

**PATIENT**

Sammy Weber

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

11.5 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari reffi, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Barron

**INVOICE**

21138

**DATE**

2/17/23

**PRESENTING CLINICAL SIGNS**

History: DKA, elevated liver values, pot belly. Current meds: Advanced allergy support  
Abnormal PE/Chem/CBC/UA Results: BG 498, Ketones 4+, Lipase 346, Trig 276, decreased Na/K/Cl, Bun 6.9 L, Crea 0.3 L, Ca 6.7 L, Alt 285 H, Alp >993, GGT 28, T bili 0.7, Ast 552, leukocytosis, neutrophilia, thrombocytosis

**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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present, which may indicate mild cellular debris/protein, crystalline debris, lipid or mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

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. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length. Mild areas of medullary mineral were noted in the right kidney.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 1.6 cm in length x 0.40 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 1.3 cm in length x 0.49 cm width at the caudal pole.

**Spleen**

The spleen was subnormal in size, exhibiting symmetrical capsule contour and mild parenchyma heterogeneity, including intermittent nondisruptive well-demarcated hyperechoic nodules.

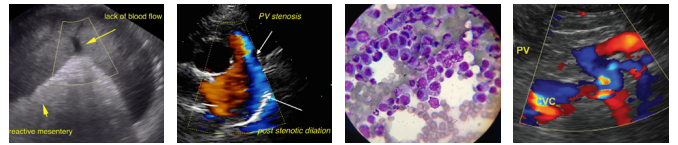
**Liver**

The liver revealed generalized enlargement with symmetrical to rounded swollen hepatic contour. Uniform mild increased hepatic parenchyma echogenicity was noted compared to the falciform fat, exhibiting mild to moderate coarse echotexture. No masses or nodules were noted. Hepatic vascular volume was normal.

The gallbladder was non-distended in size with primarily anechoic content and mild nonorganized echogenic gallbladder 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 left and right pancreatic limbs exhibited prominent size with asymmetrical contour and nonhomogenous to irregular pancreatic parenchyma. Subtle peripancreatic hyperechoic omentum was present.

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***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Mild right kidney medullary mineral- no evidence of pyelonephritis
- Diabetic hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Prominent irregular to nonhomogenous pancreas- suspect chronic to possible mixed pattern pancreatitis
- Volume contracted spleen with benign nodules- nodules consistent with benign myelolipomas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine culture and sensitivity on sterile urine sample given the suspected glucosuria is recommended. No overt evidence of intraabdominal neoplastic criteria. Hospitalization with DKA protocol, including BG stabilization, as needed analgesia (if clinically indicated), gastrointestinal support, empirical therapy for chronic to mixed pattern pancreatitis and clinical monitoring is recommended.

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**Potential Causes of Diabetic Dysregulation**

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

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UTI

Dietary indiscretion/intolerance

Pancreatitis

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Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

