



PATIENT	PRESENTING CLINICAL SIGNS
Bruce McBride	Diabetes Mellitus Cataracts
SPECIES	Abnormal PE/Chem/CBC/UA Results: CSL Glu 285 (H), ALKp 240 (H), Chol 364 (H), Fructosamine: 492 Poor Regulation Glucometer: 495 Pancreatic Lipase 206 (0-200) Ultrasound: Pending
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
Jack Russell Terrier	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen.
SEX	Nondependent particulate mild sediment was present with focal mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
Neutered Male	AGE
	The area of the residual prostate appeared normal and free of pathology.
	11 The area of the aortic trifurcation was free of pathology.
WEIGHT	Normal size and margination was 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 pyelectasia was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.6 cm in length.
22.5 pounds	<i>Adrenal Glands</i>
INTERPRETED BY	The left adrenal gland was normal in size while the right adrenal gland was asymmetrically enlarged primarily involving the mid to cranial right adrenal gland. Mild nonhomogenous nonmineralized parenchyma and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 2.3 cm in length x 0.59 cm width in the caudal pole. The right adrenal gland measured 3.5 cm in length x 1.3 cm width at the cranial pole and 0.72 cm width in the caudal pole.
R. McKenzie Daniel, DVM, DABVP	<i>Spleen</i>
IMAGING PERFORMED BY	The spleen revealed a mildly expansive well demarcated hypoechoic medial to craniomedial nodule with mild associated symmetrical splenic capsule distortion. No evidence of capsular escape. The nodule measured 1.2 cm in diameter.
Dr. Cutrone	<i>Liver</i>
HOSPITAL NAME	The liver presented enlarged in size with rounded mildly swollen capsule contour and mild nonhomogenous hyperechoic parenchyma compared to the spleen. The hepatic and portal vasculature were normal in appearance without signs of congestion. No mass or nodules were evident.
Greater Staten Island Veterinary Services	The gallbladder was non distended in size with moderate congealed nonorganized biliary sludge. The common bile duct was not visualized.
REFERRING VET	<i>Gastrointestinal</i>
Dr. Cutrone	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.
INVOICE	
12265	
DATE	
11/14/25	



PATIENT

Bruce McBride

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Neutered Male

AGE

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WEIGHT

22.5 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

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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.

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

Pancreas

The pancreas exhibited normal size and contour with heterogeneous remodeled parenchyma.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment and dependent lumen mineral.
- Bilateral mild chronic renal changes.
- Mild irregular nonhomogenous adrenal glands with subjective right adrenomegaly-hyperplasia, adenomatous change, emerging right adrenal tumor all potentials.
- Sonographically unremarkable gastrointestinal tract with minor pancreatic remodeling.
- Probable diabetic hepatopathy pattern.
- Mild nonorganized gallbladder debris (non-mucocele).
- Mildly expansive splenic nodule- hyperplasia, hematopoiesis, hematoma, emerging tumor all potentials.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis with urine culture/sensitivity if evidence of inflammatory sediment or glucosuria is recommended. No evidence of active pancreatitis although, low-grade chronic pancreatitis with remodeling is suspected. Adrenal work up with ACTH stimulation test in the face of diabetes is warranted given diabetic dysregulation. Concurrent monitoring of systemic blood pressure for evidence of hypertension which may potentially allude to emerging right pheochromocytoma. Assuming normal clotting status and using a 25-gauge needle, splenic nodule and screening hepatic FNA cytology are warranted. Sonographic monitoring of the splenic nodule and right adrenal gland for evidence of progression with initial recheck in 4 weeks would be a more conservative approach.

