



**PATIENT PRESENTING CLINICAL SIGNS**

Mittens Sly Diabetic, unable to stabilize, glucose levels getting chronically worse/increased, episodes of weakness.  
 Medication: Novulin 20-25u BID depending on BG

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The urinary bladder presented uniformly mild thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. The ventral urinary bladder wall thickness measured 0.64 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, and cystourethral junction exhibited normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. Possible mild decreased proximal urethral tone to a depth of 4.0 cm was noted. No evidence of proximal urethral mural pathology was present.

German Shepherd

**SEX** FS  
**AGE** 2010  
 The area of the aortic trifurcation was free of pathology.

**WEIGHT** 72  
 Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.3 cm in length.

**INTERPRETED BY Adrenal Glands**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia or adrenal tumors. The left adrenal gland measured 3.1 cm length x 0.63 cm width at the caudal pole. The right adrenal gland measured 2.5 cm length x 0.74 cm width at the caudal pole.

**IMAGING PERFORMED BY Spleen**

Rebekah Jakum, CVT ARDMS/RVT  
 The spleen was mildly subnormal in size suggestive of volume contraction with minor capsule asymmetry. The spleen maintained homogeneous parenchyma with normal splenic vascularity. No masses or nodules were noted.

**HOSPITAL NAME Liver/ Gallbladder**

Mill Pond VC  
 The liver exhibited potential borderline enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized echogenic gallbladder debris primarily in the caudal lumen and gallbladder neck. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

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Dr. Schnolis

**INVOICE** 15982

**DATE** 1/26/23



**PATIENT**

***Gastrointestinal***

Mittens Sly

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

**SPECIES**

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.

Canine

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

**BREED**

***Pancreas***

German Shepherd

The pancreas base and right pancreatic limb were normal in size and contour exhibiting heterogeneous, variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX**

FS

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**AGE**

2010

**ULTRASONOGRAPHIC FINDINGS**

- Mild cystitis pattern with possible decreased proximal urethral tone
- Mild chronic renal changes - no evidence of pyelonephritis
- Normal bilateral adrenal glands
- Hepatic parenchymal remodeling - benign
- Mild gallbladder debris (non-mucocele)
- Heterogeneous to hyperechoic pancreas base / right pancreatic limb - age-related remodeling, possible pancreatic fibrosis or chronic pancreatitis

**WEIGHT**

72

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely mild geriatric abdomen without evidence of significant visceral pathology.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas, which may allude to chronic pancreatitis, is recommended. Correlation with a Spec cPL is warranted.

No overt evidence of primary adrenal, hepatic, or gastrointestinal disease was evident. Urine C/S on a sterile urine sample is recommended, especially if evidence of glucose urea. Three-view chest radiographs are suggested if not recently done to rule out occult thoracic pathology or cardiomegaly.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**DATE**

