



PATIENT

Luigi Hughes

SPECIES

Canine

BREED

Shihtzu

SEX

NM

AGE

13 years 7 months

WEIGHT

16.3 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME
Whippany Veterinary
Hospital

REFERRING VET

Dr. Enoch

INVOICE

10461

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Losing weight, unregulated diabetic, peeing in house now. Down 3 lbs since Sept 2025, historically poor appetite, now lethargic; diabetes diagnosed 11/13/25. Meds: Vetsulin 4 U BID, Diabetic RX food, amlodipine 1.25 mg SID, Sildenafil 10mg BID.

Abnormal PE/Chem/CBC/UA Results: 11/13/25- WBC 17.32, Neutro 14.14, Mono 1.62, Glucose 586, ALP 249, Most recent spot Glucose on 12/1/25 @ 12 pm 453. Urine SG 1.039 (9/2025) rest of urine NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. Mildly thickened cortex with mild increased corticomedullary echogenicity was present with indistinct corticomedullary border demarcation. No evidence of pyelectasia was noted in either kidney. Pinpoint hyperechoic medullary foci were noted, which may indicate pinpoint areas of medullary fibrosis, mineralization, or infarction. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 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 0.57 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width 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/ Gallbladder

The liver was subjectively normal in size with symmetrical contour and normal vascular volume. Mild nonhomogeneous hyperechoic hepatic parenchyma was noted. There were no visualized hepatic masses or nodules.



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The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. 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 mild, nonshadowing variably echogenic ingesta without signs of obstruction or foreign material.

The small intestine presented intact wall layering with subjective generalized mild prominent intestinal mucosa with subtle duodenojejunal increased mucosa echogenicity. The duodenum wall measured 0.46 cm width. The jejunum wall measured 0.40 cm width.

Normal visible colon wall layers were present with semi-formed fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

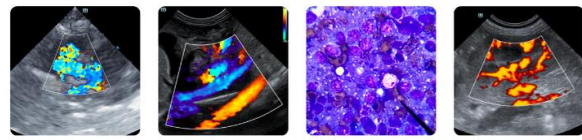
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Unremarkable bilateral adrenal glands
- Nonhomogeneous mild hyperechoic liver - vacuolar / diabetic hepatopathy probable, inflammatory hepatopathy, less likely hepatic neoplasia
- Nonorganized gallbladder debris (non mucocele)
- Remodeled pancreas - age variant, remodeling owing to previous inflammation, chronic pancreatitis
- Suspect nonspecific enteropathy with semi-formed fecal matter in colon - nonspecific enteritis, possible IBD or other

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is indicated if evidence of glucose urea. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No overt evidence of neoplastic criteria.



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Potential Causes of Diabetic Dysregulation

