



PATIENT

Lulu Piedra

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

6 Years

WEIGHT

102 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park Animal
Hospital

REFERRING VET

Dr. Paul Kim

INVOICE

73184

DATE

2/21/26

PRESENTING CLINICAL SIGNS

P came on 2/19/26 because she had been vomiting for about 2 days. We took BW and the P was found to be diabetic. P was sent home with medication: vetsulin, omeprazol and cerenia tabs. Then she came again on 2/21/26 because the P started having episodes of bloody diarrhea since last night, how ever the vomiting stopped.

Abnormal PE/Chem/CBC/UA Results: BW results: Globulin 3.9 AST (SGOT) 85 ALT (SGPT) 149 Alk Phosphatase 164 Glucose 701 Chloride 101 PrecisionPSL 201 T4 <0.5 Urinalysis results: Protein TRACE NEGATIVE Glucose 3+ NEGATIVE Blood 2+ NEGATIVE Bacteria Rods <10 None Seen Protein/Creatinine Ratio 1.1 <0.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

*The submitted study contains 27 still images and 8 videos for review.

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 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.

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 pelvic dilation. Right kidney measured 7.4 cm. Left kidney measured 6.5 cm.

Adrenal Glands

The adrenal glands were indistinctly visualized. No obvious pathology. The right subjectively measured 0.51 cm at the caudal pole. The left subjectively measured 0.45 cm 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 presented increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained fluid and gas.



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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 soft non-formed fecal matter in the lumen.

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

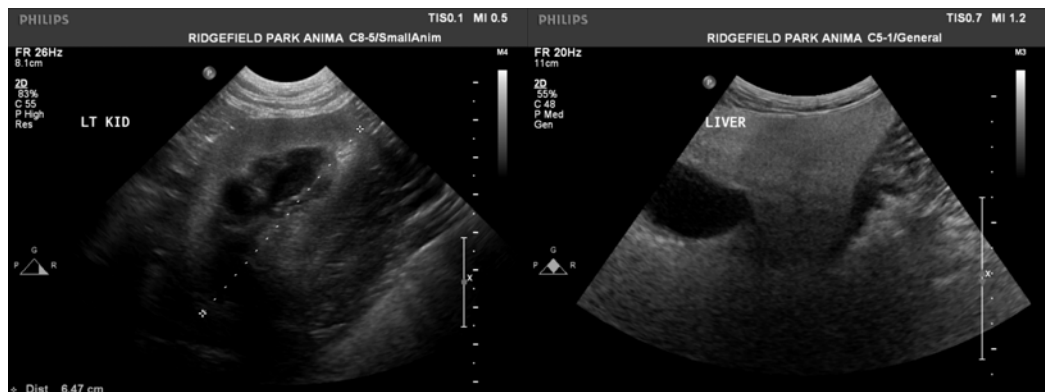
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic liver – Consistent with probable diabetic hepatopathy. Potential for lipidosis or inflammatory hepatopathy. Occult neoplasia is considered unlikely.
- Normal gallbladder.
- Mild gastritis/colitis.
- Heterogeneous pancreas – Possible mild chronic/chronic active pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample recommended if not done, given the glucosuria. Gastrointestinal support and empirical therapy for diabetes and chronic/chronic active pancreatitis with clinical monitoring should prove beneficial. Sonographic reassessment indicated if continued or progressive gastrointestinal signs or unregulated diabetes.





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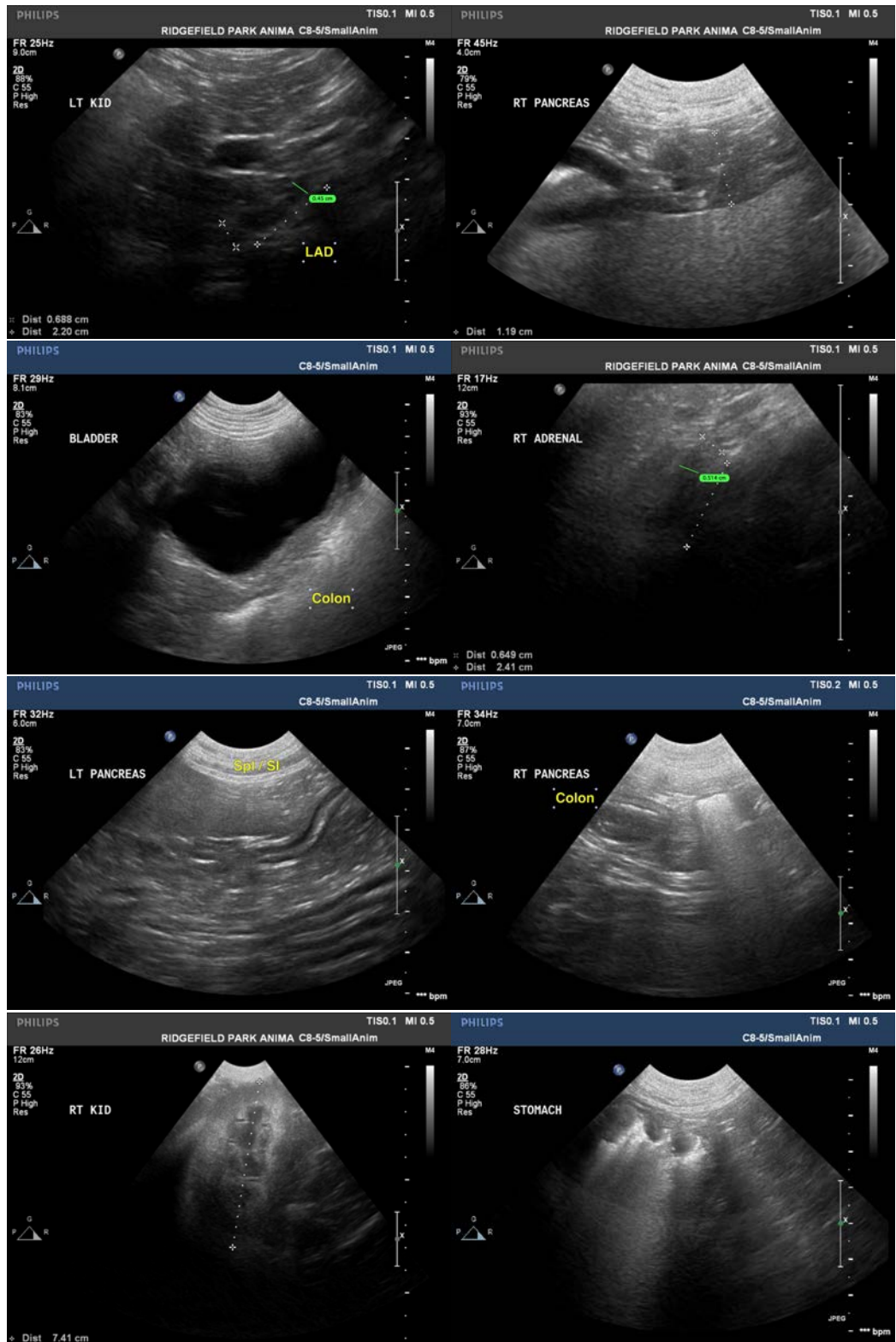
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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