



PATIENT

Maverick Balaban

SPECIES

Canine

BREED

Chesapeake Bay
Retriever

SEX

Neutered Male

AGE

6 Years

WEIGHT

42.5 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Alastair Westcott,
DVM

HOSPITAL NAME

Dr. Alastair Westcott,
DVM

REFERRING VET

Dr. Alastair Westcott,
DVM

INVOICE

18916

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Recently diagnosed diabetic. Polydipsic
Abnormal PE/Chem/CBC/UA Results: Over conditioned glucosuria and mild ketonuria. There is mild ALT elevation, abnormal cPLI and a mild NRA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and 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. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

No overt pathology in the area of the residual prostate.

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 with no evidence of pelvic dilation. The left kidney measured 7.8 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width at the caudal pole and 0.49 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.80 cm width at the caudal pole and 0.93 cm width at the cranial pole. No evidence of adrenomegaly or tumors.

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 exhibited mild to possible moderate generalized enlargement. Generalized uniform hyperechoic hepatic parenchyma compared to the falciform fat and spleen. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Maintained symmetrical to mildly rounded hepatic capsule contour. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic content with mild nondependent echogenic nonorganized debris. No evidence of gallbladder or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal

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.



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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.

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Pancreas

The pancreas revealed generalized prominent size with areas of capsule asymmetry. Nonhomogenous hypoechoic pancreatic parenchyma was noted primarily with focal areas of hyperechoic parenchyma and evidence of minor peripheral steatitis. Mild right limb pancreatic duct dilation was noted.

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Free Abdomen

No evidence of peripancreatic or peritoneal free fluid. No omental masses or lymphadenopathy.

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ULTRASONOGRAPHIC FINDINGS

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- Hepatomegaly, exhibiting uniform parenchyma hyperechogenicity- sonographically suggestive of diabetic hepatopathy (metabolic, reactive, vacuolar hepatopathy). Potential for hepatic lipidosis or inflammatory hepatopathy is possible.
- Mild gallbladder debris (non-mucocele)
- Chronic active pancreatitis pattern with suspect focal areas of parenchymal fibrosis
- Sonographically normal bilateral adrenal glands- no evidence of adrenomegaly or tumors

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Urine culture and sensitivity is recommended on sterile urine sample given the glucosuria. Assuming normal clotting status, and with vitamin K pretreatment, screening hepatic FNA cytology could be considered for further assessment, primarily to assess for potential inflammatory cells. Monitoring of hepatic enzyme elevations with potential recheck sonogram pending response to diabetic therapy could be considered.

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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>

