



PATIENT

Bear Cluck

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Kerr

INVOICE

15940

DATE

05/08/26

PRESENTING CLINICAL SIGNS

Diagnosed as diabetic last week, appt yesterday to discuss insulin, started vomiting yesterday morning and could not keep anything down. BG was over 500 yesterday, was vomiting through the day yesterday, last vomited at 4:30pm stopped wanting to drink water overnight, does not want to eat anything overnight or this morning, was very shaky last night breathing effort seems increased, panting wandering around, restless, not sleeping hesitates at water bowl coughing or vomiting up a small amount of brown liquid this morning lost over a pound within a week 2 units of vetsulin yesterday, convenia and Cerenia injection given yesterday - thurs at 6pm at rDVM Diabetic ketoacidosis complicated by pyloric outflow obstruction and repeated bouts of vomiting causing hypochloremia, hypokalemia, and metabolic alkalosis

Abnormal PE/Chem/CBC/UA Results: Blood work from RDVM severe hyperglycemia, elevated ALT, ALP, GGT, stress leukogram Bloodwork BG 617, Ketones 0.3 (normal, most likely false based on ketones in the urine) Epoc Metabolic Alkalosis, hypokalemia, hypochloremia, and hyponatremia. Hyperglycemia Radiographs Thorax normal; Abdomen revealed hepatomegaly and likely stomach full of fluid due to likely outflow obstruction Urinalysis Ketone urea, PH 6, Bilirubinuria, SG 1.030

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 to 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. Pinpoint mineralizations were noted in the right kidney. Slight hyperechoic medullary rim sign was noted in the kidneys consistent with diabetic nephropathy. The left kidney measured 4.92 cm in length. The right kidney measured 4.85 cm in length.

Adrenal Glands

The **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 2.02 cm x 0.51 cm width at the cranial pole and 0.43 cm width at the caudal pole. The right adrenal gland measured 0.68 cm width at the cranial pole and 0.46 cm width at the caudal pole.

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.



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Liver

The **liver** presented diffusely hyperechoic to the falciform fat. The gallbladder and common bile duct were unremarkable. Attenuating sound beam was noted. Heterogenous micronodular changes were noted in the liver.

Gastrointestinal

The **stomach** was significantly dilated with fluid and enhanced periserosal mesentery. Some mucosal changes consistent with likely ulcerative disease. The upper duodenum was thickened. Duodenal spasming and envelopment by the pancreatic pathology was noted upon the duodenum.

Pancreas

The **pancreas** presented with mixed echogenic changes throughout the right base.

Free Abdomen

Slight areas of free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Diabetic nephropathy.
- Extensive pancreatitis.
- Duodenitis pattern.
- Gastric stasis.
- Slight abdominal free fluid.
- Nodular liver.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol, broad-spectrum antibiotics, pain management, plasma expanders are all indicated. Recheck sonogram in 48 hours.

