



## PATIENT PRESENTING CLINICAL SIGNS

**Kona Halvorson** History: Diagnosed with diabetes at the end of March, has history of chronic pancreatitis. Presented today for 1–2-day history of lethargy, inappetence, ADR. Goal of AUS is to r/o neoplasia as cause of DKA/chronic pancreatitis.

## SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC: Lymphocytes 0.71 (L) CHEM: Glucose 381 (H), ALT 181 (H), ALP 468 (H), Cholesterol 478 (H), Lipase 4514 (H) CPL: 1031 (H) EPOC: pH 7.353 (L), Na<sup>+</sup> 138 (L), Glu 514 (H) Urinalysis: USG 1.026, Glucose 300, ketones 50, WBCs <1/HPF, RBCs <1/HPF, bacteria suspect presence (confirmation kit negative) Urine culture: pending

## BREED

Border Collie

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Neutered Male

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

### AGE

10

The region of the prostate is not visualized due to its pelvic location.

### WEIGHT

34.1 kg

The left kidney is normal in size (7.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### INTERPRETED BY

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney is normal in size (8.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

### Adrenal Glands

No images provided.

### IMAGING PERFORMED BY

Mallory Manes

### Spleen

The spleen is normal in size (1.82 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

### HOSPITAL NAME

Wilvet South

### Liver

The liver is prominent-in-size with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

### REFERRING VET

Mallory Manes

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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### Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### DATE

4-26-26



**PATIENT** *Pancreas*

Kona Halvorson

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

**SPECIES**

Canine

*Lymph Nodes*

The abdominal lymph nodes are normal/not visible.

**BREED**

Border Collie

*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered Male

- The hepatic changes are most consistent with a diabetic hepatopathy. Other considerations include inflammatory disease, infiltrative neoplasia (less likely), and/or other hepatopathy.

**AGE**

10

- Gallbladder debris, non-mucocele

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

**WEIGHT**

34.1 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
Medicine)

- Supportive care for diabetic ketoacidosis is recommended.
- Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

**IMAGING PERFORMED BY**

Mallory Manes

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

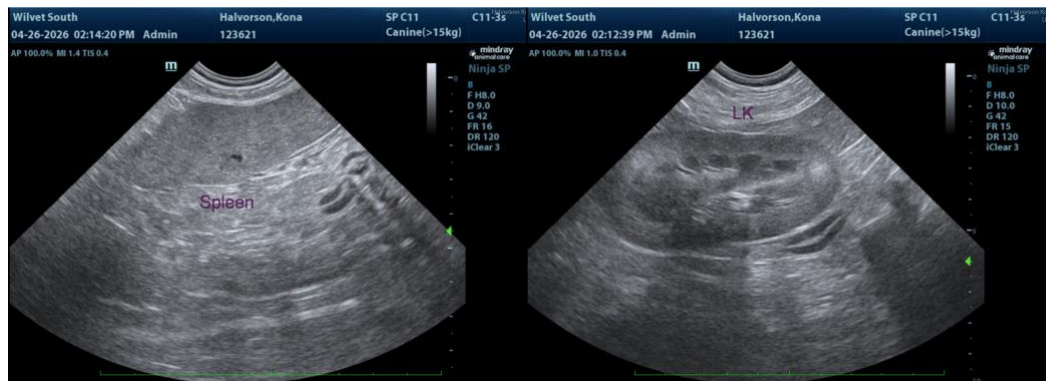
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**DATE**

4-26-26





**PATIENT**

Kona Halvorson

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

Neutered Male

**AGE**

10

**WEIGHT**

34.1 kg

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PERFORMED BY**

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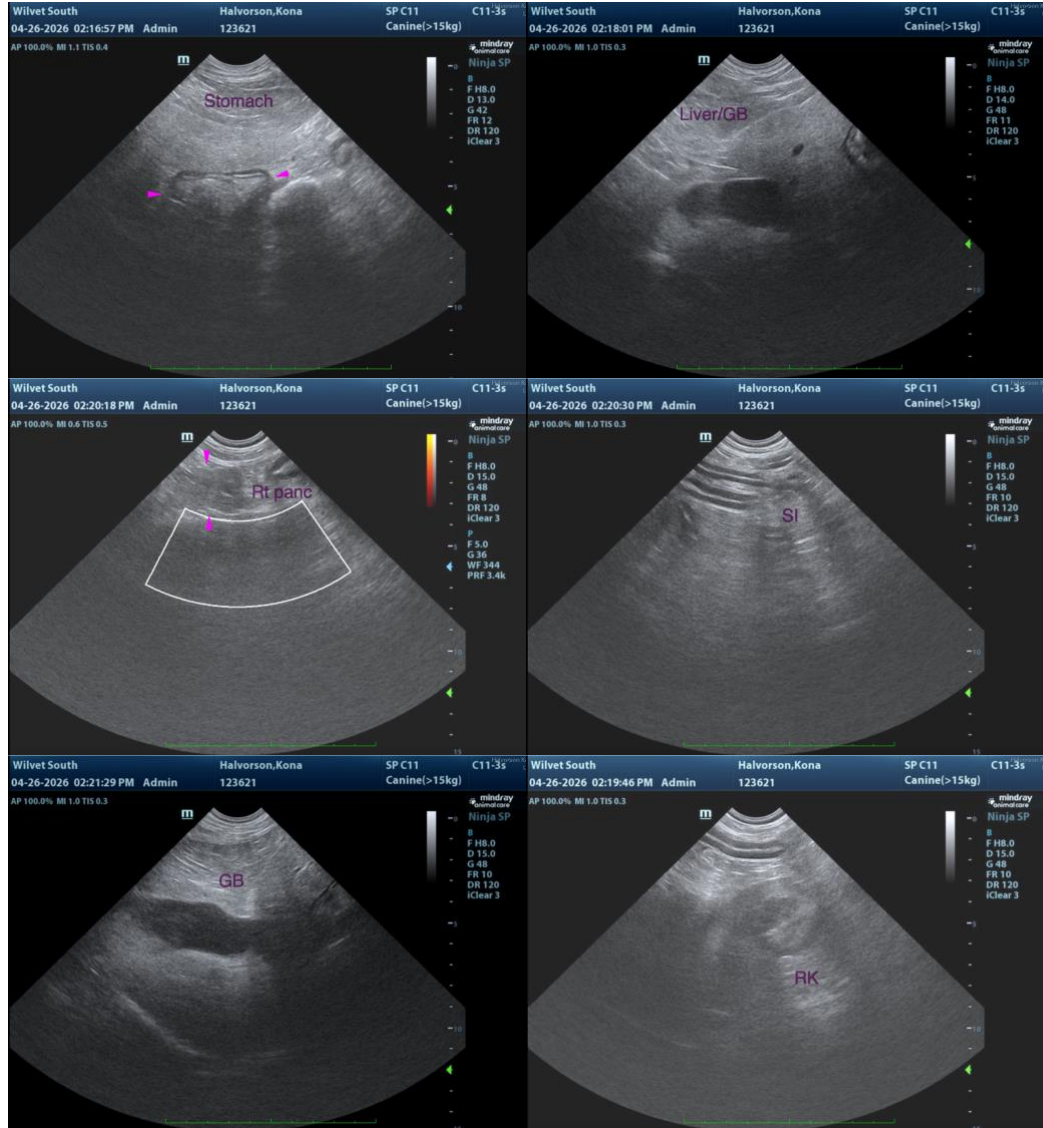
Mallory Manes

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**DATE**

4-26-26



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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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