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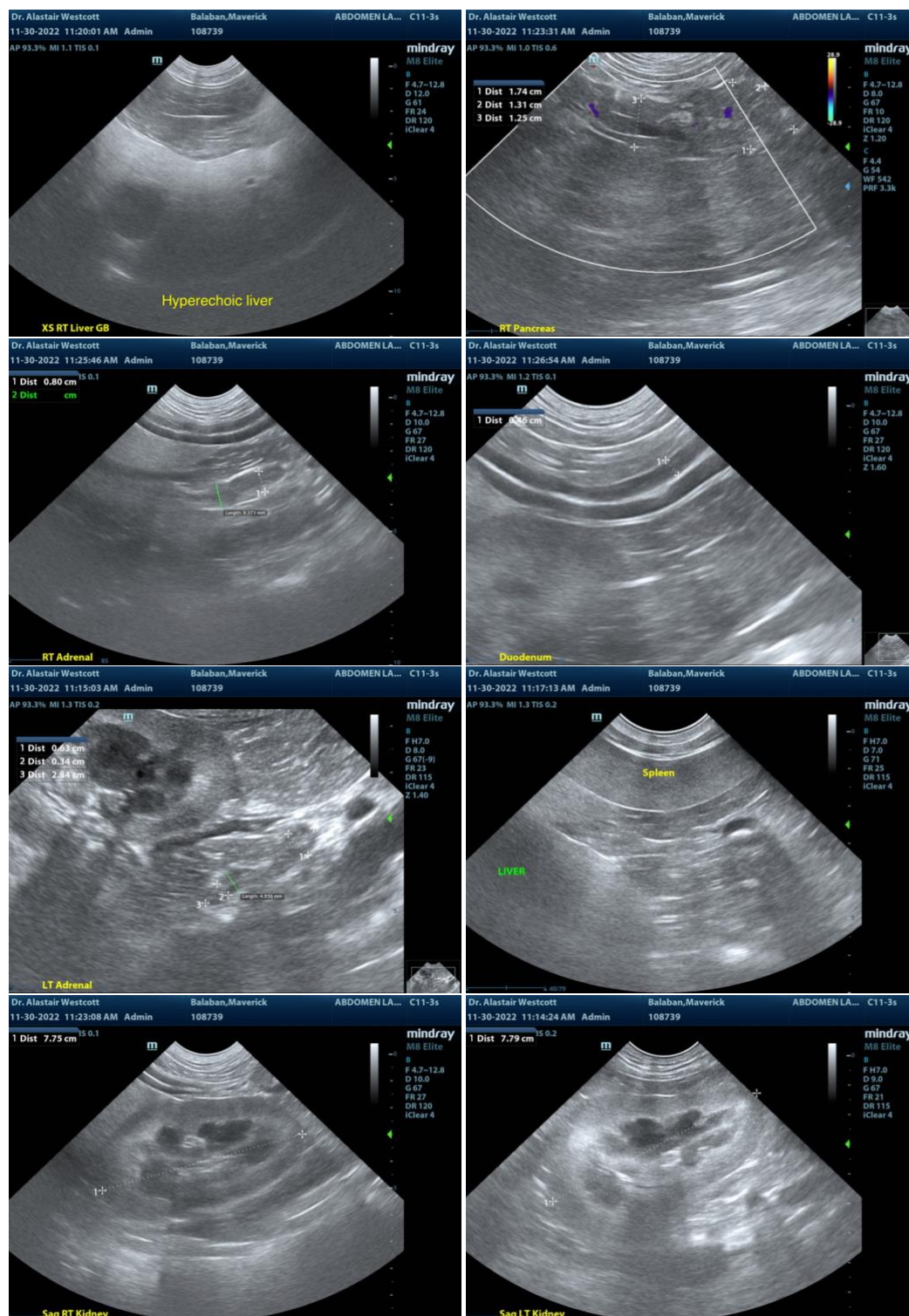
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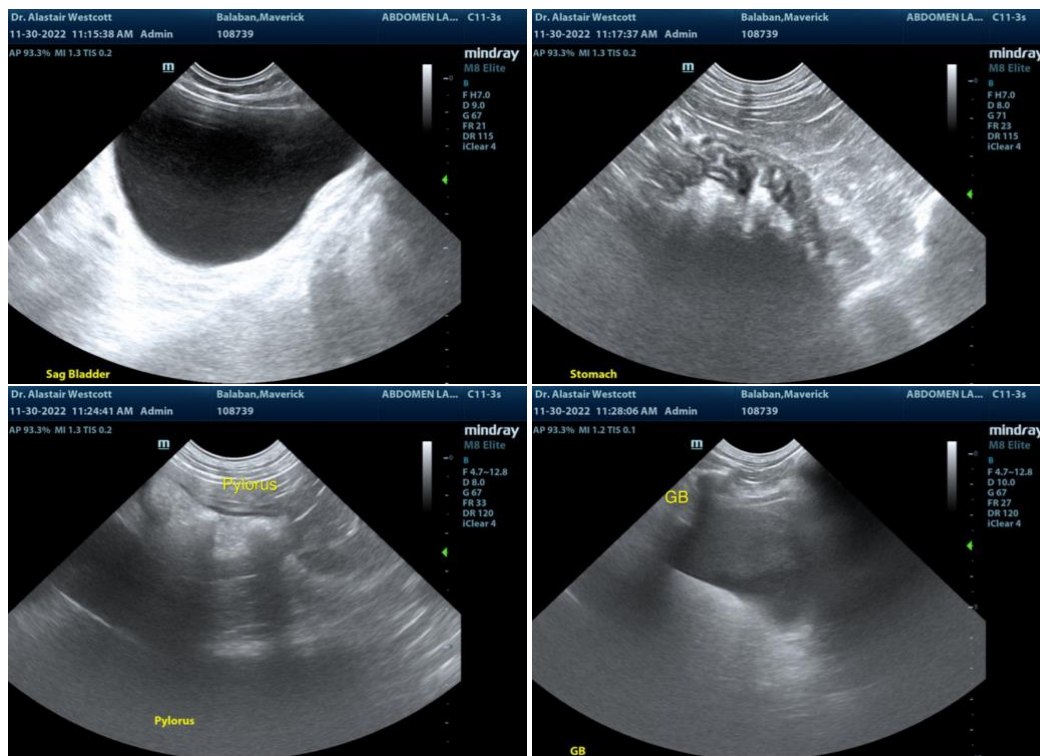
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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