



PATIENT

Hayley Spriet

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

9

WEIGHT

30

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Kahn

INVOICE

72129

DATE

1/12/26

PRESENTING CLINICAL SIGNS

DKA Hx of diabetes On Vetsulin acute onset vomiting and anorexia with fever Current meds IVF Cerenia Unasyn Metro Vetsulin Hum R PRN

Abnormal PE/Chem/CBC/UA Results: Stress leukogram decreased K increased ALT ALP Increased Glu Fruc Ketones CPL U/A Glu 1+ Ketones 2+ bacteria seen USG > 1.050

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. The urethra was normal to a depth of 3.0 cm. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Left kidney measures 6.0 cm. Right kidney measures 6.3 cm.

Adrenal Glands

The adrenal glands were enlarged in size with symmetrical contour and primarily homogeneous parenchyma. Left measured 0.96 cm at the caudal pole. Right measured 0.88 cm at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented generalized hepatomegaly with homogeneous, mildly increased hepatic parenchyma echogenicity. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach was non-distended with mild retained anechoic fluid.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

SPECIES

The pancreas was mildly prominent in size with primarily symmetrical capsule contour. Homogeneous, mildly hypoechoic parenchyma compared to adjacent non-reactive or inflamed omentum.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Corgi

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild hypomotile gastritis.
- Sonographically normal/empty small intestine.
- Suspect mild pancreatitis.
- Benign/metabolic hepatopathy pattern.
- Non-organized gallbladder debris (non-mucocele).
- Mild bilateral adrenomegaly.
- Sonographically normal kidneys, sonographically normal, mildly distended urinary bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Hospitalization with empirical therapy for diabetic ketoacidosis with concurrent supportive care suspect mild pancreatitis and gastritis is recommended with clinical monitoring. Adrenal workup with ACTH stimulation test indicated if evidence of diabetic dysregulation or clinical signs consistent with Cushing's syndrome. Urine culture and sensitivity on sterile urine sample, given glucosuria, is suggested. Sonographic reassessment indicated if continued or non-responsive clinical signs.

