



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kebor Hunt
SPECIES Canine
BREED Labrador Retriever
SEX Spayed Female
AGE 11 Years
WEIGHT 58 Pounds

History: First diagnosed with diabetes mellitus in 2019. Has previously been well-controlled on novolin - stable weight, minimal PU/PD. Had cataract surgery in November. In February, 2022, started with recurrent UTIs and weight loss (approx 10 lb since September, 2021). Treated with 2 rounds of clavamox (susceptible on culture) but has continued to recur. Most recent BG curve showed elevated blood sugars (nadir of 450), currently on 28 units of novolin BID. Labwork = elevated ALP/ALT/GGT. Medications: cefpodoxime 150 mg SID for current UTI; eye meds. Novolin recently increased to 30 u BID. *Sedated with doxdomitor for study.

Abnormal PE/Chem/CBC/UA Results: ALT 124; AST 58; ALP 1375; Chol 783; Amulase 1983; Lipase 1554.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was maintained. The medulla and cortices were uniform in texture with subjective increased corticomedullary echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in both kidneys. Pinpoint hyperechoic cortical foci, which may indicate pinpoint areas of microfibrosis, mineralization or microinfarction. The left kidney measured 7.8 cm in length. The right kidney measured 8.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. Pinpoint hyperechoic foci were present, which may indicate pinpoint areas of dystrophic mineral- this is likely incidental. The left adrenal gland measured 0.38 cm width in the cranial pole and 0.66 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the cranial pole and 0.49 cm width in the caudal pole. No evidence of adrenal tumors or significant hyperplasia.

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

The liver was mildly enlarged with maintained symmetrical capsule contour and generalized nonuniform to mild mixed echogenic hepatic parenchyma, exhibiting moderate coarse echotexture. A solitary nondisruptive, well demarcated, uniform hyperechoic intraparenchymal nodule was present, measuring 0.7 cm in diameter.

INTERPRETED BY

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 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Chase VC

REFERRING VET

Hallie Lipinski, DVM

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The gallbladder was non distended in size with mild nondependent yet non-congealed nonmineralized gallbladder debris, primarily in the caudal lumen and the area of the gallbladder neck. The cystic duct and common bile ducts were normal without evidence of dilation.

SPECIES

Canine

Gastrointestinal

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. The gastric body wall measured 0.25 cm.

BREED

Labrador Retriever

The small intestine exhibited intact wall layering with generalized propensity for prominent to hypoechoic mucosa. Intermittent non-specific hyperechoic mucosal speckling to minor striations were present. The jejunum wall measured 0.40 cm. The duodenum wall measured 0.60 cm. No evidence of loss of small intestinal wall layering or intestinal masses.

SEX

Spayed Female

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

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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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy, exhibiting parenchymal remodeling and focal, likely benign, intraparenchymal nodule- metabolic/vacuolar/reactive hepatopathy, inflammatory/immune mediated disease, hematopoiesis, probable focal nodular hyperplasia or small lipogranuloma or other hepatopathy possible. Neoplastic criteria considered unlikely.
- Mild gallbladder debris (non-mucocele)
- Chronic renal changes with minor pyelectasia
- Minor pancreatic remodeling- age-related pancreatic changes suspected. Minor potential for low-grade to chronic pancreatitis, which may present essentially normal, is possible.
- Possible nonspecific enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Given the patients weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate +/- three-view chest radiographs to rule out occult thoracic pathology as a contributing factor to the patients weight loss is warranted. Assuming normal clotting status, screening hepatic FNA, for cytology, primarily to assess for evidence of inflammatory cells could be considered. Empirically, hepatosupportive medications, including Denamarin and ursodiol may prove beneficial.

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The left and right 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.

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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



PATIENT Dietary indiscretion/intolerance

Kebor Hunt Pancreatitis

Hyperthyroidism/hypothyroidism

SPECIES Exogenous steroids (including topical eye meds)

Canine Cushing's

BREED Acromegaly

Labrador Retriever 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/>.

