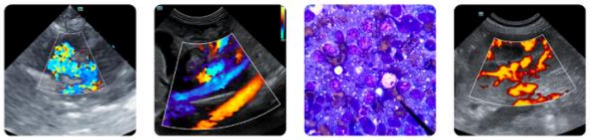


PATIENT

Hera Kamazi

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Female

AGE

10 Years

WEIGHT

39.4 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Boules Maher

INVOICE

12790

DATE

12/22/25

PRESENTING CLINICAL SIGNS

Had total hip replacement sx 2-3years ago. Has skin issue on her knee (currently on dexamethasone 0.5mg every 3rd day, was on it during the summer, came off briefly and has been back on it again for the last month.) Presented to EVC on 12/11 for first time seizure and skin infection (client declined most diagnostics). Sent home with Clavaseptin & Diazepam. P returned to clinic the next day to run diagnostics as pet still lethargic and painful abdomen, vomiting. Assessment: Persistent hyperglycemia with glucosuria and normal fructosamine, not currently consistent with established diabetes mellitus No evidence of ketoacidosis at this time (no ketones in urine) Lethargy, etiology unclear; metabolic causes remain a concern History of recent seizure activity 12/13/25: Libre Sensor applied & owners instructed to monitor BG at home Insulin dose as of 12/18/25: Caninuslin 10 IU q12

Abnormal PE/Chem/CBC/UA Results: 12/11/25: Mild decrease RBCs High Neutrophils High ALP High Blood glucose 12/12/25: Blood glucose: Persistently elevated Fructosamine: Within normal limits Urinalysis: Glucosuria present, no ketones detected

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

No obvious visualized pathology in the area of the uterus. The left and right ovaries were not definitively visualized with no obvious pathology.

Normal size and margination was 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 8.0 cm in length. The right kidney measured 7.8 cm in length.

Adrenal Glands

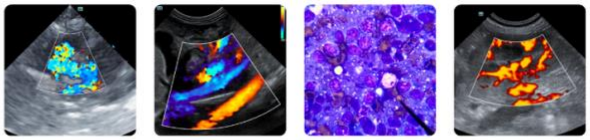
The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.43 cm width at the caudal pole. The right adrenal gland measured 0.61 cm width at the caudal pole.

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

The liver revealed generalized hepatomegaly. The parenchyma presented homogenous and hyperechoic. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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.

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 was indistinctly visualized exhibiting potential for isoechoic to mildly hyperechoic parenchyma compared to adjacent omentum. Indistinct pancreatic capsule compared to subjective mildly hyperechoic peripancreatic omentum.

Free Abdomen

No visualized significant omental lymphadenopathy, omental masses or peritoneal effusion was present. A solitary video of enlarged nonhomogenous nodular appearing mammary gland was visualized with no obvious evidence of associated regional cellulitis or subcutaneous edema.

ULTRASONOGRAPHIC FINDINGS

- Enlarged hyperechoic liver- metabolic/diabetic/vacuolar hepatopathy, lipidosis, inflammation, cholestasis, occult neoplasia thought less likely.
- Mild nonorganized gallbladder debris (non-mucocele).
- Possible mild hyperechoic pancreas- patient variant versus chronic pancreatitis.
- Normal gastrointestinal tract.
- Normal kidneys and overtly normal adrenal glands.
- Nonspecific enlarged nonhomogenous mammary gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture/sensitivity on sterile urine sample given glucosuria (and if not done) is recommended. A spec cPL or a full GI panel to correlate with the pancreas and assess for nonstructural intestinal disease if evidence of gastrointestinal signs or weight loss may be considered. Assuming normal clotting status and using a 25-gauge needle and with Vitamin K pre-treatment, hepatic FNA cytology could be considered for further clarification. Correlation with a neurological exam and three view chest radiographs is suggested. Continued supportive care with monitoring for persistent clinical signs which may suggest diabetes would be appropriate.

