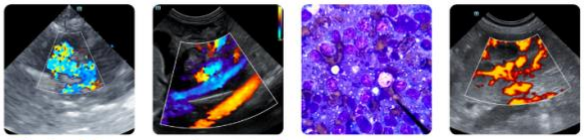


PATIENT

Mikah Ayala

SPECIES

Canine

BREED

Maltese

SEX

Spayed Female

AGE

11 Years

WEIGHT

9.4 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriel Ferrer DVM

HOSPITAL NAME

Pulse Pet Ultrasound Services

REFERRING VET

Dr. Mario Roman

INVOICE

15175

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Px came in as a referral for an abdominal ultrasound due to Hx of Diabetes Mellitus and being Dx with Pancreatitis. Px originally visited rDVM due to inappetence, vomiting, and diarrhea. Px is currently hospitalized, and bloodwork shows elevations in ALP, urinalysis was conducted and glycosuria and ketonuria. Px has not vomited since Tuesday and is still inappetent.

Abnormal PE/Chem/CBC/UA Results: rDVM record attached below for your reference

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild/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 his age patient. Medullary structure differed distinctly from that of the cortex. Nonobstructive mineralizations were present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

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 2.3 cm x 0.55 cm width at the caudal pole and 0.50 cm width at the cranial pole. The right adrenal gland measured 1.85 cm x 0.61 cm width at the caudal pole and 0.64 cm width at the cranial pole.

Spleen

The **spleen** revealed multifocal hyperechoic lipid plaques yet did not appear pathological.

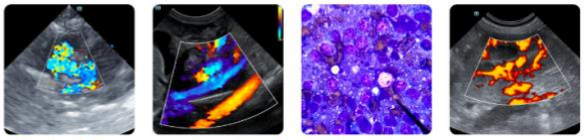
Liver

The **liver** revealed slight coarse architecture with minor increased portal markings. Minor gallbladder debris was present. The common bile duct was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an 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. Some gastric hypertrophy noted and no evidence of foreign body or neoplastic criteria.

Pancreas



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The visible **pancreas** is unremarkable, largely expected for this age and breed. No overt evidence of pancreatitis, however, cannot be ruled out.

Free Abdomen

The mesenteric **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 2.0 cm x 0.34 cm.

ULTRASONOGRAPHIC FINDINGS

- Uniform vacuolar hepatopathy pattern with minor gallbladder debris.
- Age-related renal changes with mineralizations.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for diabetic dysregulation is warranted and management for pancreatitis. Broad spectrum antibiotics, pain management, IV fluid support are all indicated. Medical management should prove effective in this patient.

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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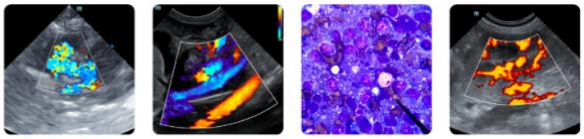

