


PATIENT PRESENTING CLINICAL SIGNS

Teddy Stockbridge History: DKA, severe diarrhea.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Poodle Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN *Urinary System*

Age Full urinary bladder with a normal thickness and appearance of the wall containing normal anechoic urine. Small uroliths/dependent hyperechogenic sediment present (0.1 cm).

8 years

Normal trigone area, proximal urethra (0.3 cm), and iliac blood vessels.

WEIGHT Normal iliac lymph nodes (0.8 cm). Ureters not visualized.

12 #

Normal renal size (left 4.6 cm, right 4.8 cm) echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

INTERPRETED BY *Reproductive System*

Small hypoechogenic prostate (0.7 cm).

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Adrenal Glands

Normal position with hypoechogenic appearance, rounded shape, and enlarged. Left 0.72/0.77 cm, right 0.72 cm.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME *Spleen*

Normal size and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipomas.

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REFERRING VET *Liver*

Dr Caja

Normal size with a diffuse hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing moderate amount of hyperechogenic adhered and non-adhered sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.2 cm).

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PATIENT
Gastrointestinal

Teddy Stockbridge

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.39 cm, duodenum 0.39 cm, jejunum 0.36, colon 0.17 cm) and peristaltic activity, and no distension of the lumen. Large amount of ingesta within the stomach.

SPECIES

Canine

Pancreas
BREED

Poodle

Normal size (right 0.6 cm) and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Age

8 years

Free Abdomen

Mesenteric lymphadenomegaly (0.7 x 3.4 cm) with hypoechogenic appearance and normal shape. No ascites.

Diffuse hyperechogenic appearance of the mesentery.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Bilateral adrenomegaly.
- Mesenteric inflammation.
- Lymphadenomegaly.

WEIGHT

12 #

Secondary Findings:

- Gall bladder sediment.
- Uroliths.

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HOSPITAL NAME

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 Emergency

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy would be secondary to the diabetes with reactive, vacuolar, hepatitis, and infiltrative neoplasia, differential diagnoses.

Etiologies for the adrenomegaly would be disease stress and pituitary-dependent Cushing's disease.

Although the mesenteric inflammation and lymphadenomegaly may be associated with the diarrhea (acute enteritis), lymphadenitis and peritonitis need to be considered.

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Although the gall bladder sediment is most likely an incidental finding, monitoring for the development of a mucocele is recommended.

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Initial further assessment would be urine and fecal analyses and FNA cytology of the lymph nodes, liver, and mesentery. Once stabilized, adrenal function testing (ACTH stimulation/LDDS test) should be considered.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management would be fluid therapy, correction of electrolyte anomalies as needed, insulin therapy, ursodiol, intestinal diet, anti-emetics, and enteric binders/absorbents.



PATIENT

Teddy Stockbridge

SPECIES

Canine

BREED

Poodle

SEX

MN

Age

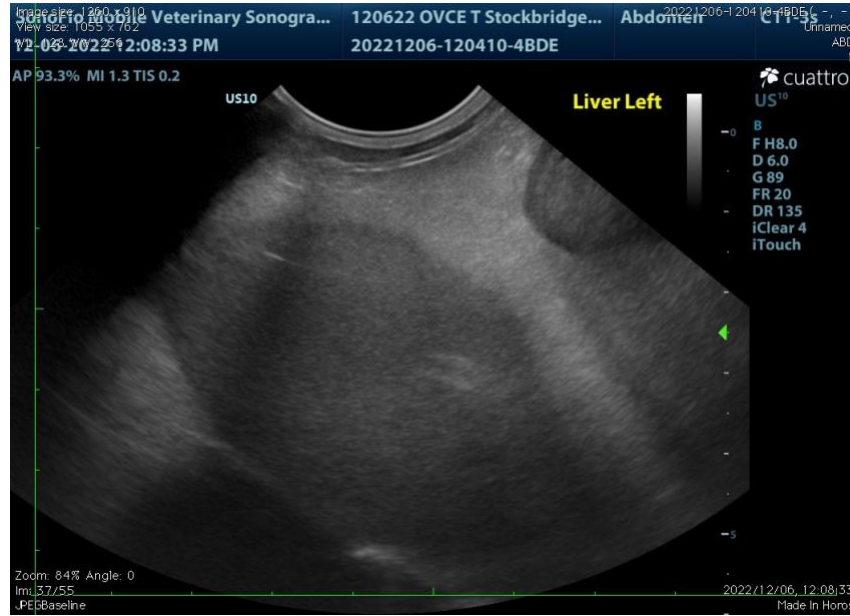
8 years

WEIGHT

12 #

IMAGES

Liver



INTERPRETED BY

Mesenteric lymph node/mesentery

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HOSPITAL NAME

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PATIENT

Urinary bladder

Teddy Stockbridge

SPECIES

Canine

BREED

Poodle

SEX

MN

Age

8 years

WEIGHT

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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.

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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