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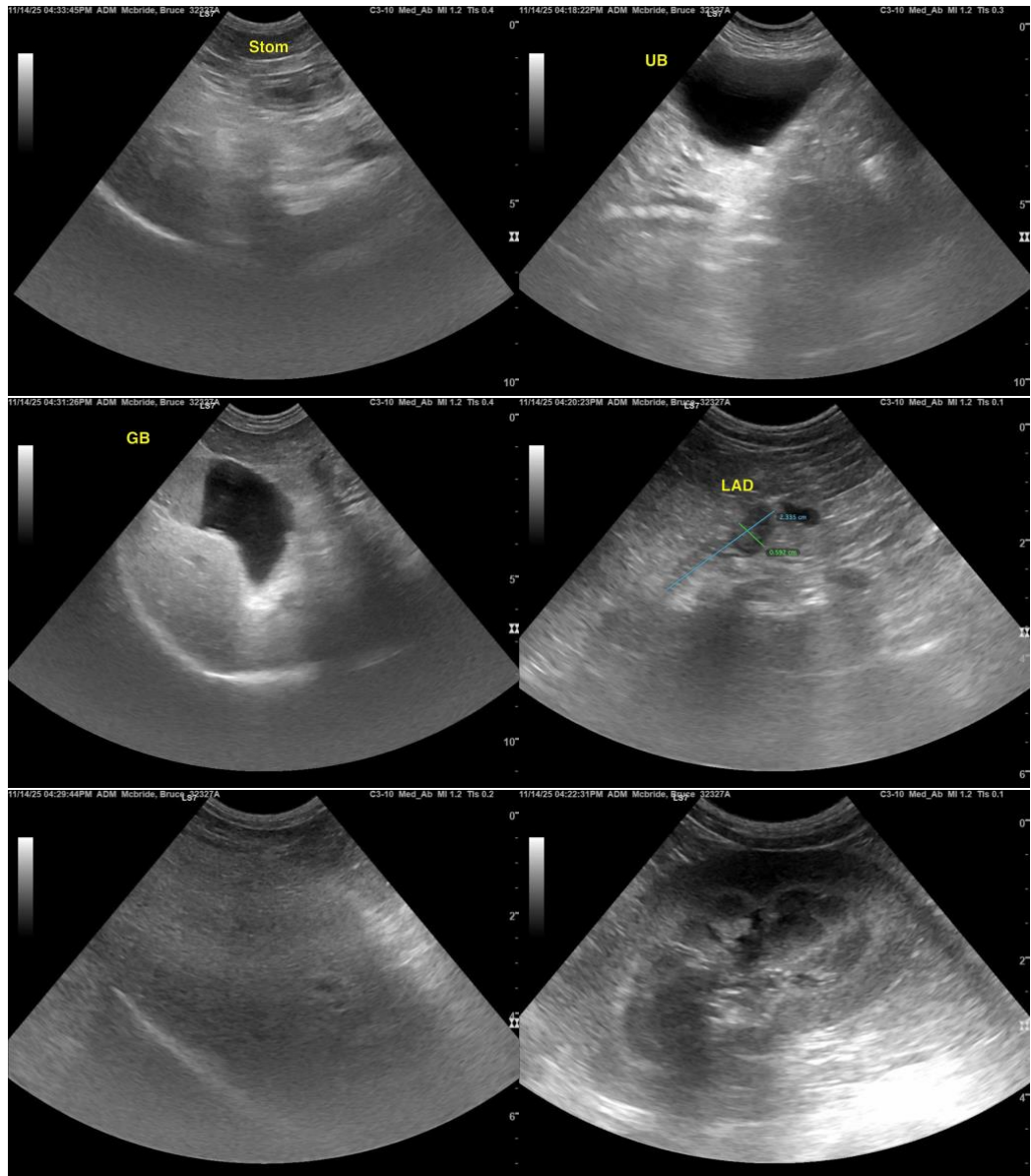
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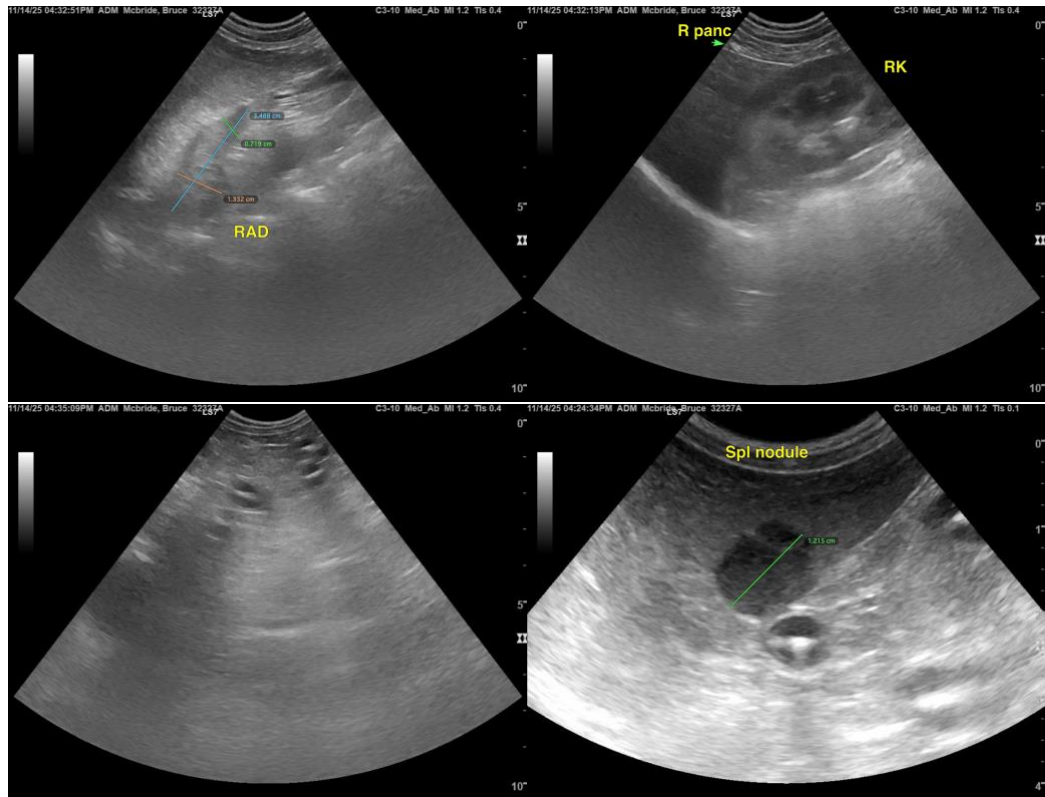
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com