



PATIENT

Ernie Hubbs

SPECIES

Canine

BREED

Morkie

SEX

MN

AGE

14yr

WEIGHT

5.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Wendy Turner

HOSPITAL NAME

Pennsauken Animal
Hospital and Urgent
Care

REFERRING VET

Wendy Turner

INVOICE

14184ag

DATE

06/23/2023

PRESENTING CLINICAL SIGNS

Hx IDDM diagnosed 4/2023 with demonstrable resistance. Currently on 3U Vetsulin BID. 4U results in hypoglycemia with Somogyi, 2U does not lower BG beyond 450mg/dl. Clinical signs were initially much better on 3U but pet is recently PU/PD, not as energetic as he was after starting insulin.

Abnormal PE/Chem/CBC/UA Results: PE reveals mild but steady weight loss, stage 3 pddz, hepatomegaly, mild generalized muscle atrophy (most remarkable at hind limbs). BW attached. ALP 1800 (5-131), ALT 150 (10-100), glucose 703 mg/dl, K+ 5.7 mEq/L, cholesterol 492 mg/dL (92-324), precision PSL 402 (24-140), plts 961 (150-400), fructosamine 552 umol/L.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral cortical cysts and pinpoint medullary mineral was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

Left adrenal gland symmetrical enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.70 cm width at the caudal pole and 2.0 cm length.

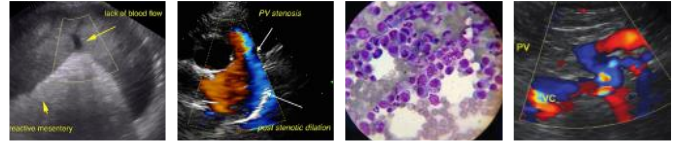
The right adrenal gland was indistinctly defined yet irregularly enlarged with asymmetrical contour and mixed echogenic parenchyma. Soft tissue echo noted within the caudal vena cava adjacent to the right adrenal gland measuring ~ 1.2 cm in diameter was present. uniform in size and contour with a uniformly hypoechoic parenchyma. The overall right adrenal gland measured ~ 3.4 cm length x 1.7 cm width.

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/Gallbladder

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 moderate coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal vascular volume. Ne hepatic masses or nodules. A solitary mid intraparenchymal cyst was present. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

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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.

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- Moderate chronic renal changes.
- Diabetic hepatopathy pattern with small intraparenchymal cyst-subjectively benign.
- Normal gallbladder.
- Mild left adrenomegaly.
- Ill defined yet irregularly enlarged non-homogenous right adrenomegaly with suspect vascular invasion, strongly suspect neoplastic criteria.
- Unremarkable GI tract with gastric ingesta.
- Heterogenous pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

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A full urinary workup including UA, C/S and baseline UPC level if evidence of proteinuria is suggested. Adrenal work up with ACTH stim is warranted. No evidence of significant/active pancreatitis although chronic pancreatitis is suspected. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal disease and for further assessment of the pancreas. Abdominal CT for further assessment of the right adrenal gland may be considered.

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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/>.

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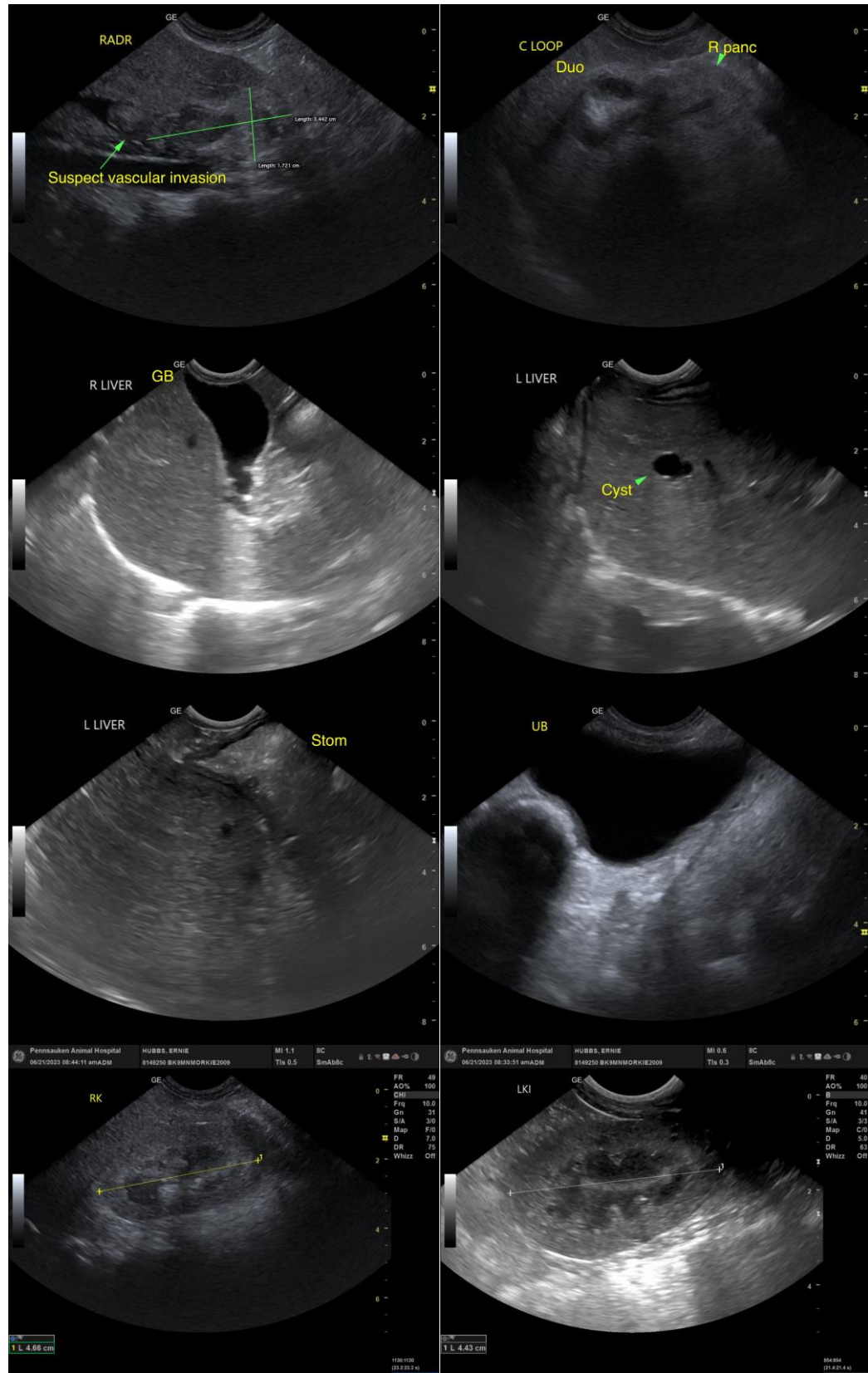
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

info@sonopath.com

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