1/26/23

**HOSPITAL NAME**

Mill Pond VC

**REFERRING VET**

Dr. Schnolis



**PATIENT**

Mittens Sly

**SPECIES**

Canine

**BREED**

German Shepherd

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ARDMS/RVT

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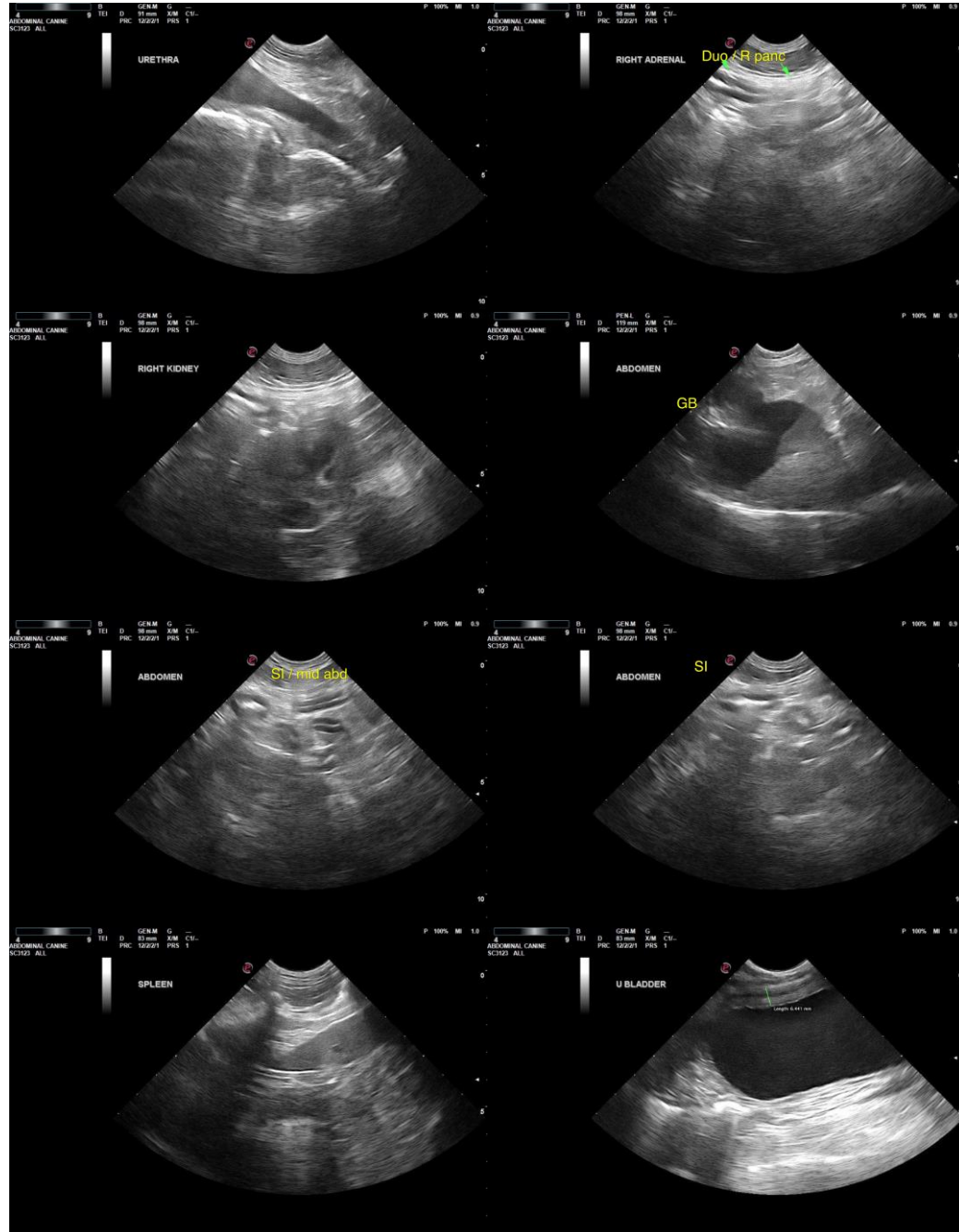
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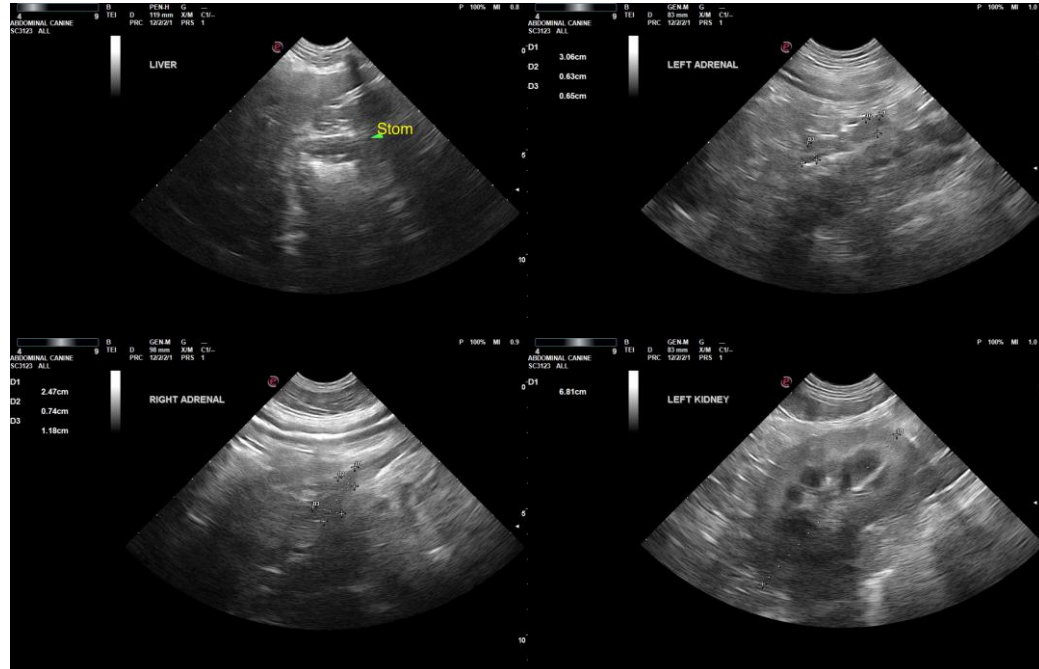
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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