



PATIENT

Daisy Teitel

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

10 Years

WEIGHT

7.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Honstead

HOSPITAL NAME

AEH Volusia

REFERRING VET

Dr. Honstead

INVOICE

35644

DATE

11/25/25

PRESENTING CLINICAL SIGNS

History: Patient presented for uncontrolled diabetes, emphysematous cystitis and pancreatitis. Was diagnosed with diabetes by RDVM in early November has a Freestyle Libre in place by RDVM. Patient stopped eating yesterday and per owner was "shaking violently". Patient is currently on 4 units of Vetsulin. Negative for ketones.

Abnormal PE/Chem/CBC/UA Results: Please see attached: Radiology report, Bloodwork & RDVM records.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed gas accumulation, strong concern for emphysematous cystitis. A minor amount of sand was noted.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The right kidney measured 5.3 cm. The left kidney measured 4.77 cm. Hyperechoic medullary rim sign was noted bilaterally, consistent with diabetic nephropathy.

Adrenal Glands

The **right adrenal gland** was 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 1.04 cm at the cranial pole and 0.6 cm at the caudal pole.

The **left adrenal gland** was irregular in this patient with a "snake sign", which would suggest left phrenic vein invasion, suspected to enter into the vena cava. CT evaluation would be ideal.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** in this patient presented a moderate amount of remodeling with increased portal markings and nodular changes, consistent with diabetic hepatopathy with hepatic remodeling. Bile acid profile is warranted to assess if any early dysfunction is an issue. A minor amount of dependent gallbladder debris was noted, the gallbladder and common bile duct were unremarkable otherwise.

Gastrointestinal



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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 base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

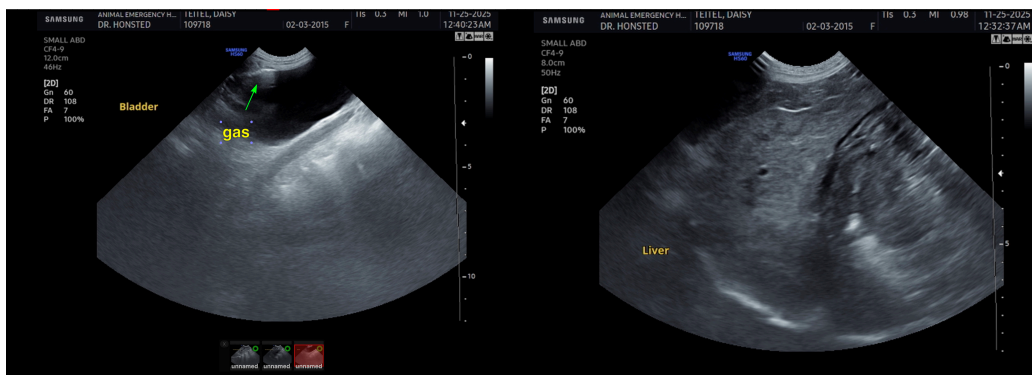
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder air accumulation, suggestive of diabetes induced emphysematous cystitis, and a slight amount of UB sand.
- Irregular left adrenal gland, suspect carcinoma or pheochromocytoma with phrenic vein invasion to confirm with further imaging +/- CT
- Nodular hyperplasia liver pattern, minor gallbladder debris
- Diabetic nephropathy with moderate degenerative changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aerobic and anaerobic cultures are indicated. Bile acid profile is indicated.

Note that 30% of Addisonian dogs are atypical and have normal sodium potassium ratios. Screening can be performed with a urine cortisol to creatinine ratio (UCCR) of less than 2.0 ug/dl is indicated as a screening for Addison's. This has near a 100% negative predictive value. UCCR less than 1.4 ug/dl is 100% sensitive and 97 % specific for Addison's. If the UCCR is greater than 2.0 ug/dl and Addisonian signs are present, then disease induced adrenal burnout may be the case. UCCR measures a 12-hour cortisol whereas baseline cortisol is a moment in time and fluctuates. Therefore, a UCCR is more sensitive and specific than baseline cortisol. Otherwise, baseline cortisol could be utilized if > 2.0 then this is negative also for Addison's, yet less sensitive and specific. Therefore, baseline UCCR is considered the best screening test. Therefore, if UCCR is less than 2.0 then full ACTH stimulation would be recommended for the diagnosis of Addison's. This is based on Del Baldo, et.al JVIM 2022





