



PATIENT	PRESENTING CLINICAL SIGNS
Max Champagne	Unregulated diabetic, has been doing well clinically but had increase in Vetulin dose 3 weeks ago from 6 units q12h to 8 units q12h, got into housemates food on 2/16 and was vomiting profusely, developed diarrhea; has had radiographs which showed no evidence of fb (original concern when presented to rDVM was poss fb ingestion); he was found on presentation at ER to be profoundly acidotic; has been receiving fluid therapy with GI support meds, intermittent IM doses regular insulin, Unasyn;
SPECIES	
Canine	
BREED	PE: deaf, blind, deeply injected sclera; BCS 5/9, abdomen soft to palpation (uncomfortable during ultrasound but not like usual pancreatitis) -elev ALKP 700's -elev gluc 300-400 -Neutrophils 21K
Border Terrier	UA showed cocci
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN	Urinary System
AGE	The urinary bladder collapsed in appearance with visualized catheter present. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 changes were noted.
10yr	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.2 cm in length. The right kidney measured 5.6 cm in length.
8.6kg	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the residual prostate appeared normal and free of pathology measuring 0.74 cm.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Callihan	The left adrenal gland was indistinctly visualized measuring 0.50 cm in width. The right adrenal gland was borderline prominent in size based on caudal pole width and body weight. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.67 cm width in the caudal pole. No adrenal tumors.
HOSPITAL NAME	Spleen
Animal Emergency Care	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.
REFERRING VET	Liver/Gallbladder
Dr. Callihan	The liver was subjectively enlarged and rounded with symmetrical capsule contour and generalized mild increased parenchyma echogenicity exhibiting mild to moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris. The cystic and common bile ducts were normal.
INVOICE	
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PATIENT	<i>Gastrointestinal</i>
Max Champagne	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.
SPECIES	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor intermittent duodenojejunal mucosal speckling was present with segmental non-shadowing ingesta/chyme and no signs of ileus, obstruction or foreign material.
Canine	
BREED	Normal visible colon wall layers were present with apparent non formed feces in lumen.
Border Terrier	<i>Pancreas</i>
	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
SEX	<i>Free Abdomen</i>
MN	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
10yr	<ul style="list-style-type: none"> • Diabetic hepatopathy • Minor gallbladder debris - non mucocele • Mild chronic kidneys - no evidence of pyelonephritis • Gastroenterocolitis pattern with mild segmental intestinal ingesta / chyme - no evidence of mechanical obstruction / foreign body • Heterogeneous pancreas - mild, not sonographically consistent with significant / active pancreatitis, benign remodeling or chronic pancreatitis possible • Collapsed catheterized urinary bladder
WEIGHT	
8.6kg	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Continued gastrointestinal support, management of serum glucose levels and monitoring for DKA criteria indicated. Urine C/S suggested if glucosuria. Overall, no evidence of significant visceral pathology i.e., neoplasia, post hepatic or gastrointestinal obstruction.
IMAGING PERFORMED BY	Potential Causes of Diabetic Dysregulation This is a suggestive checkoff list when faced with an unregulated diabetic patient:
Dr. Callihan	<ul style="list-style-type: none"> UTI Dietary indiscretion/intolerance Pancreatitis Hyperthyroidism/hypothyroidism Exogenous steroids (including topical eye meds) Cushing's Acromegaly Owner compliance Insulin quality issues Antibodies to insulin Underlying Neoplasia Diffuse liver disease
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PATIENT

