



PATIENT	PRESENTING CLINICAL SIGNS
Hunter Burnham	P has been drinking excessively and O believe that P has been losing weight. O also says that P has been wobbly when walks sometimes. P has been eating well and energy has been normal. P had D+ a month ago that lasted for about 4 days. There is no V+. P is on revolution once a month but other than that no meds or supplements
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: DK +/- A weight loss increased water intake. Blood gasses WNL, glucose 444mg/dL
Spaniel	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
MN	The urinary bladder, trigone, and cystourethral junction 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 was noted.
AGE	
9 years	The area of the residual prostate was free of overt pathology.
WEIGHT	The area of the aortic trifurcation was free of pathology.
22.9 kg	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 or pyelectasia. The left kidney measured 7.2 cm in length. The right kidney measured 7.0 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.67 cm width at the caudal pole and 0.74 cm width at the cranial pole. The right adrenal gland was indistinctly visualized without overt pathology subjectively measuring 0.61 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Brittney Gardner, DVM	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.
HOSPITAL NAME	Liver/ Gallbladder
Wilvet Salem	The liver presented subjective borderline to mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, echogenic, nonorganized gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
REFERRING VET	
Brittney Gardner, DVM	
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PATIENT	<i>Gastrointestinal</i>
Hunter Burnham	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.
SPECIES	
Canine	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.
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
Spaniel	<i>Pancreas</i>
SEX	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
MN	
AGE	<i>Free Abdomen</i>
9 years	No overt lymphadenopathy or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
22.9 kg	<ul style="list-style-type: none"> • Subjective borderline / mild hepatomegaly - benign • Minor gallbladder debris (non-mucocele) • Sonographically unremarkable gastrointestinal tract / colon • Sonographically normal kidneys / adrenal glands
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no evidence of significant visceral pathology. The borderline to mild subjective hepatomegaly is likely consistent with mild metabolic, reactive, or vacuolar hepatomegaly. No evidence of structural gastrointestinal disease or active pancreatitis was noted. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult pancreatic or intestinal disease as a contributing factor to the weight loss. Hospitalization with stabilization of blood glucose levels with as-needed supportive care may be considered.
IMAGING PERFORMED BY	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
Brittney Gardner, DVM	<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
HOSPITAL NAME	
Wilvet Salem	
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PATIENT

Underlying Neoplasia
Diffuse liver disease

Hunter Burnham

SPECIES

Canine

BREED

Spaniel

SEX

MN

AGE

9 years

WEIGHT

22.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Brittney Gardner,
DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

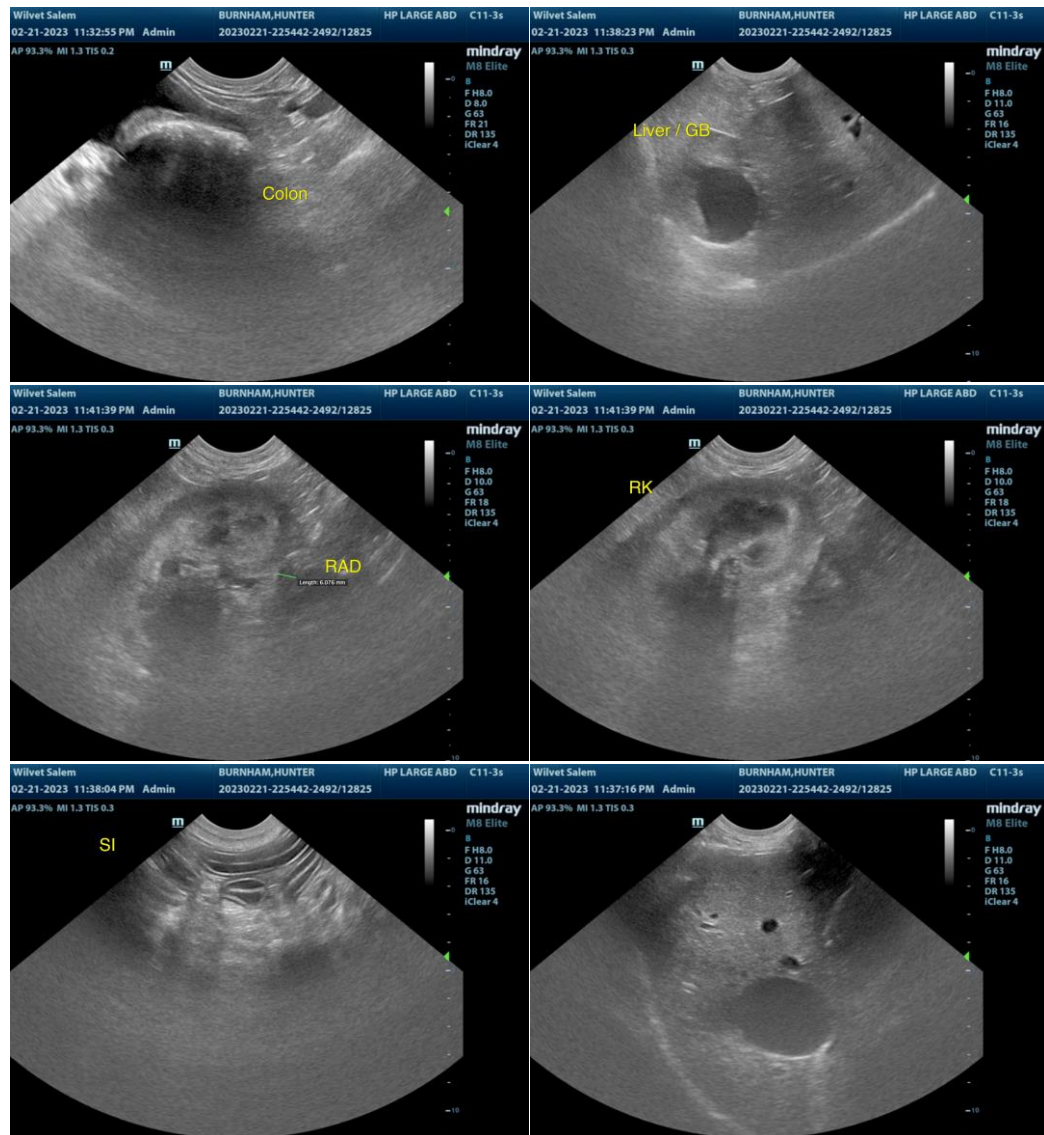
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PATIENT

