



PATIENT

Zeke DeVine

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

8

WEIGHT

88.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon Animal
Hospital

REFERRING VET

Dr. Linda Grau

INVOICE

16533

DATE

05/27/26

PRESENTING CLINICAL SIGNS

Vomiting, diarrhea, PU/PD

CBC WNL chem: glu 686 bun 62 alt 506 alkp 1320 urine: sg 1.030 pro 0.3 glu 56 ket 1.5

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** 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 8.2 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

Both **adrenal glands** were not visualized.

Spleen

The **spleen** presented mildly enlarged with subtle granular heterogenous parenchymal changes and mild swelling. No evidence of thrombosis or masses.

Liver

The **liver** presented diffusely hyperechoic to falciform fat with attenuating sound beam, and heterogenous nodular changes consistent with diabetic hepatopathy with potential for separative hepatitis. The gallbladder and common bile duct were unremarkable. Considerable attenuation of sound beam was noted owing to the diabetic hepatopathy.

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 hypoechoic and irregular with enhanced surrounding mesentery consistent with pancreatitis and hyperplasia. A majority of the pancreatic changes were in the right base.

ULTRASONOGRAPHIC FINDINGS

- Diabetic hepatopathy.
- Diabetic nephropathy.
- Pancreatitis pattern.



PATIENT

- Splenic enlargement.

Zeke DeVine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

FNA of the liver with cytology and culture is indicated. No overt evidence of neoplasia. Further imaging of the adrenal glands would be ideal if Cushing's is suspected. A lower-frequency probe is recommended.

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Potential Causes of Diabetic Dysregulation

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

Lab

UTI

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Dietary indiscretion/intolerance

Pancreatitis

Neutered Male

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

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Cushing's

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Acromegaly

Owner compliance

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Insulin quality issues

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Antibodies to insulin

Underlying Neoplasia

Diffuse liver disease

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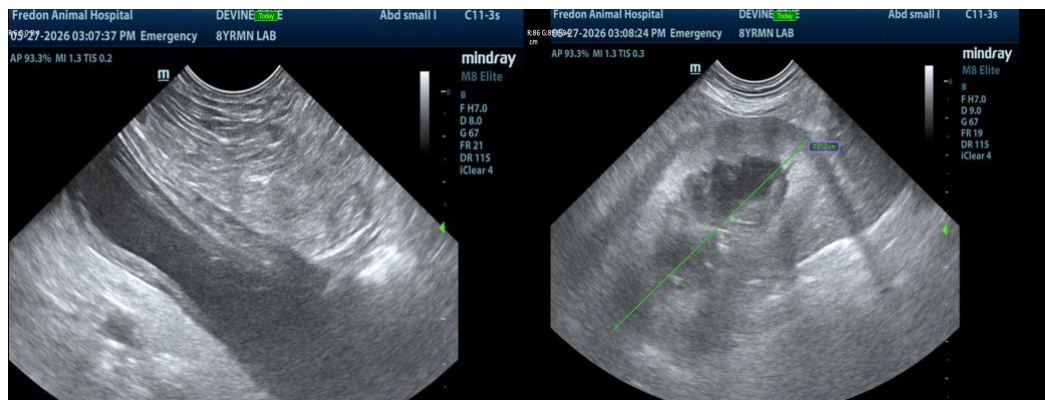
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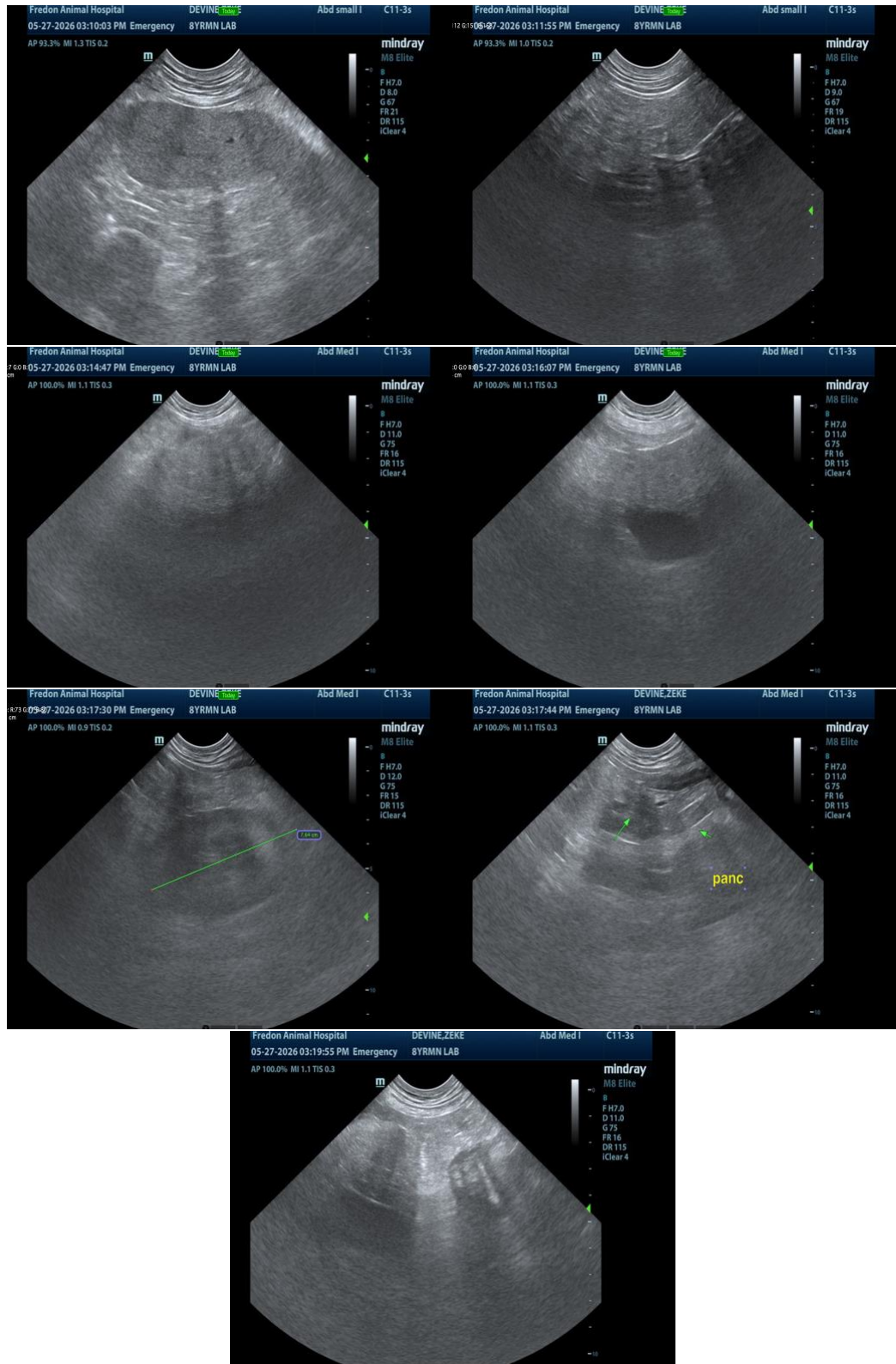
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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