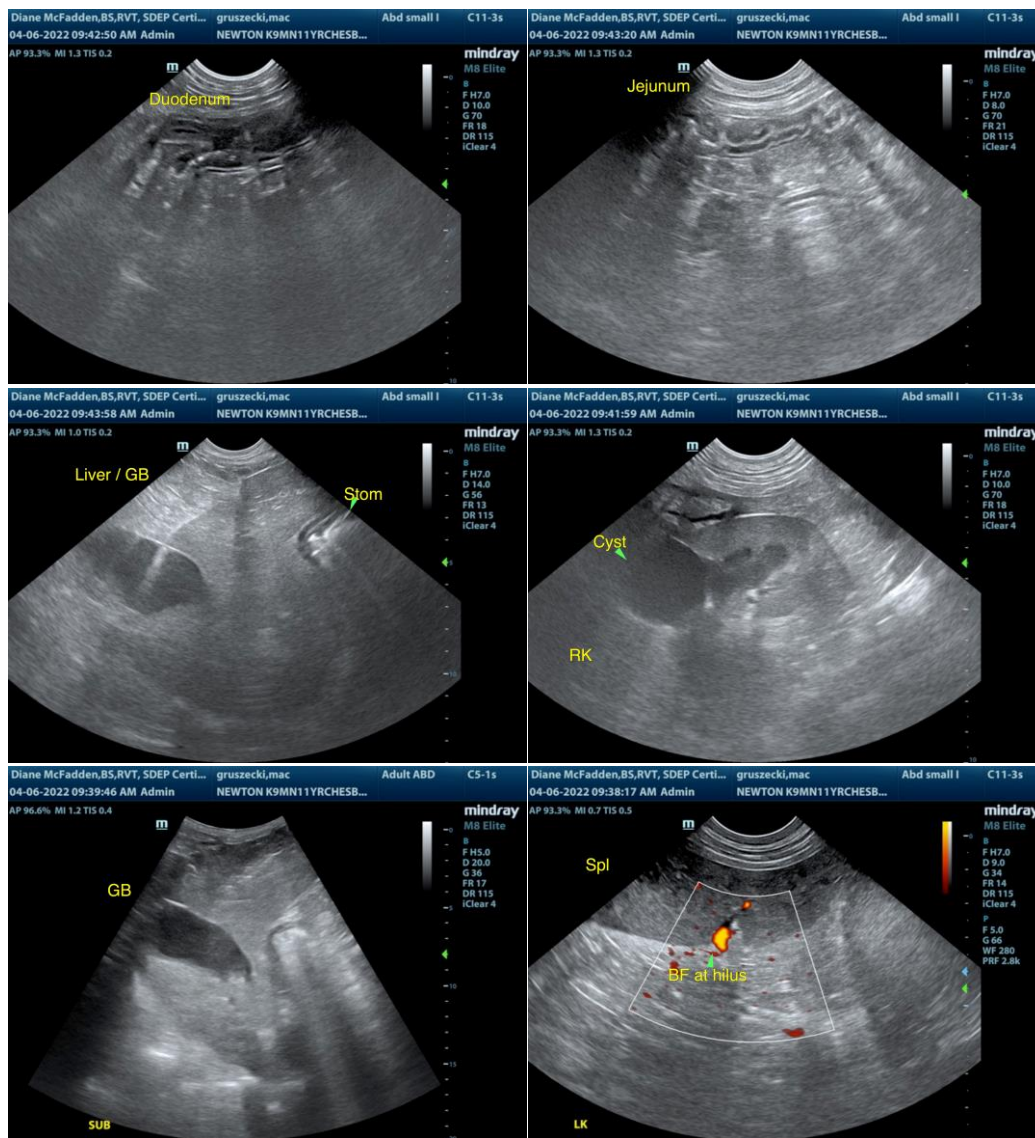
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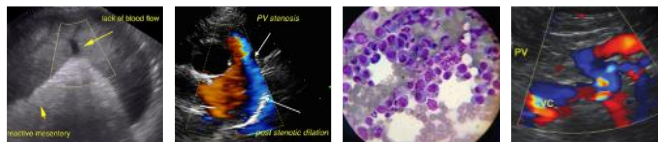
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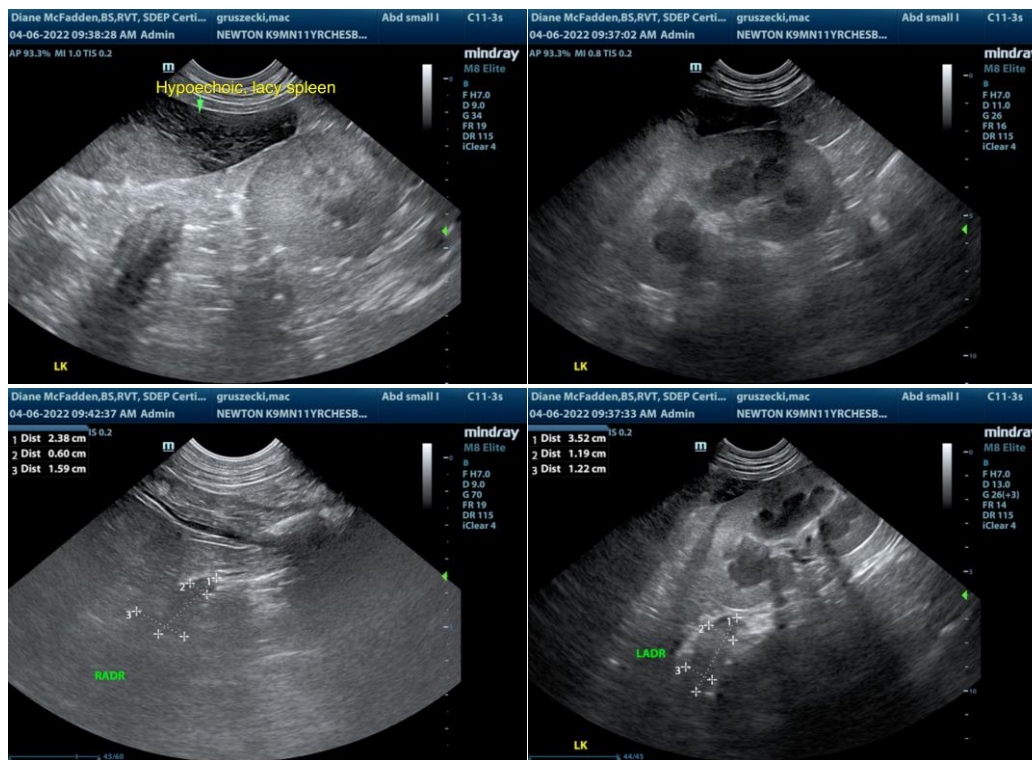
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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