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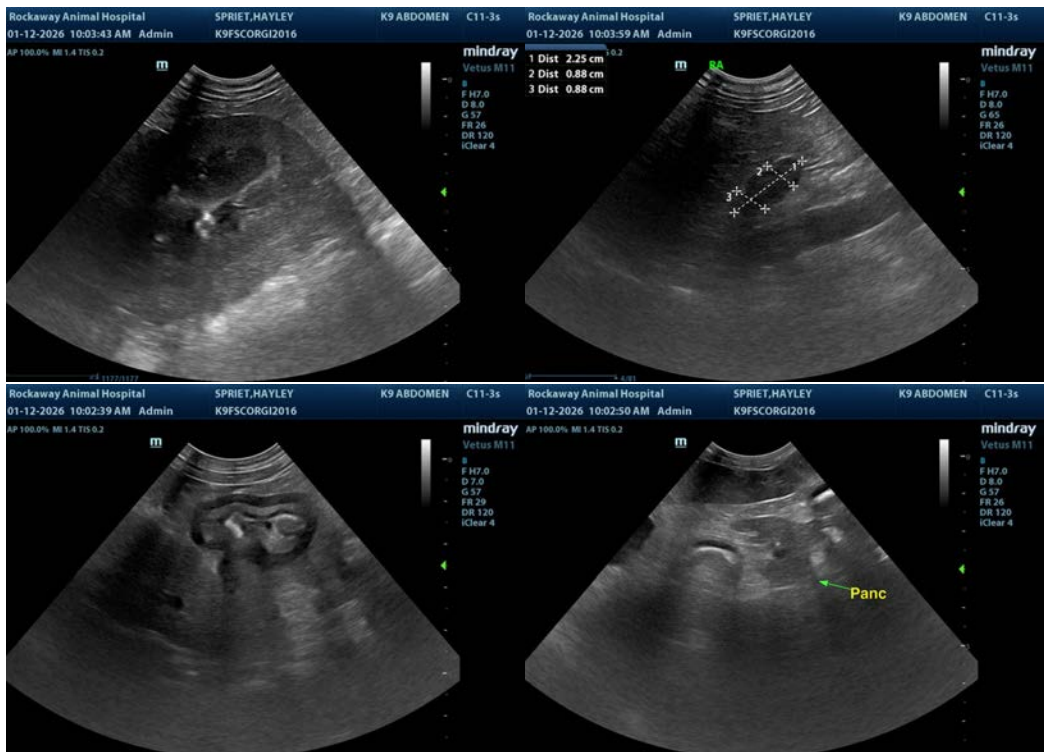
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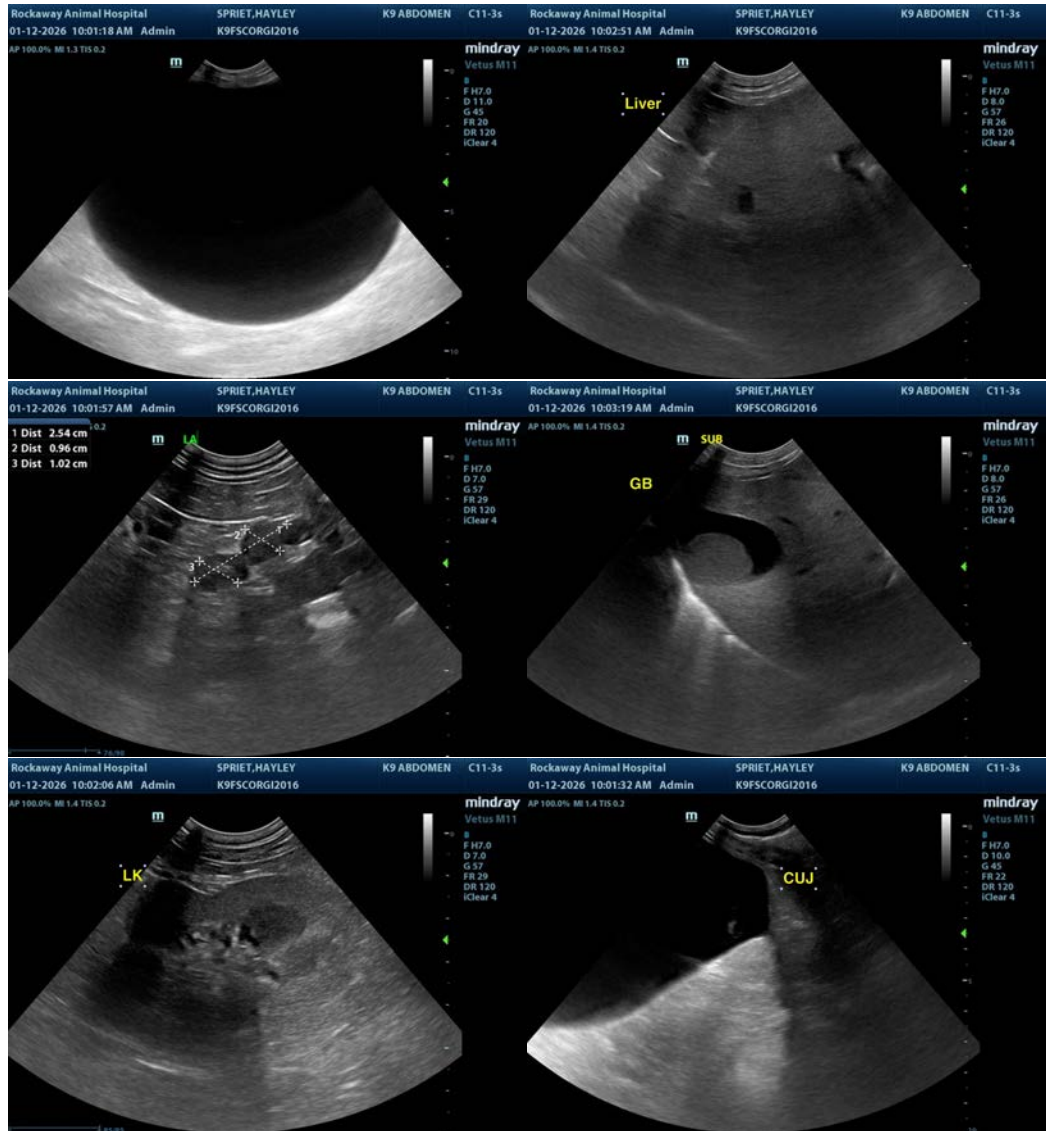
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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