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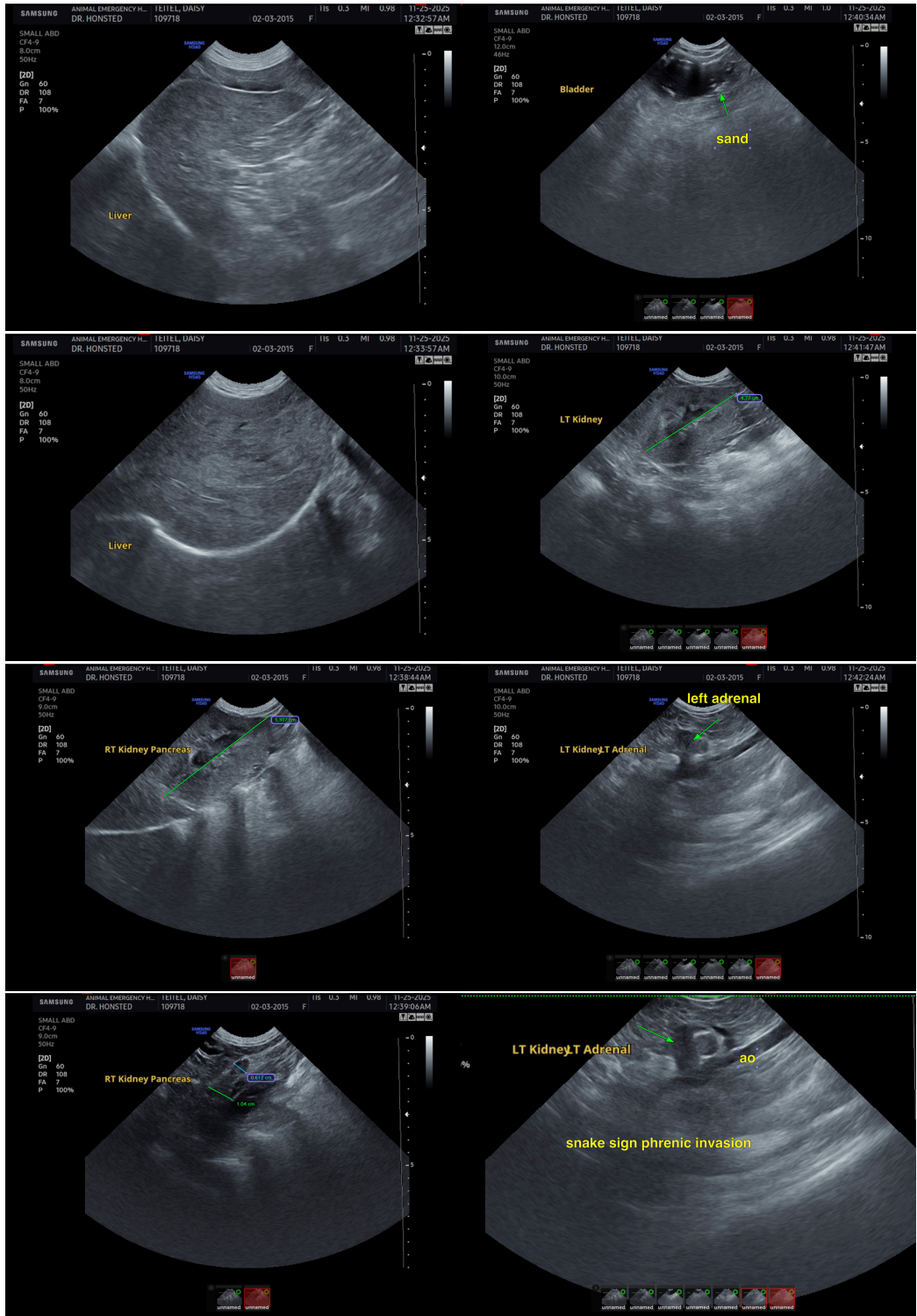
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com