SonoPath
Clinical Sonography & Telecytology
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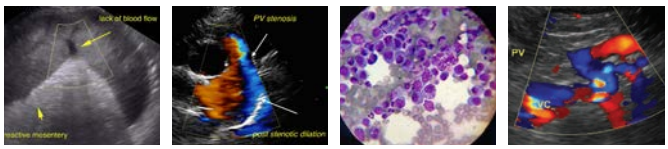


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Lassie McAnany

SPECIES
Canine

BREED
Dachshund X

SEX
Neutered Male

AGE
9 Years

WEIGHT
17 Pounds

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

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield Vet Services

REFERRING VET
Dr. Rodriguez

INVOICE
39987

DATE
8/1/22

PRESENTING CLINICAL SIGNS

Anorexia, Diabetic.
Abnormal PE/Chem/CBC/UA Results: Glu 375, Fru: 315, creat 0.2, ALT: 140, Alk: 1169, Glucosuria and ketonuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen. Very minor particulate, non-dependent sediment present, which may indicate minor cellular debris/protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were 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 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 right kidney measured 5.5 cm. The left kidney measured 5.4 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of adrenomegaly or adrenal tumors. The left adrenal gland measured 2.5 cm length x 0.58 cm at the caudal pole. The right adrenal gland measured 1.9 cm x 0.66 cm at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A solitary, hyperechoic, non-disruptive nodule was present throughout in the medial parenchyma, adjacent to the hilus, consistent with benign myelolipoma or potential focal medial capsule fibrosis. This is incidental. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

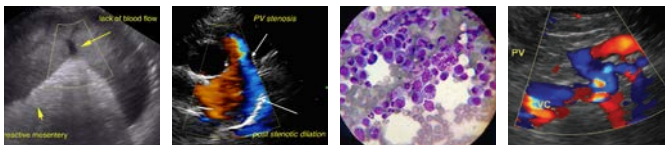
Liver

The liver exhibited generalized enlargement with symmetrical yet swollen hepatic contour. Generalized hyperechoic parenchyma noted compared to spleen and falciform fat, exhibiting moderate coarse echogenicity No hepatic masses or nodules noted. Mild dependent, mildly hyperechoic gallbladder debris present. Primarily anechoic content otherwise in the gallbladder. No evidence of gallbladder or peripheral gallbladder inflammation.

Gastrointestinal

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

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.



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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatomegaly exhibiting generalized parenchyma hyperechogenicity – consistent with metabolic/reactive/vacuolar (diabetic) hepatopathy.
- Mild gallbladder debris (non-mucocele)
- Overtly normal pancreas – no evidence of active pancreatitis. Potential for low-grade pancreatitis, which may present sonographically normal.
- Minor particular urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract with minor gastric ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade pancreatitis could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec CPL is suggested. Hospitalization with treatment for diabetic ketoacidosis likely indicated. Hepatosupportive medications may prove beneficial.

Potential Causes of Diabetic Dysregulation

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

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

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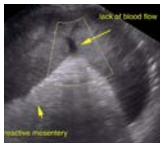
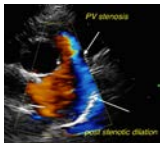
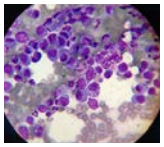
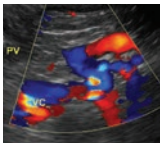

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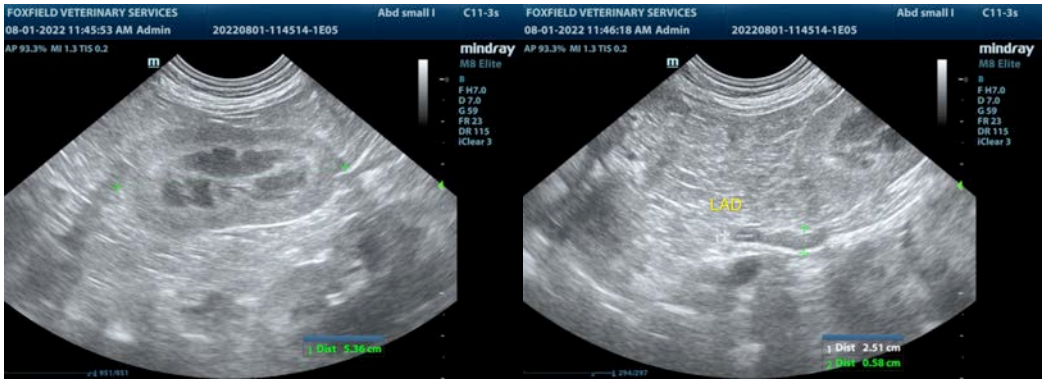

