



**PATIENT**

Milkshake Anjali

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**SEX**

Male

**AGE**

4 years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDMS

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound LTD

**REFERRING VET**

SAVE

**INVOICE**

15401

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

High glucose. All liver values moderately elevated and increasing.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly distended in size yet exhibited normal tone. Anechoic urine was present in the bladder with mild, dependent to non-dependent mineral to echogenic sediment.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 2.7 cm in diameter. No overt evidence of prostatitis or prostatic neoplastic criteria was 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 with no evidence of pyelectasia. Focal areas of nonobstructive mild medullary mineral were noted. The left kidney measured 5.5 cm in length. The right kidney measured 5.5 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 0.49 cm width at the caudal pole and 0.33 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 0.39 cm width at the cranial pole. No adrenal tumors were noted.

**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/ Gallbladder**

The liver was normal in size with areas of asymmetrical capsule contour. Generalized nonhomogeneous to irregular hepatic parenchyma exhibiting overall mild increased parenchyma echogenicity was present with no masses or nodules. The gallbladder was subnormal in size likely owing to the presence of gastric ingesta. Subjectively mildly thickened to hyperechoic gallbladder walls were present with minimal anechoic content. 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 contained moderate ingesta exhibiting focal strong distal acoustic shadowing. The visualized gastric walls were sonographically normal.



<b>PATIENT</b>	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.
Milkshake Anjali	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b>Pancreas</b>
<b>BREED</b>	The left limb, right limb, and base of the pancreas presented mildly hypoechoic to heterogeneous parenchyma exhibiting potential for very discrete, hypoechoic striations. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
Pomeranian Mix	<b>Free Abdomen</b>
<b>SEX</b>	Mild volume primarily anechoic peritoneal free fluid with generalized regionally nonuniform hyperechoic mesentery were present. No overt lymphadenopathy was noted.
Male	
<b>AGE</b>	
4 years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Mild urinary bladder mineral / sediment</li> <li>• Bilateral nonobstructive renal medullary mineralization</li> <li>• Heterogeneous irregular liver - nonspecific, chronic to potential progressive chronic hepatopathy which may include vacuolar hepatopathy (diabetic hepatopathy), inflammatory / immune-mediated disease, hyperplasia, hematopoiesis, potential fibrosis, or other hepatopathy with infiltrative neoplasia considered unlikely</li> <li>• Suspect cholecystitis</li> <li>• Heterogeneous to possibly edematous pancreas - suggestive of mild active to chronic active pancreatitis</li> <li>• Focally shadowing gastric ingesta</li> <li>• Mild volume peritoneal free fluid and generalized hyperechoic mesentery</li> </ul>
5.9 kg	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Urine C/S on sterile urine sample is recommended if not done, given likelihood of glucose urea.
<b>IMAGING PERFORMED BY</b>	Assuming normal clotting status, screening hepatic FNA cytology is warranted for further assessment primarily to potentially identify inflammatory cell type. Spec cPL is recommended. Monitoring for evidence of gastric emptying vs. persistent retained shadowing gastric ingesta if non-documented NPO. Fructosamine level could be considered if clinically indicated.
Dave Stasiuk RDMS, RDCS	
<b>HOSPITAL NAME</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
Resolution Veterinary Ultrasound LTD	
<b>REFERRING VET</b>	
SAVE	
<b>INVOICE</b>	
15401	
<b>DATE</b>	
11/4/22	



## PATIENT

Milkshake Anjali

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>

## SPECIES

Canine

## BREED

Pomeranian Mix

## SEX

Male

## AGE

4 years

## WEIGHT

5.9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dave Stasiuk RDMS,  
RDCS

