



## PATIENT

Zeus Shen

## SPECIES

Canine

## BREED

Samoyed

## SEX

Neutered Male

## AGE

10 Years 6 Months

## WEIGHT

30 kg

## INTERPRETED BY

Eric Lindquist, DMV,  
DABVP(CFM), Cert.  
IVUSS

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski DVM

## HOSPITAL NAME

Apex Veterinary  
Services LTD

## REFERRING VET

Alpine 24/7 ER Doctor

## INVOICE

13507

## DATE

01/30/26

## PRESENTING CLINICAL SIGNS

- Diabetic dog (28.1 kg) hospitalized Jan 27–29, 2026 for acute lethargy and complete anorexia with severe non-ketonic hyperglycemia and marked insulin resistance. Pancreatitis strongly suspected (cPL 623 µg/L; later marked ↑ amylase/lipase) with systemic inflammation and fever. Concurrent UTI confirmed on culture. Mild non-regenerative anemia noted. Prior AFAST showed no free fluid and an incidental left liver lobe lesion

Abnormal PE/Chem/CBC/UA Results: BCS: 5/9, T: 38.9°C, P: 126, R: 30/pant, MM: pink/moist. CRT < 2sec., Hydration: Euhydrated. Initial (27/01): Severe hyperglycemia (>33 mmol/L), negative ketones; marked inflammatory leukogram; mild azotemia; elevated ALP; cPL 623 µg/L Follow-up (29/01): Azotemia resolved with IV fluids; amylase 1795 U/L, lipase 4767 U/L Latest (30/01): Persistent inflammatory leukogram; mild non-regenerative anemia (HCT 30.5%); variable glucose control with rebound hyperglycemia → ongoing insulin resistance. Urine culture: Positive for beta-hemolytic Streptococcus (UTI); currently treated with ampicillin ± enrofloxacin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized, and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The residual **prostate** measured 1.5 cm.

The **kidneys** were normal in size and contour; however, a mild hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients. The left kidney measured 5.73 cm in length. The right kidney measured 6.47 cm in length. Slight pyelectasia was noted. A cortical infarct was present in the dorsal cortex of the left kidney and appeared stable.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.65 cm width.

### Spleen

The **spleen** was heterogenous and folded upon itself caudally. Hyperechoic lipid plaques were noted.

### Liver

The **liver** presented enlarged with multifocal hyperechoic nodular changes and creating mass effects measuring up to 3.6 cm and 2.39 cm. The duodenal papilla in this patient presented with a cyst or dilation of the terminal common bile duct. Stricture of the duodenal papilla is likely yet no evidence of neoplasia. The gallbladder was overdistended with suspended striating independent bile consistent with emerging mucocele.



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## Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

The **pancreas** presented with mild heterogenous mixed echogenic changes, suspect low-grade inflammation yet changes were fairly minor.

## Free Abdomen

The jejunal **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 0.56 cm.

## ULTRASONOGRAPHIC FINDINGS

- Nodular hyperplasia vacuolar hepatopathy liver pattern.
- Idiopathic strictured duodenal papilla with slight ectasia of the common bile duct.
- Jejunal lymph nodes.
- Pancreatic remodeling.
- Diabetic nephropathy pattern with pyelectasia.
- Folded spleen.
- Heterogeneous pancreas,

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the general hepatic parenchyma and nodular changes are ideal for further definition. Urine culture and sensitivity is warranted to rule out underlying UTI playing a role in the clinical history. Blood pressure measurements are indicated.