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



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Antibodies to insulin

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Underlying Neoplasia

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Diffuse liver disease

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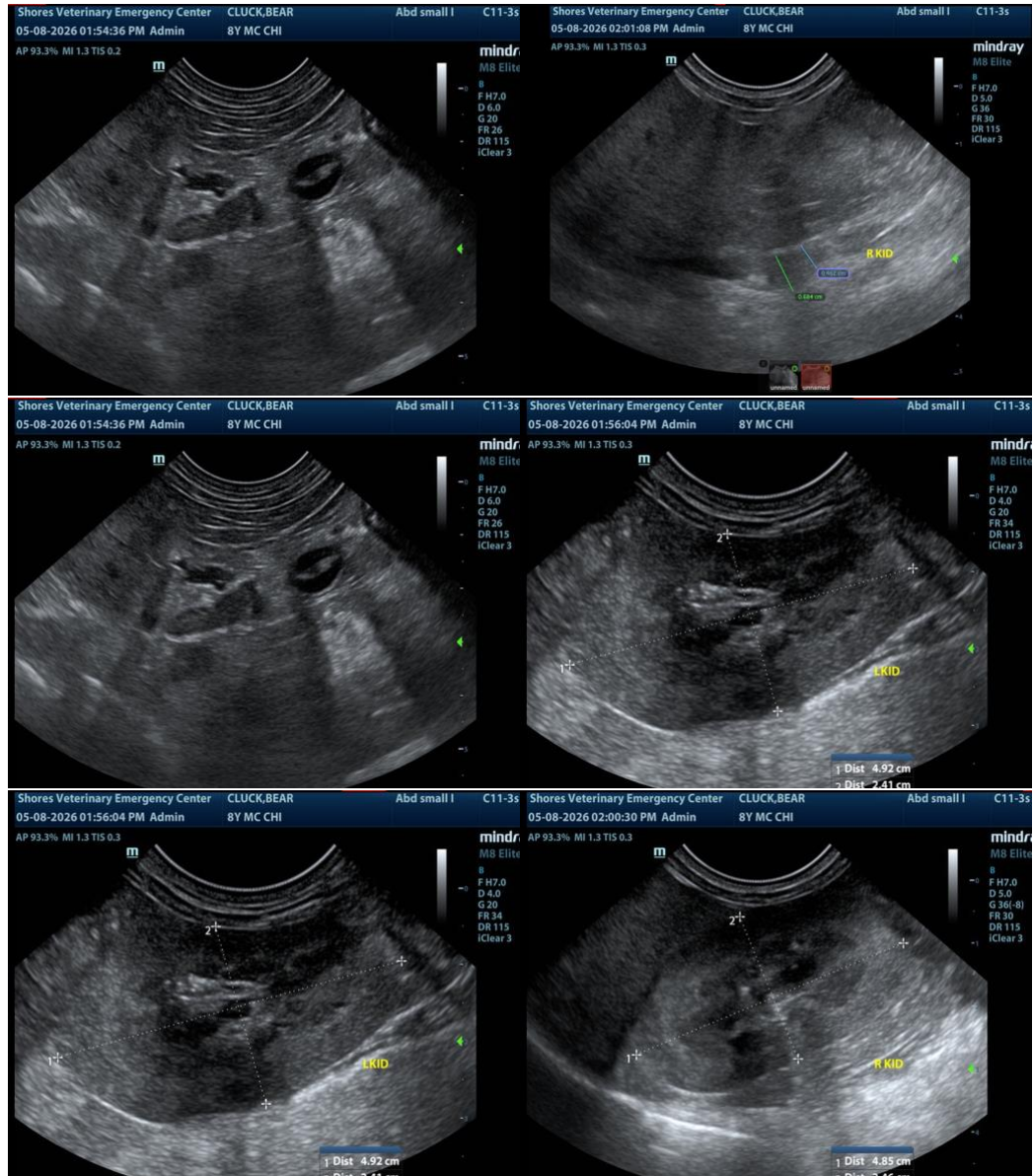