## HOSPITAL NAME

Resolution Veterinary  
Ultrasound LTD

## REFERRING VET

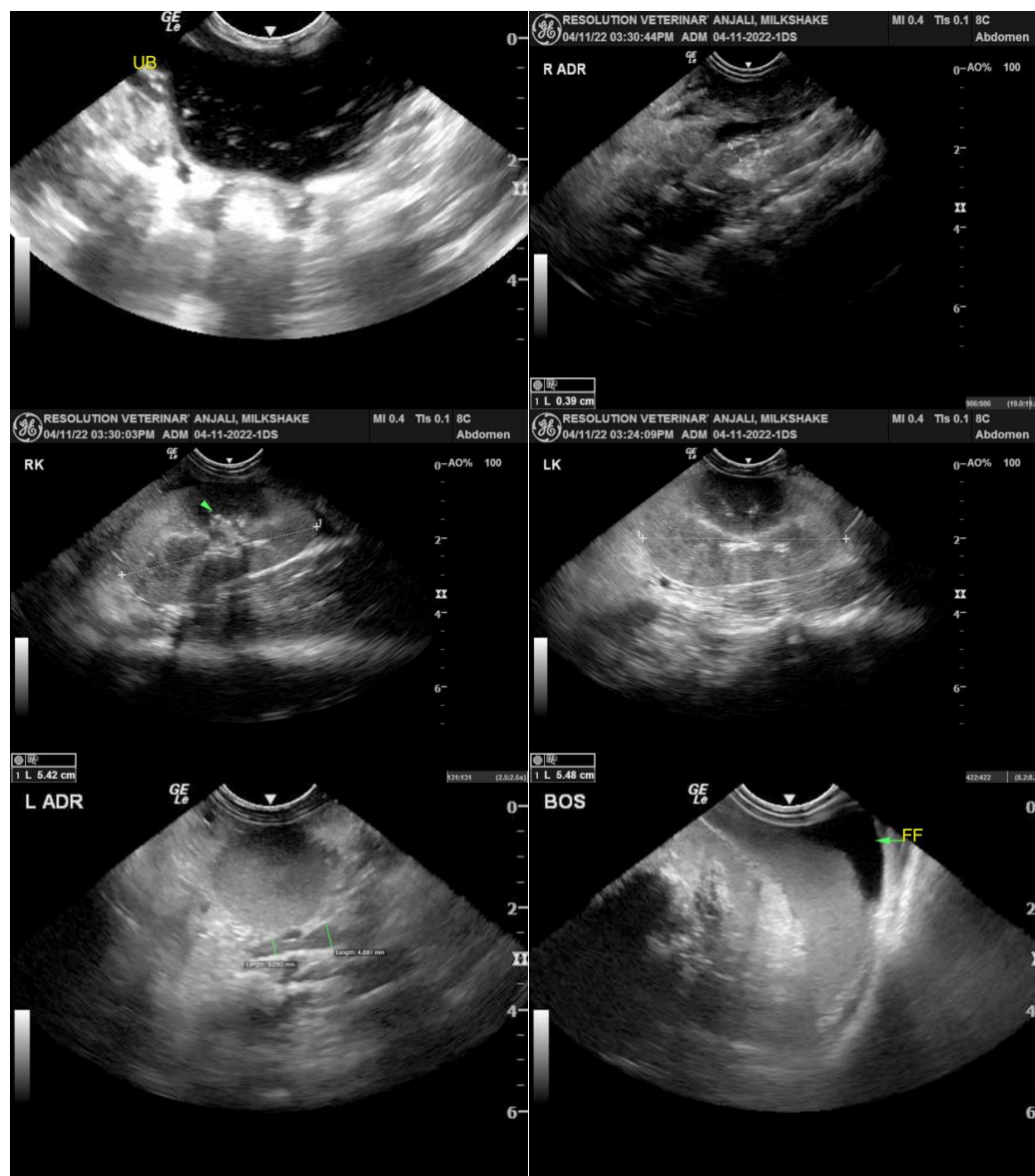
SAVE

## INVOICE

15401

## DATE

11/4/22





**PATIENT**

Milkshake Anjali

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**SEX**

Male

**AGE**

4 years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDMS

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound LTD

**REFERRING VET**

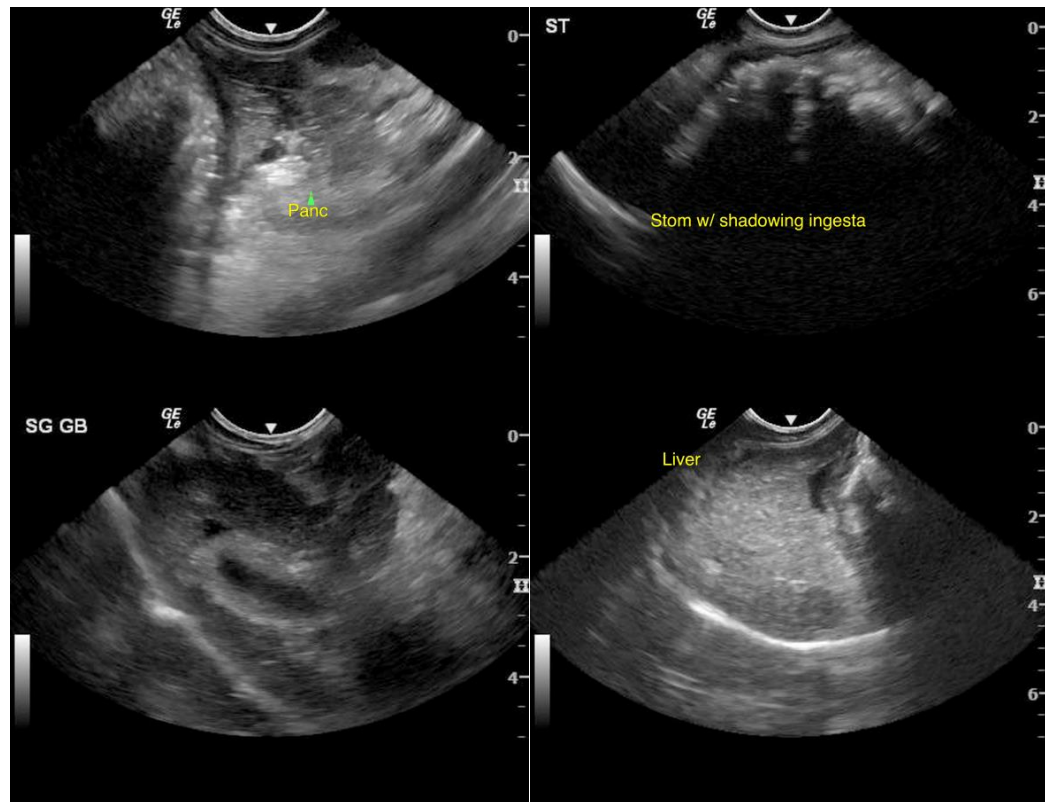
SAVE

**INVOICE**

15401

**DATE**

11/4/22



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