11 Years

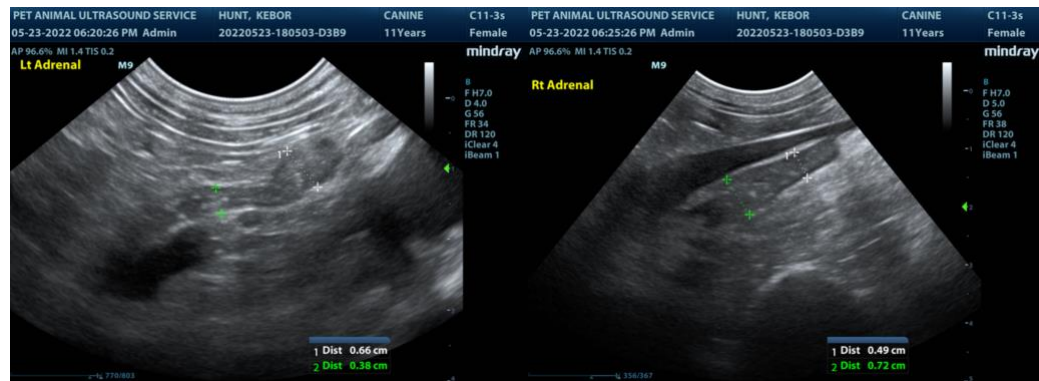
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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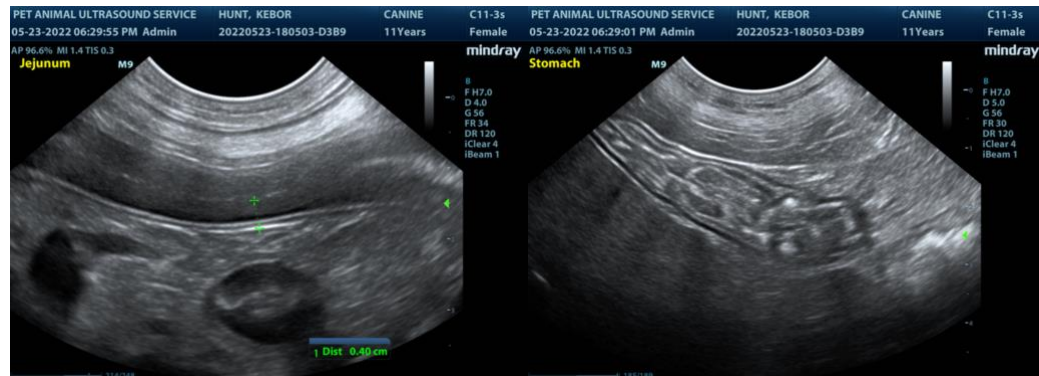


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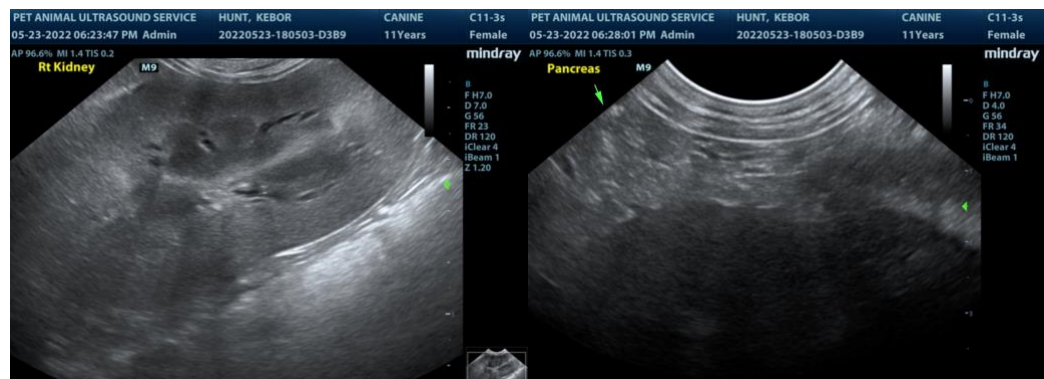
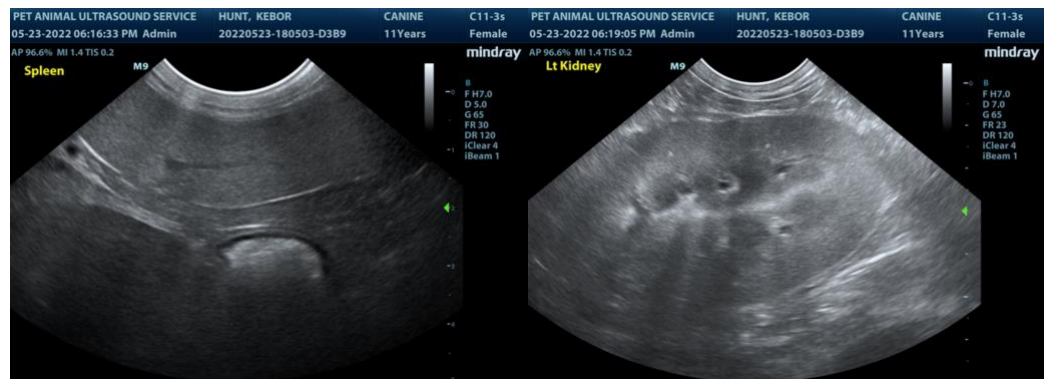
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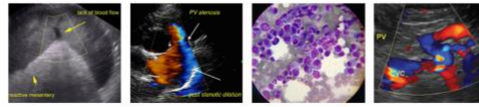
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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