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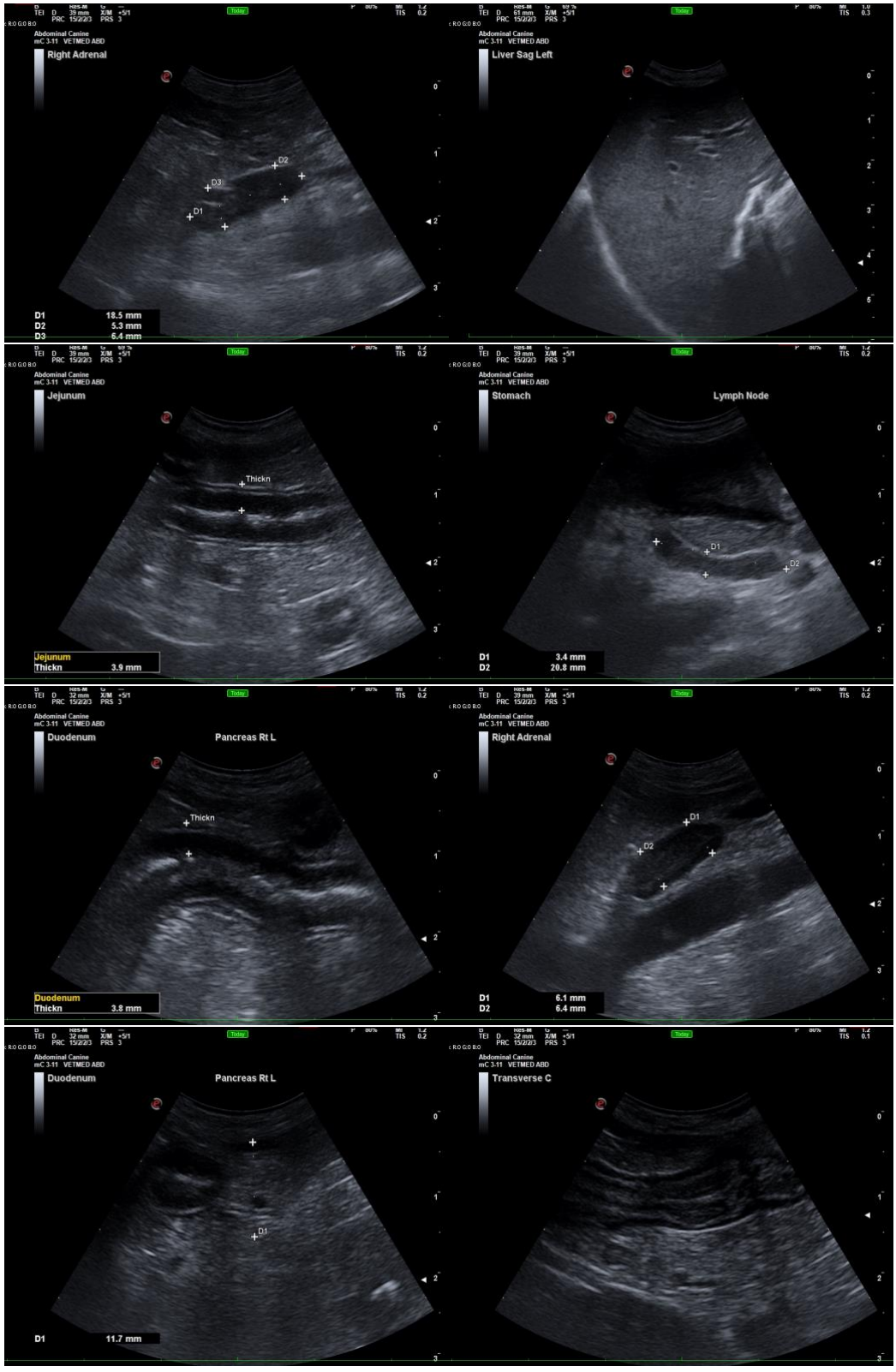

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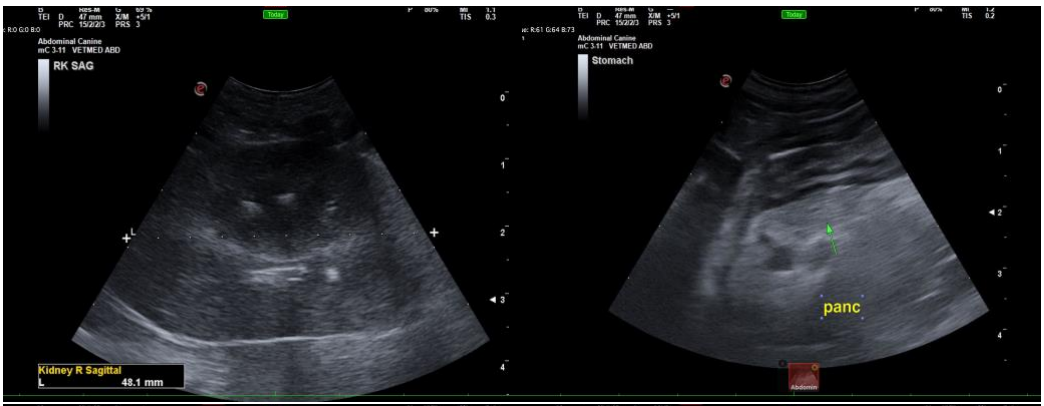

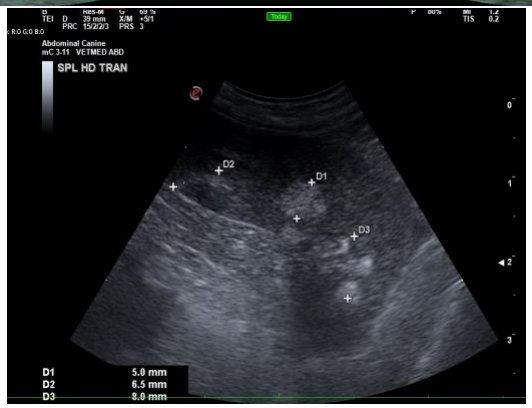

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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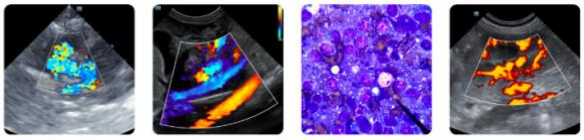

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