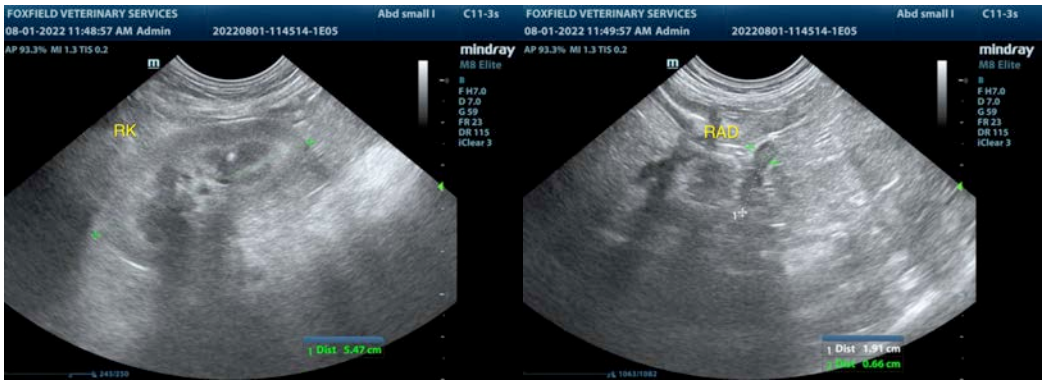

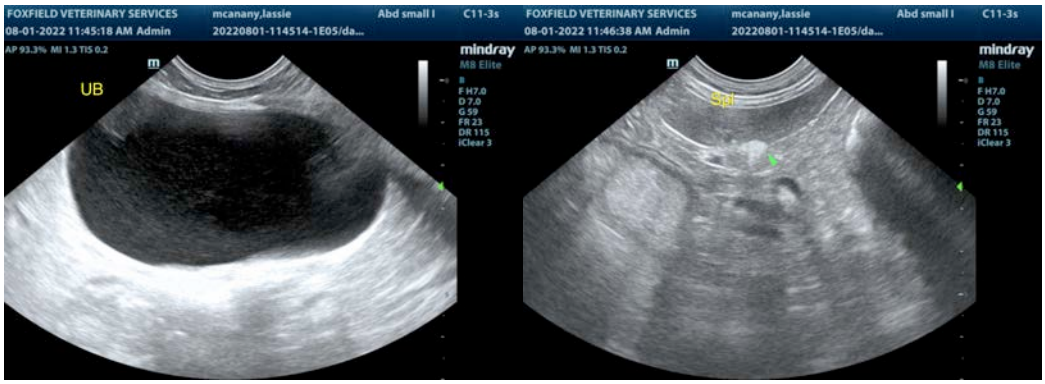

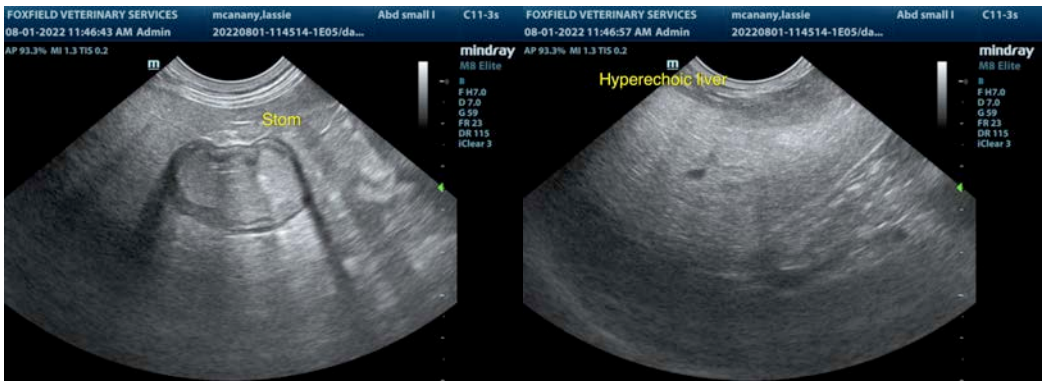

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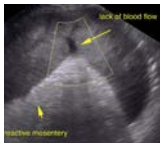
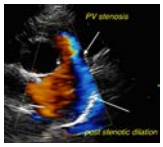
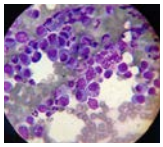
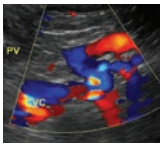

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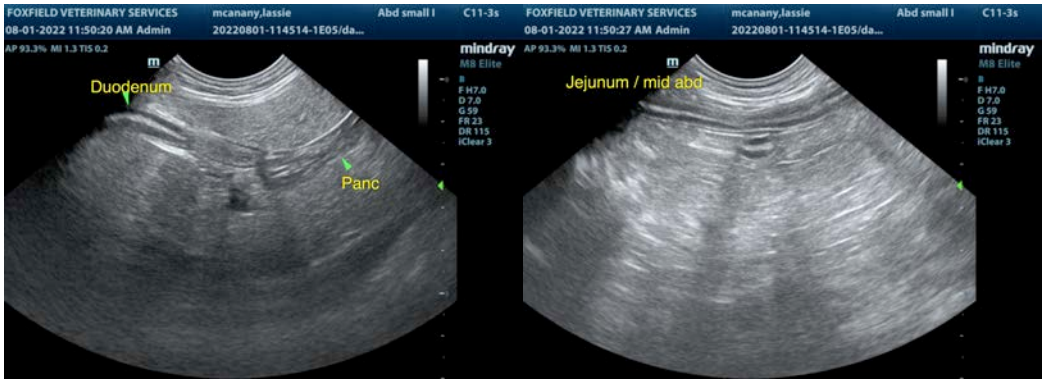

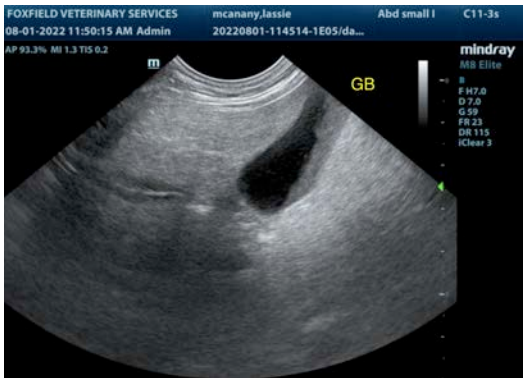

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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