Hunter Burnham

SPECIES

Canine

BREED

Spaniel

SEX

MN

AGE

9 years

WEIGHT

22.9 kg

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HOSPITAL NAME

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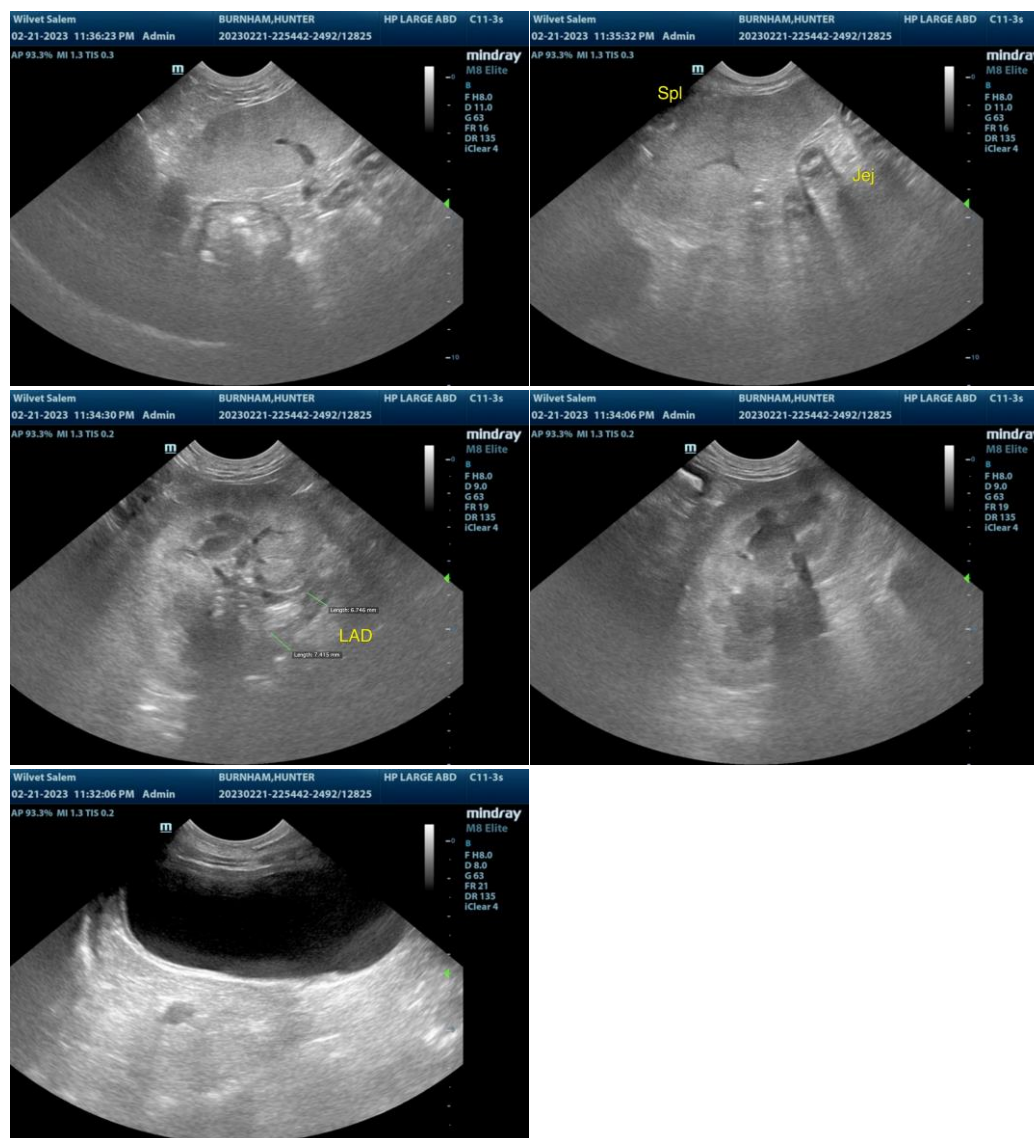
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DVM

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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)
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