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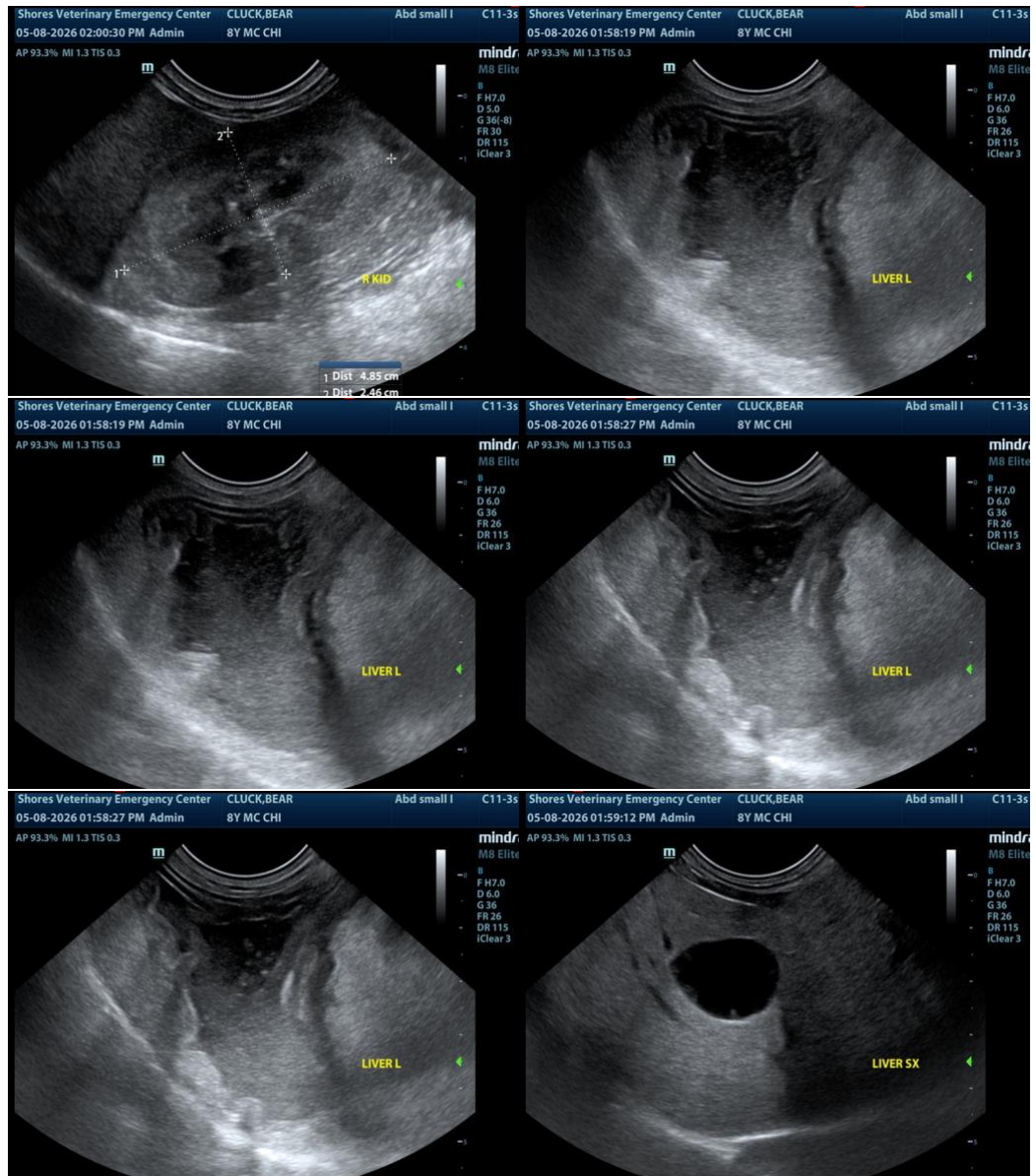
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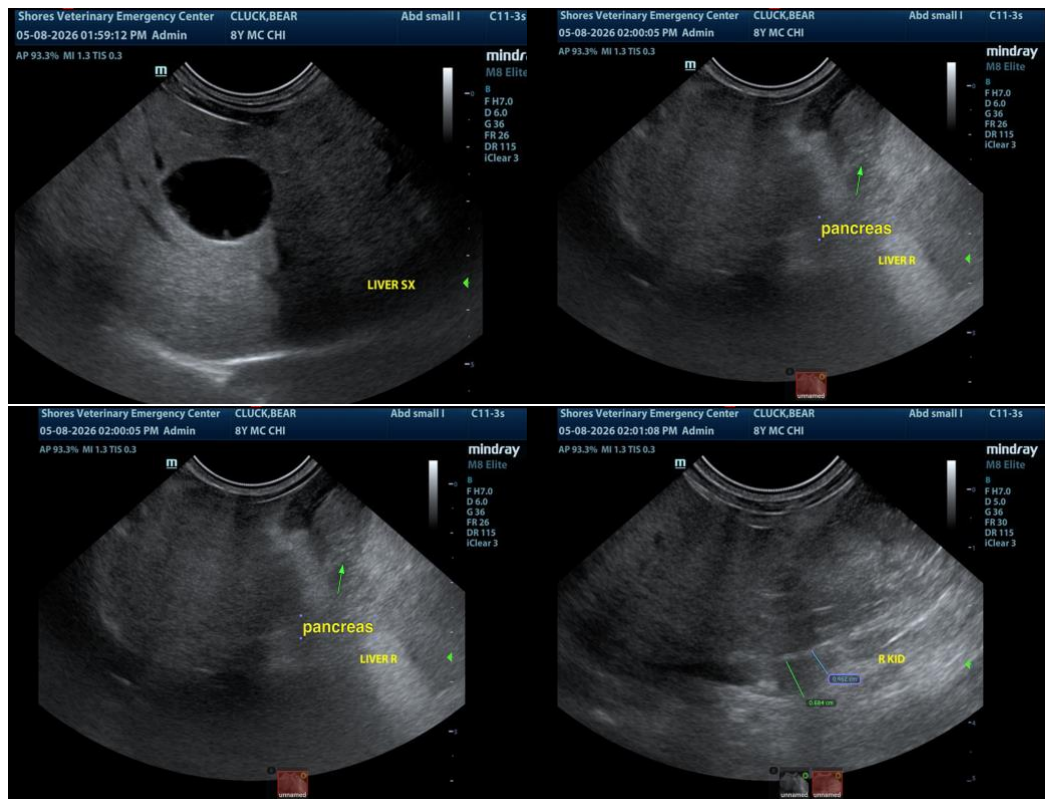
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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