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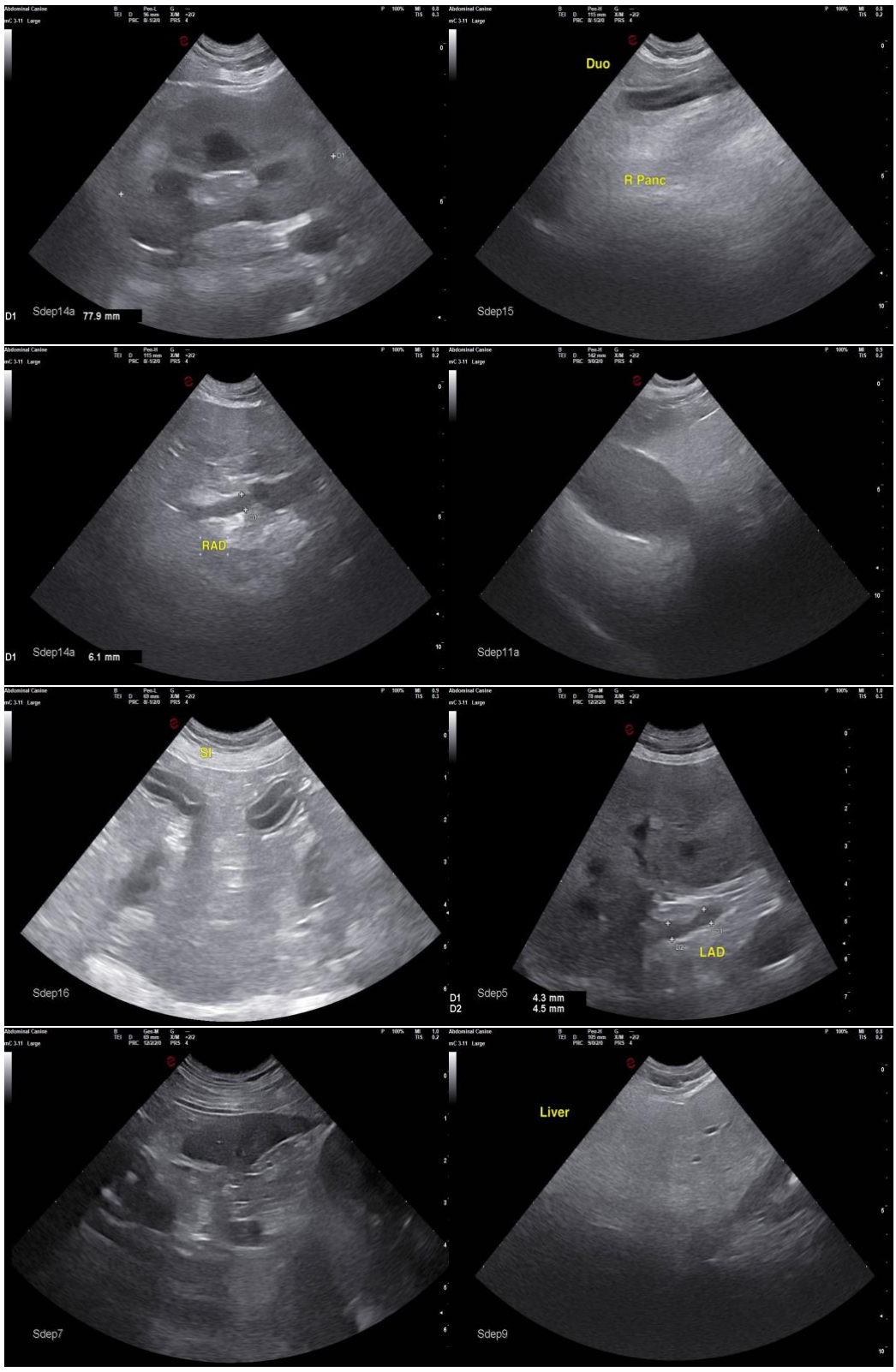

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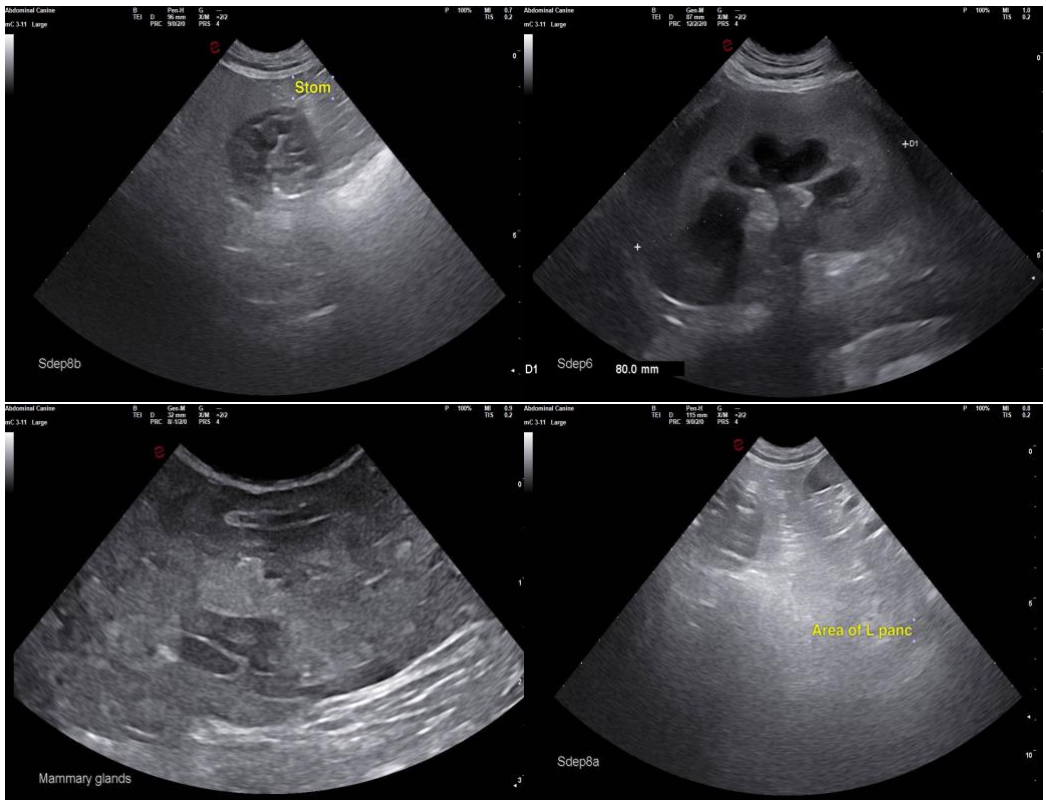

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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