**PATIENT**

Thor Wakefield

SPECIES

Canine

BREED

Chow Mix

SEX

MN

AGE

9 years

WEIGHT

32.4 #

INTERPRETED BYRemo Lobetti, BVSc,
MMedVet (Med), PhD, Dipl.
ECVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Wixom Family Pet Practice

INVOICE

302995

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: Diabetes mellitus, diabetic cataracts, severe phacolytic uveitis with secondary glaucoma and keratoconjunctivitis sicca. On insulin and carprofen.

Physical Examination: cataracts, uveitis, scleritis, dental tartar, hepatomegaly.

Urinalysis: SG 1.029, glucosuria.

CBC: Normal.

Serum Biochemistry: Elevated ALP activity, glucose, cholesterol, PSL, and fructosamine. Low magnesium, chloride, and sodium. Negative vector-borne screen.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

Full urinary bladder with a normal thickness and appearance of the wall. Normal anechoic urine with no sediment evident. Small urolith present.

Normal trigone, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (0.6 cm). Ureters not visualized.

Normal renal size (right 5.4 cm, right 5.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal capsule. Mild bilateral pyelectasia (left 0.4 cm, right 0.2 cm).

Reproductive System

Small hypoechoic prostate (1 cm).

Adrenal Glands

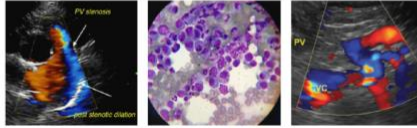
Normal shape, echogenic appearance, position, and size. Left 0.53/0.62 cm, right 0.64 cm.

Spleen

Normal size (0.8 cm) and echogenic appearance. Smooth homogenous parenchyma, regular capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Focal irregular hypoechoic parenchymal nodule (0.6 x 1 cm) in the tail of the spleen with no bulging of the overlying capsule.

Liver

Enlarged with rounded edges, increased echogenic appearance, and some loss of portal markings. No nodules or masses evident. Small gall bladder containing small amount of non-adhered hyperechoic sediment. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

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Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.51 cm) and peristaltic activity, and no distension of the lumen. Ingesta within the stomach.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes (0.8 cm).
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Hepatopathy.
- Splenic nodule.

Secondary Findings:

- Age-related renal changes.
- Urolith.
- Gall bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the splenic nodule would incidental finding, hematoma, granuloma, abscess, and neoplasia.

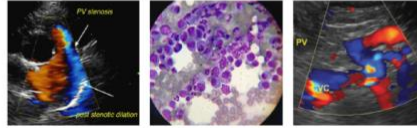
With the blood work (elevated ALP activity, glucose, cholesterol, and fructosamine; and low magnesium, chloride, and sodium), it would appear that this is poorly controlled diabetic with possible etiologies being incorrect dose of insulin, poor response to the current insulin, inappropriate storage and administration of the insulin by the owner, and insulin resistance – chronic infection, Cushing's disease, hypothyroidism. Although the PSL is elevated the pancreas appears ultrasonographically normal.

Further assessment would be FNA cytology of the liver and splenic nodule and a glucose curve. Screening for Cushing's disease and hypothyroidism should be considered if the other etiologies have been excluded.

Specific therapy would be dependent on an etiological diagnosis.

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IMAGES

Urinary bladder

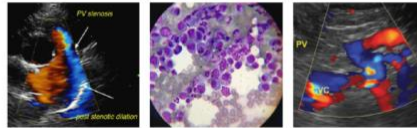


Left kidney



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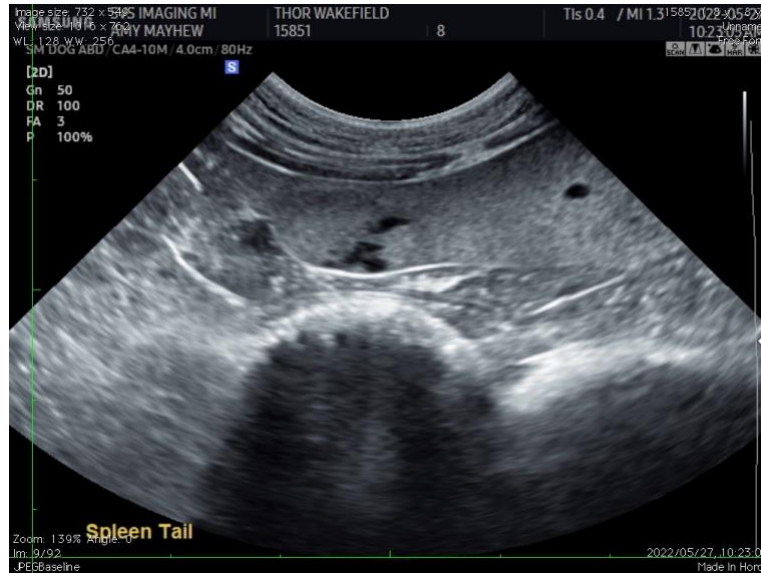
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Spleen



Liver



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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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
rlobetti@mweb.co.za