## 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
- Diffuse liver disease



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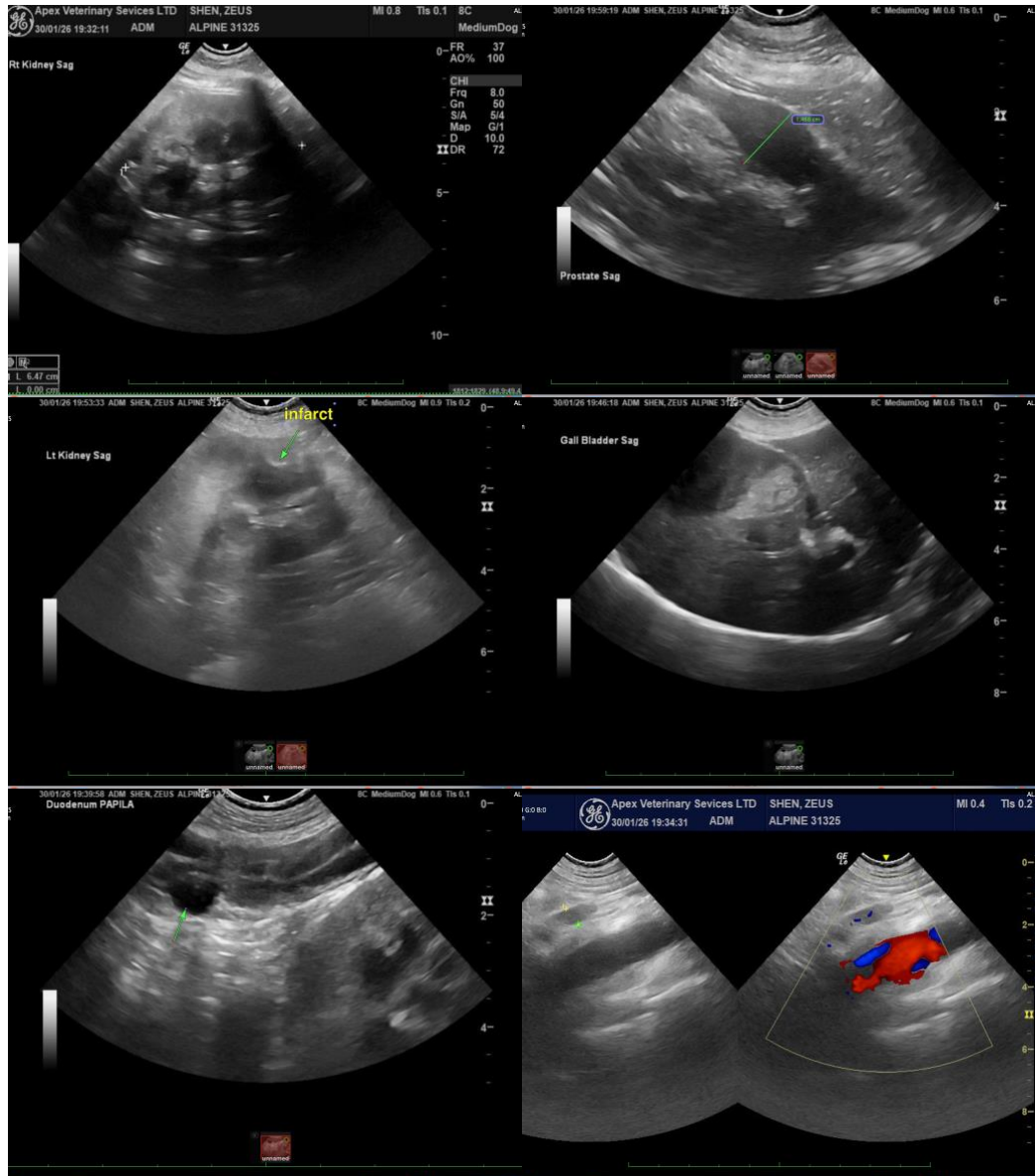
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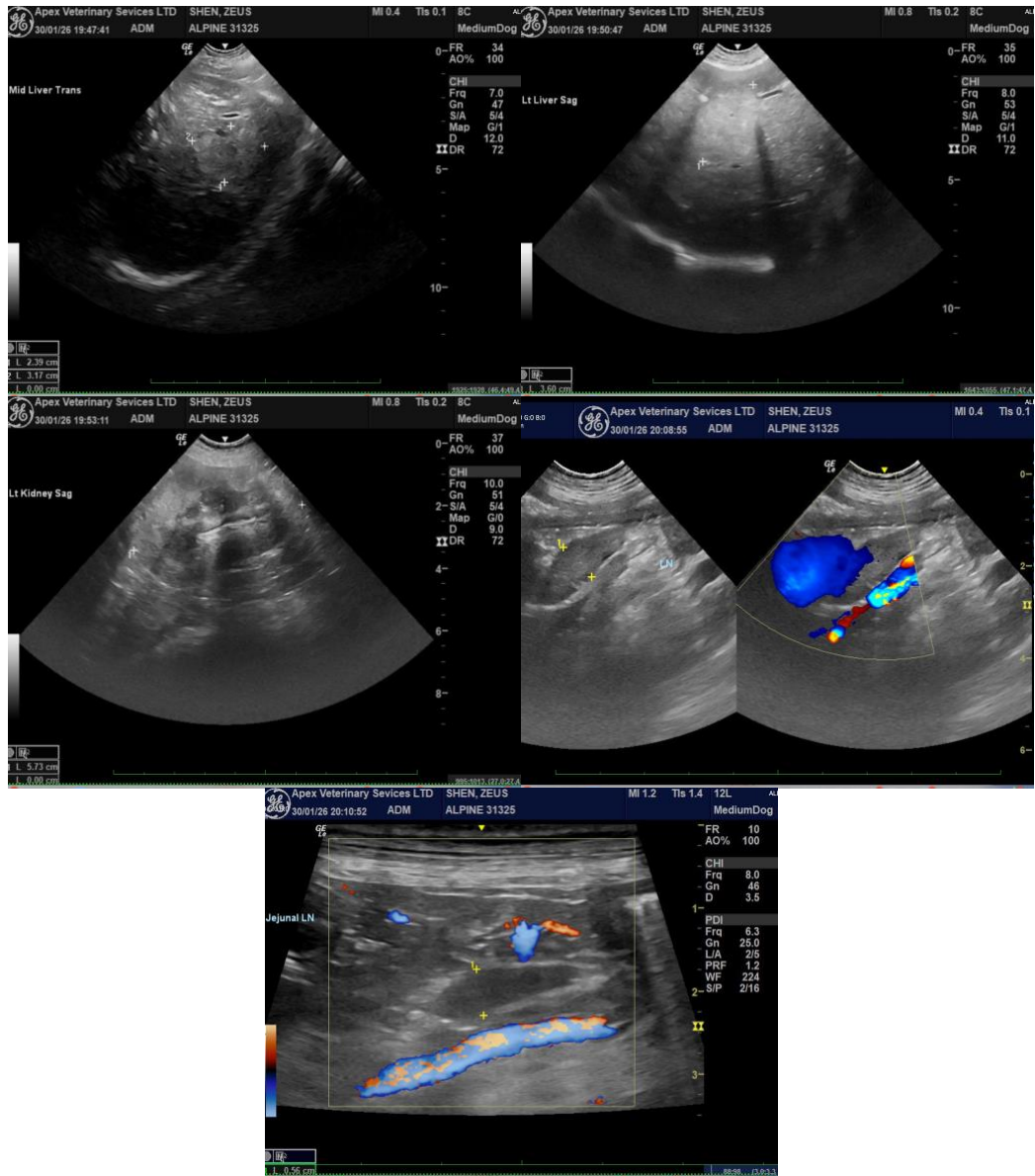
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,

CEO, Owner, Founder -- SonoPath.com

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