Luigi Hughes

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

SPECIES

UTI

Canine

Dietary indiscretion/intolerance

Pancreatitis

BREED

Shihtzu

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

Acromegaly

SEX

Owner compliance

Insulin quality issues

NM

Antibodies to insulin

Underlying Neoplasia

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Diffuse liver disease

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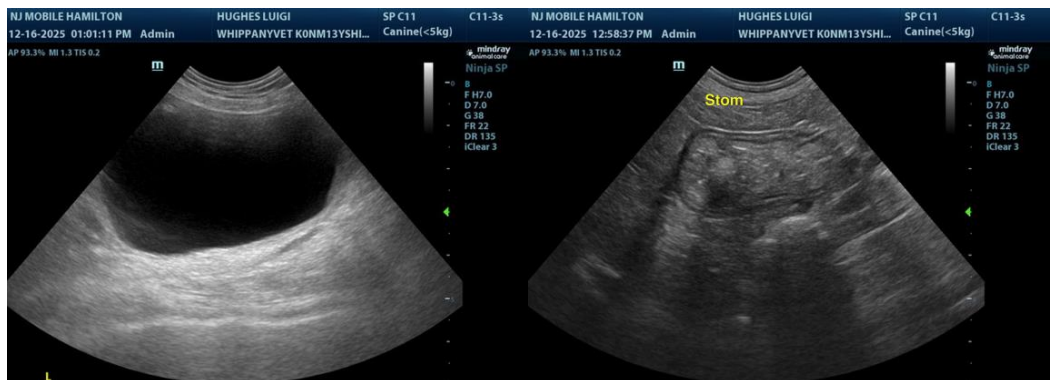
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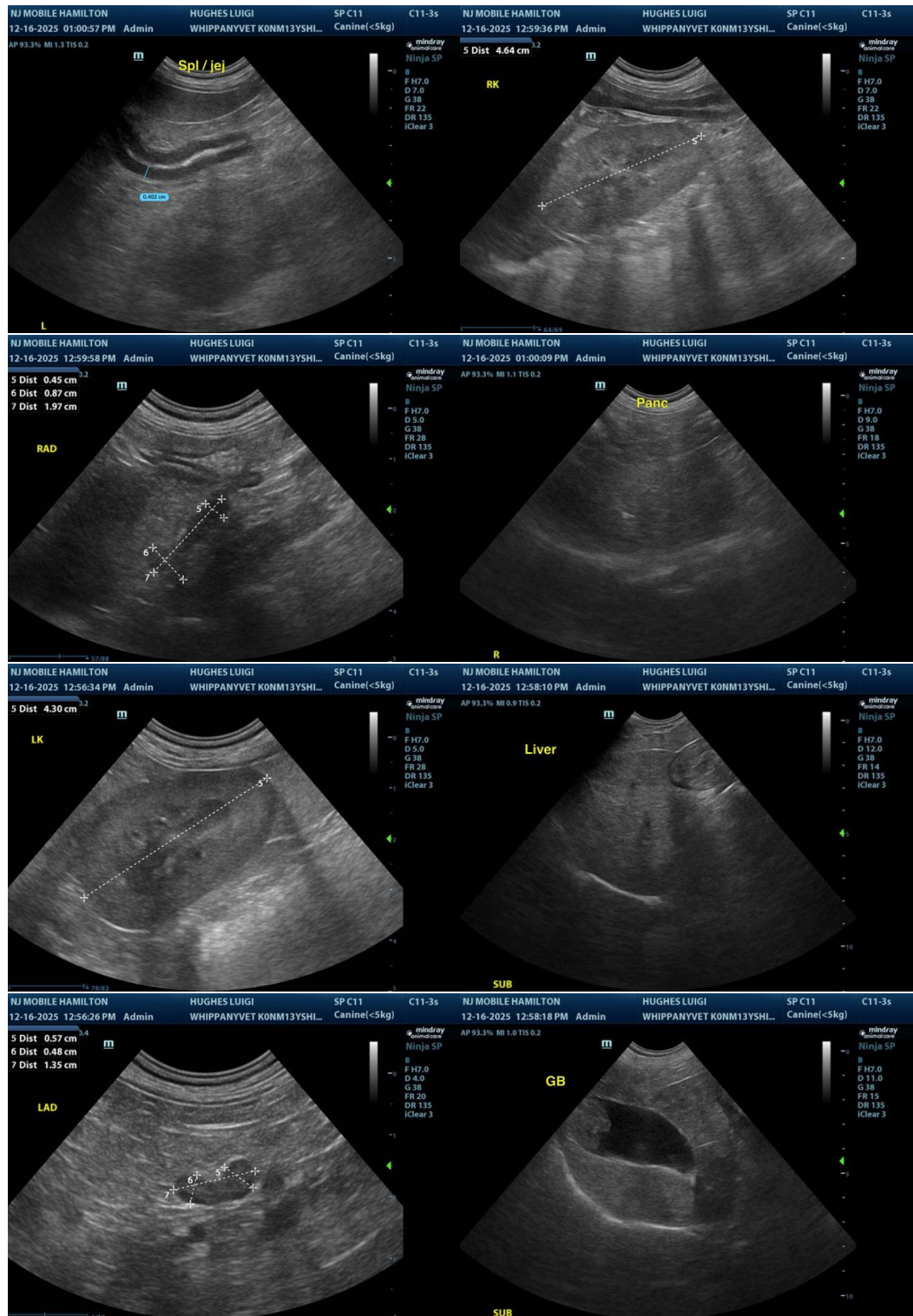
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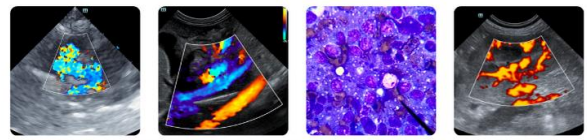
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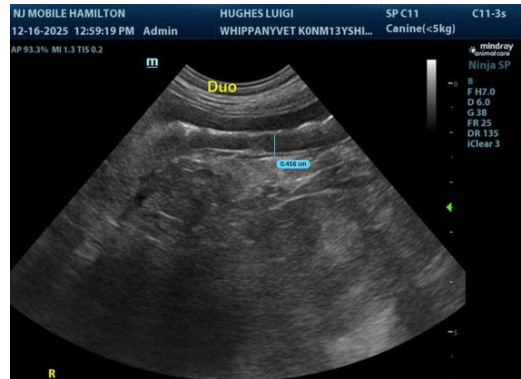
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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