



PATIENT

Scooby Brand

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

95 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

REFERRING VET

Dr. John Ammeraal

INVOICE

12538

DATE

12/03/25

PRESENTING CLINICAL SIGNS

Limited exam hx past 7 yrs., Owners noted to be overweight and having some weight loss. Noted always drinks a lot. Weaker in the hind limbs Also vomiting up fluid past 3 days. Appetite is decreased. Diagnosed diabetes this AM w Early ketoacidosis. received Cerenia last night and still spitting up fluids today. No hx of dietary indiscretion

Abnormal PE/Chem/CBC/UA Results: QAR. Pot belly appearance, Bowlegged hindlimbs BG 646 mg/dL , ALKP 531 U/L, BUN 60mg/dL crea 1.8mg/dL Phos 6.8 mg/dL CBC normal, Accuplex. Keyscreen PCR neg T4< 0.5 ug/dL UA Dipstick trace ketones.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra (to a depth of 1.0 cm) were unremarkable for the level of repletion presented. The urine, however, did present some moderately echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 9.6 cm in length. The right kidney measured 8.9 cm in length. Anechoic cysts were noted bilaterally yet not overtly pathological.

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 left adrenal gland measured 3.4 cm x 0.83 cm width at the caudal pole and 0.80 cm width at the cranial pole. The right adrenal gland measured 1.05 cm width at the cranial pole and 0.92 cm width at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented with diffusely hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable. Diffuse sound beam attenuation noted owing to metabolic hepatopathy.

Gastrointestinal

Some **gastric** stasis was noted likely owing to the diabetic state without evidence of overt obstruction. Diabetic Ketoacidotic presentation with gas, secondary gastric ileus.

Pancreas



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The **pancreas** revealed heterogenous mixed echogenic changes consistent with remodeling and some level of inflammation is likely.

ULTRASONOGRAPHIC FINDINGS

- Polycystic kidneys with diabetic nephropathy pattern.
- Urinary bladder debris.
- Remodeled pancreas.
- Gastric stasis.
- Volume contracted spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support and gradual regulation of the diabetic state is indicated. Broad spectrum antibiotics and urine culture are also warranted.

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

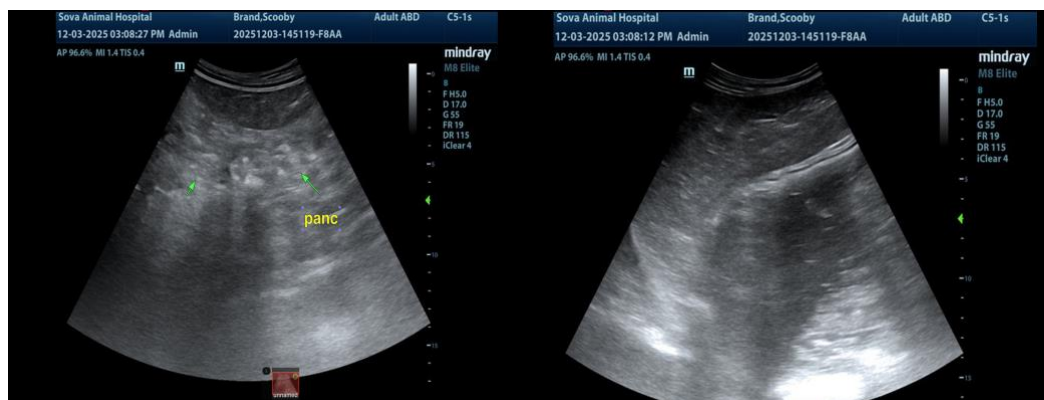
Owner compliance

Insulin quality issues

Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease





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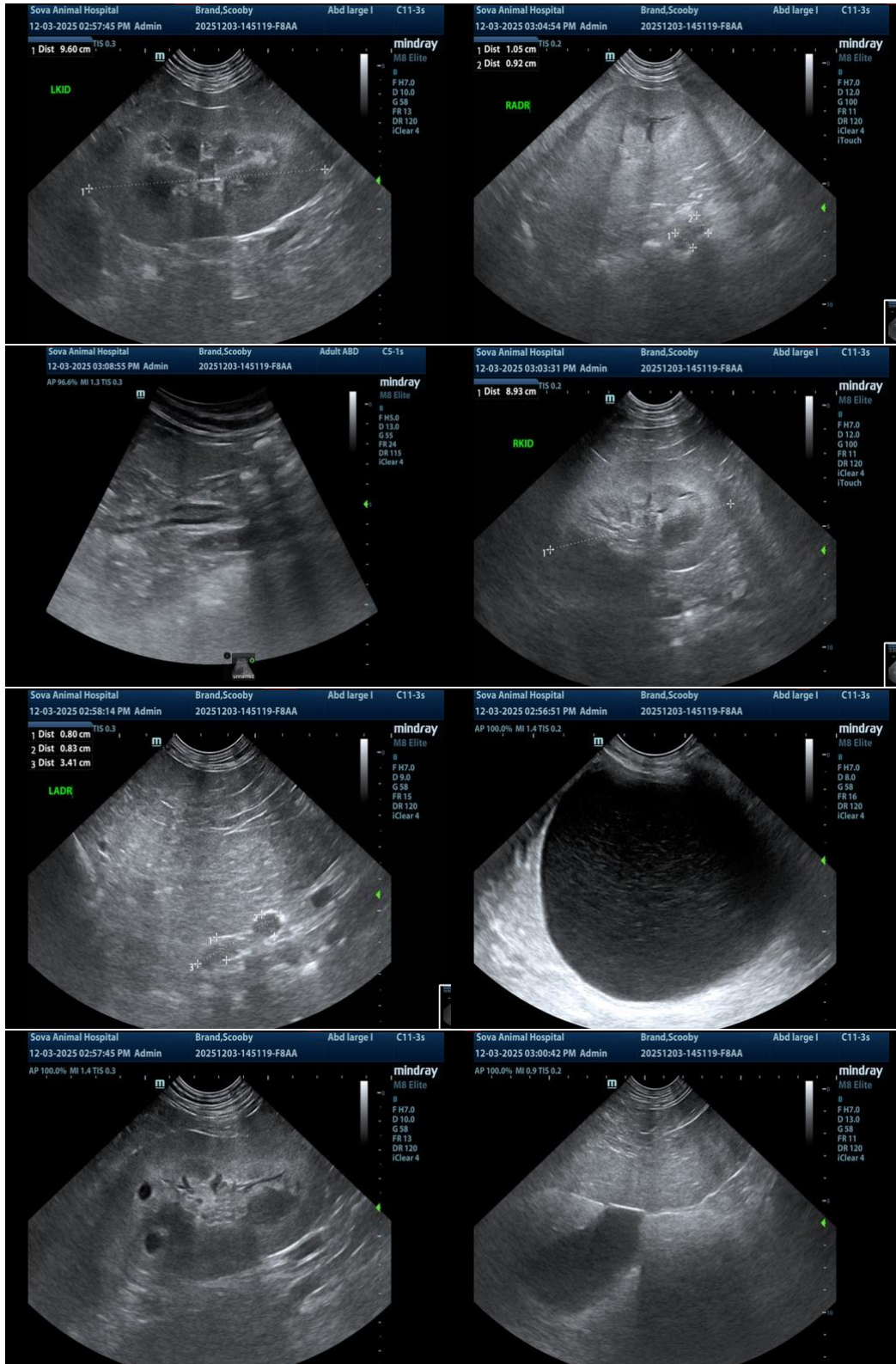
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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