Max Champagne

SPECIES

Canine

BREED

Border Terrier

SEX

MN

AGE

10yr

WEIGHT

8.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
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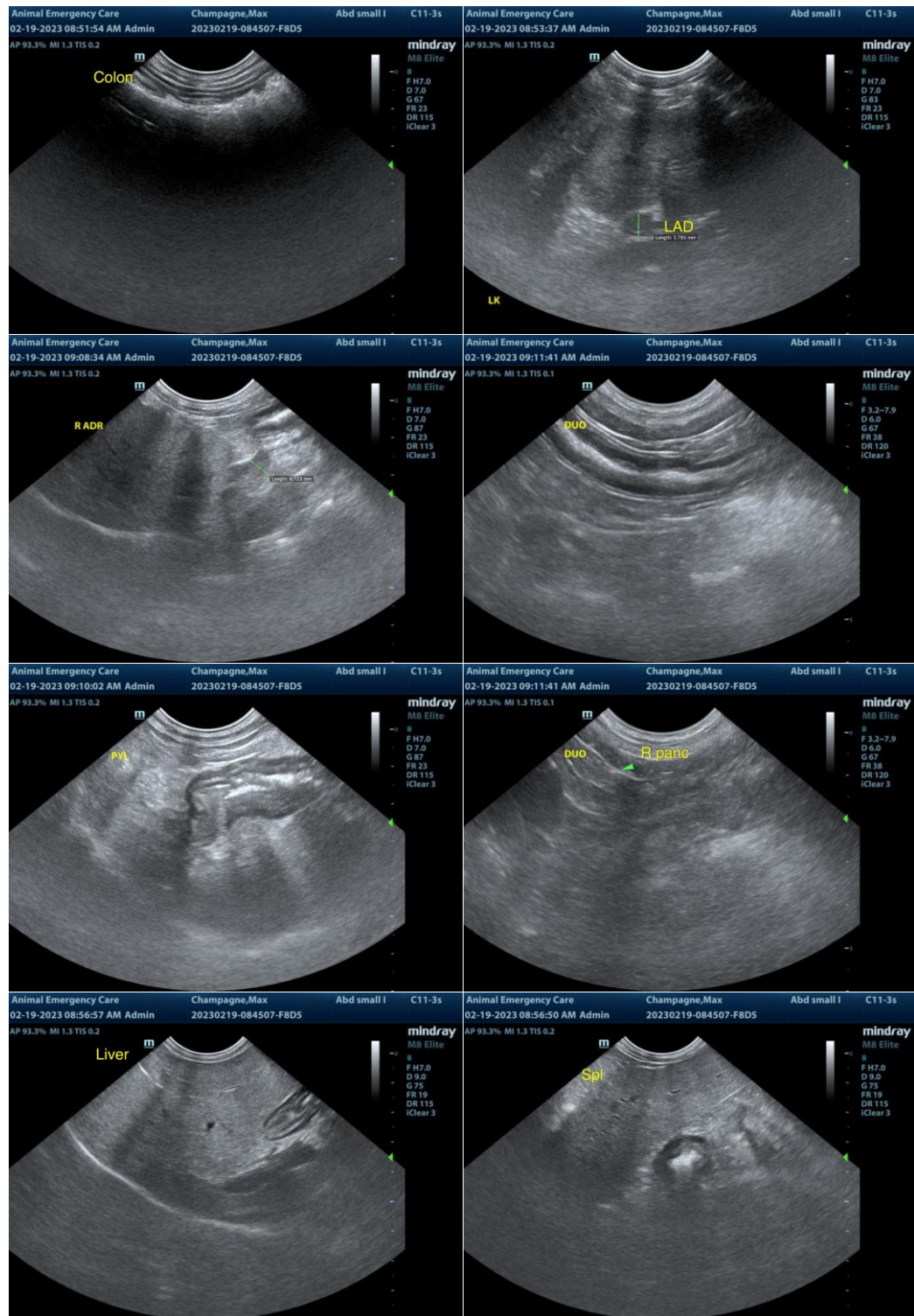
Dr. Callihan

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PATIENT

Max Champagne

SPECIES

Canine

BREED

Border Terrier

SEX

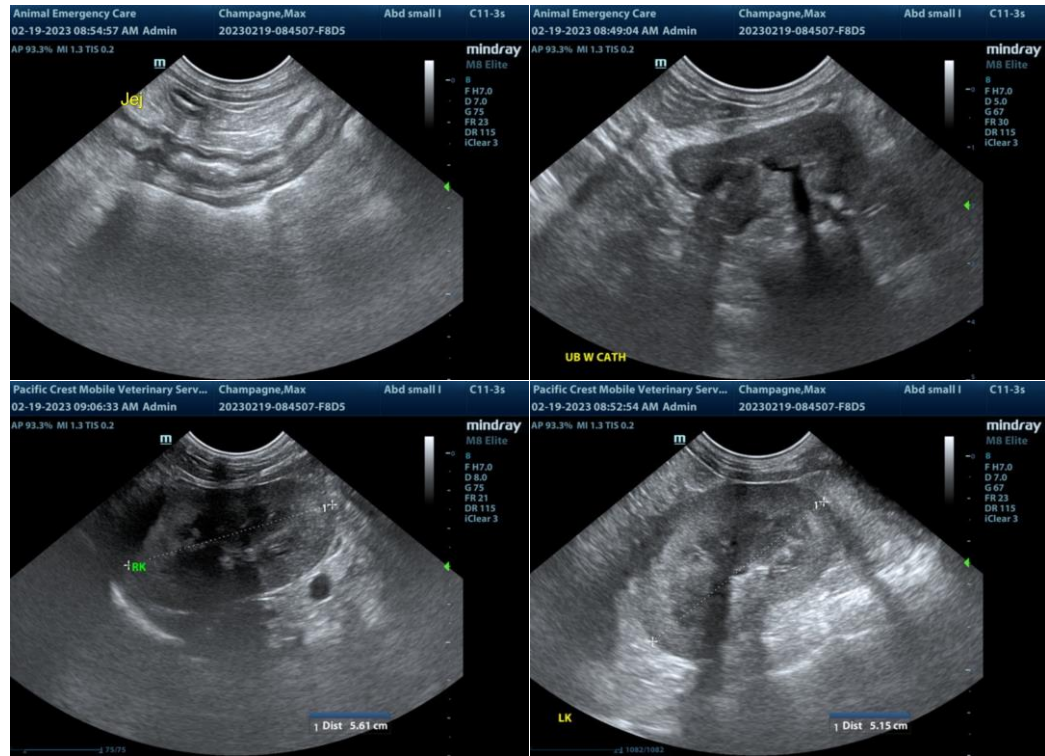
MN

AGE

10yr

WEIGHT

8.6kg



INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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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.

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