Cushing's

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Acromegaly

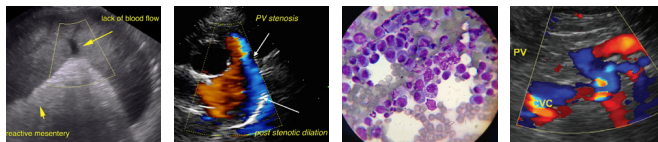
Owner compliance

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Insulin quality issues

Antibodies to insulin



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Underlying Neoplasia

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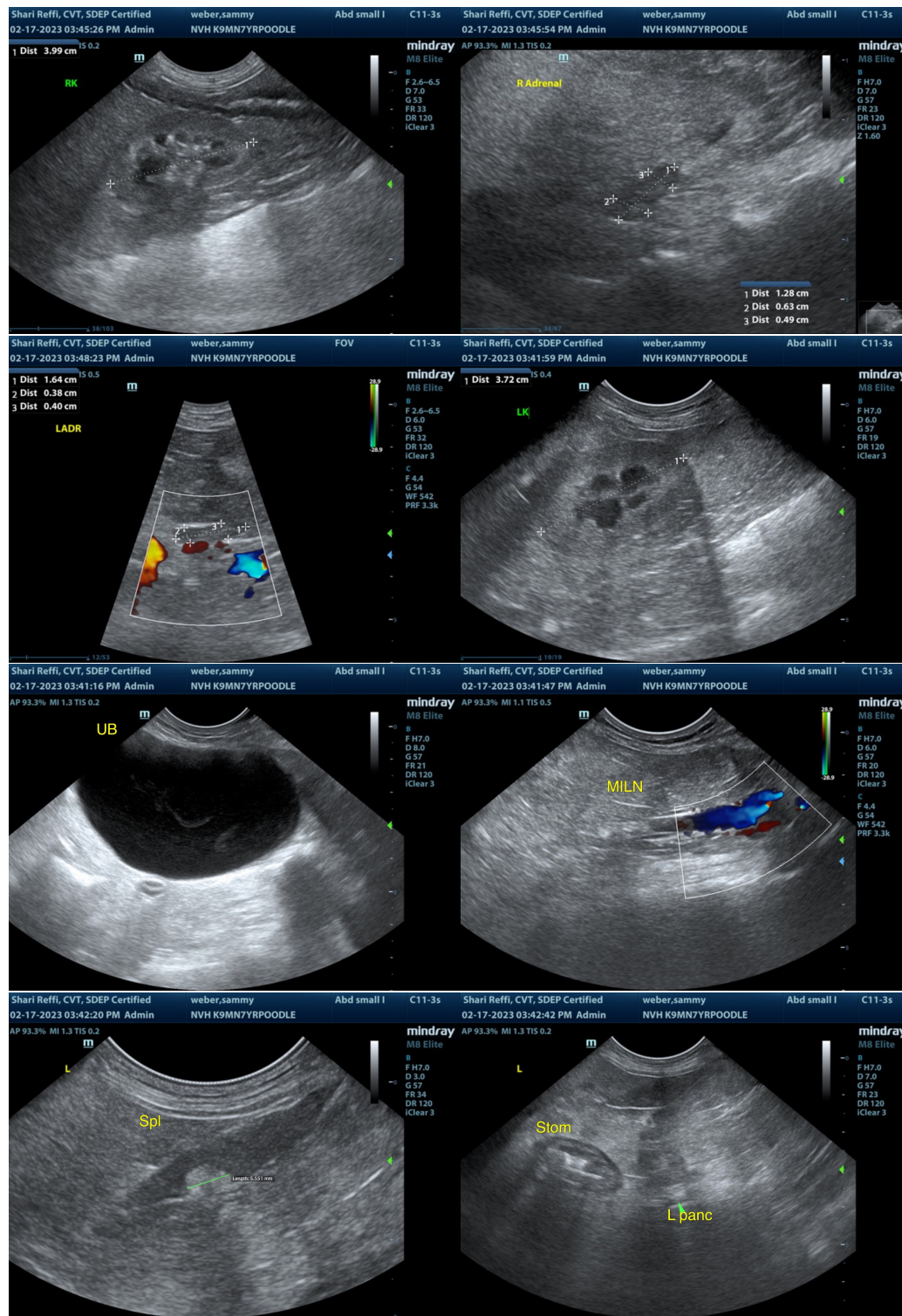
Dr. Barron

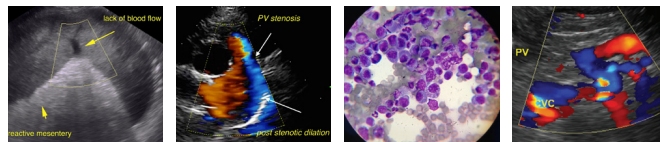
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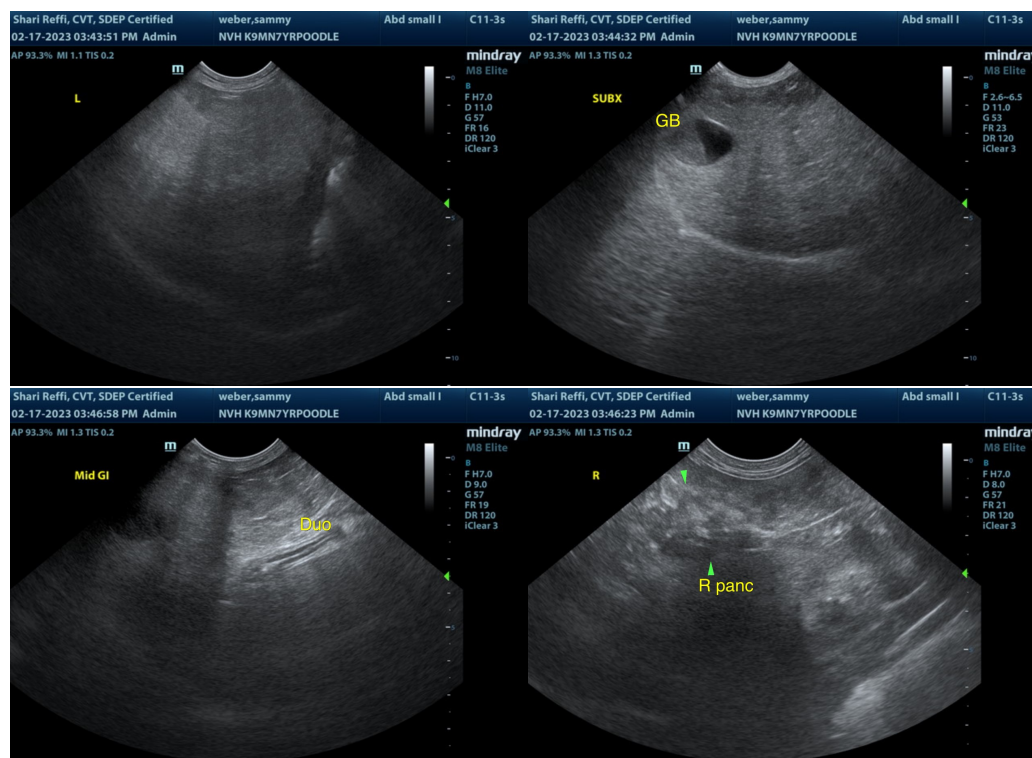
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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