



PATIENT

Kobe Franklin

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

6 Years

WEIGHT

91 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville Veterinary
Clinic

REFERRING VET

Dr. James Gilchrist

INVOICE

16322

DATE

06/03/26

PRESENTING CLINICAL SIGNS

Kobe, a 6-year-old MN Rottweiler, presented for further diagnostics today for persistent gastrointestinal signs and poor glycemic control. Kobe was diagnosed with diabetes mellitus two months ago and has lost five pounds since his diagnosis. He was seen one week ago for vomiting, at which time bloodwork and a cPLI were within normal limits. He was treated for gastroenteritis with an antiemetic and probiotics. His appetite remained poor, so an appetite stimulant was added. The owner felt the appetite stimulant was ineffective and discontinued it, after which Kobe became completely anorexic, refusing even his preferred treats. He has not eaten or received his insulin this morning. C/S/V/D: No coughing or sneezing reported. Vomiting and anorexia are the chief complaints - vomiting has subsided according to O. No diarrhea reported. E/D: Decreased appetite progressing to anorexia. Current Medications: Novolin insulin 17 units subcutaneously twice daily. Current Diet: Has been offered both a bland diet and his regular food with poor and inconsistent intake. Animal Weight: 91 lbs

Abnormal PE/Chem/CBC/UA Results: New senior lab panel (CBC, Chem, TT4, UA, Fecal, 4Dx) submitted to IDEXX today. Results pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 1.0 cm 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 normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.9 cm in length. The right kidney measured 6.5 cm in length.

Adrenal Glands

The **left adrenal gland** was subjectively flattened and subnormal in size measuring 0.32 cm width.

The **right adrenal gland** was not visualized.

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. The spleen was folded upon itself caudally.

Liver

The **liver** revealed slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

- Flattened left adrenal gland, nonvisualized right adrenal gland.
- Increased hepatic portal markings.
- Splenic folding.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the vague clinical signs, screening for Addison's is indicated. ACTH stimulation test is indicated. No evidence of visceral disease other than small adrenal glands.

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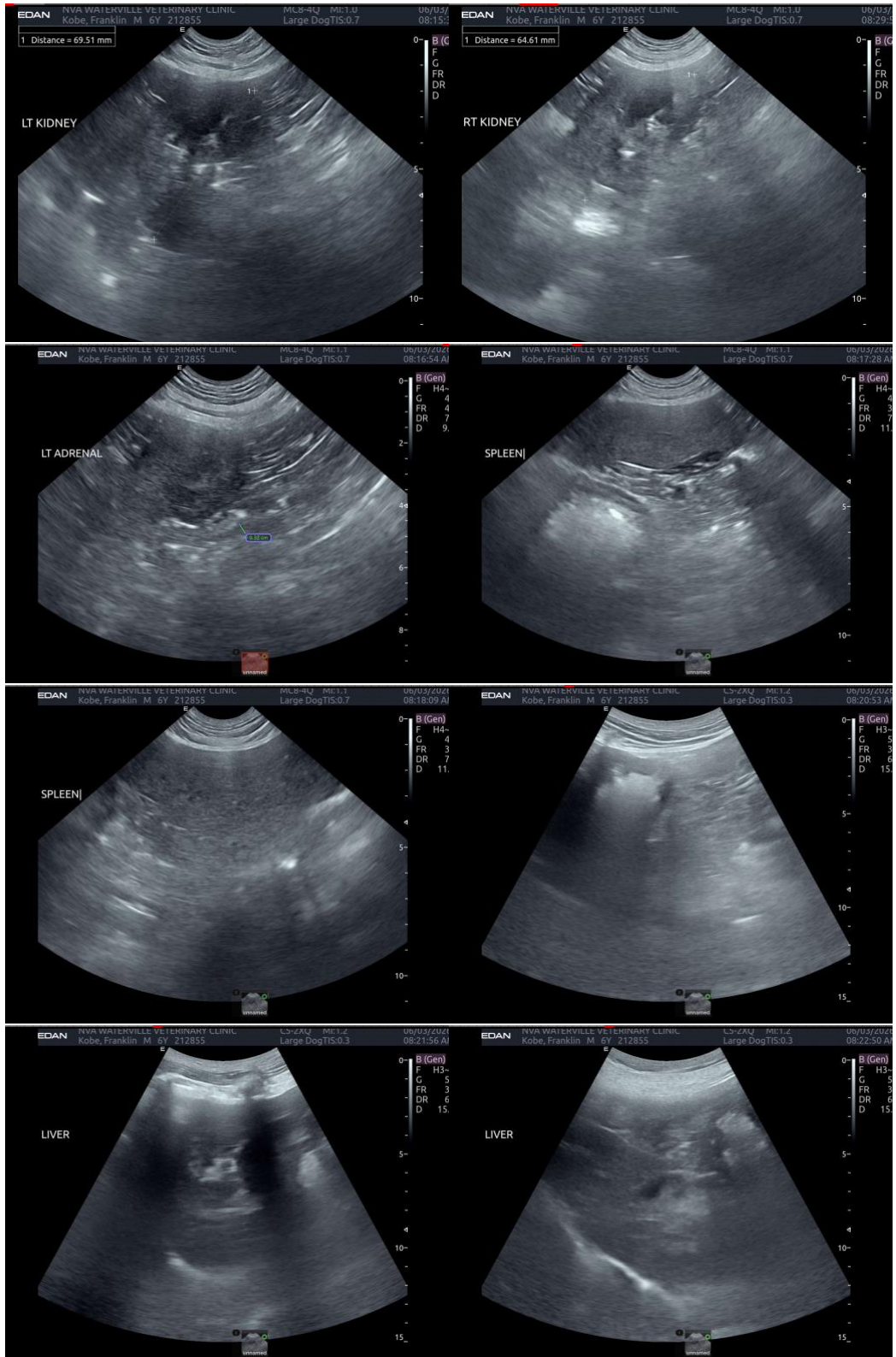
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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