



PATIENT PRESENTING CLINICAL SIGNS

Meiko Reynoso History: DKA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED The urinary bladder was mildly subnormal in size owing to lack of urine distention. Uniform mildly prominent generalized urinary bladder walls were present, exhibiting homogenous mural echogenicity. No urinary bladder tumors were present. Mild anechoic urine was present with no sediment or calculi. The urinary bladder wall measured 0.48 cm wall width. Aortic trifurcation was normal.

SEX No overt pathology in the area of the residual prostate.

Neutered Male 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 pyelectasia or evidence of pyelonephritis. The left kidney measured 9.7 cm in length. The right kidney measured 8.6 cm in length.

AGE

6 Years

WEIGHT Adrenal Glands

48.3 kg The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.6 cm length x 0.47 cm width at the caudal pole.

INTERPRETED BY

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5 cm length x 0.83 cm width at the caudal pole.

Spleen

IMAGING PERFORMED BY

Sara Hansen

The spleen was normal in size with areas of capsule asymmetry. Mild parenchyma heterogeneity was noted, including focal hyperechoic parenchyma adjacent to the lateral capsule, suggestive of splenic infarcts. Splenic vascularity was subjectively normal to adequate.

Liver

HOSPITAL NAME

Wilvet South

The liver was moderately enlarged. The liver exhibited generalized mild to moderate uniform increased hepatic parenchyma echogenicity. 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.

REFERRING VET

Dr. Reed

The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

INVOICE Gastrointestinal

20953

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid and nonspecific mildly hyperechoic to shadowing ingesta was present.

DATE

2/3/23



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental nonobstructive ileus was noted.
Meiko Reynoso	
SPECIES	Normal visible colon revealed sonographically normal wall layering. The colon exhibited generalized mild to moderate distention with non-formed to liquid fecal matter.
Canine	Pancreas
BREED	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 was evident.
Akita	
SEX	ULTRASONOGRAPHIC FINDINGS
Neutered Male	<ul style="list-style-type: none"> • Diabetic hepatopathy pattern • Gastroenterocolitis pattern with mild retained gastric fluid/nonspecific ingesta and generalized non-formed fecal matter • Overtly normal pancreas • Mild irregular spleen with suspect splenic infarcts
AGE	
6 Years	
WEIGHT	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
48.3 kg	Hospitalization with DKA stabilization protocol, including IV fluids, monitoring of serial serum BG, as needed gastrointestinal and hepatic support is recommended. Urine culture and sensitivity on sterile urine sample is recommended given the likely glucosuria.
INTERPRETED BY	No overt evidence of adenomegaly or tumors. No sonographic evidence of active pancreatitis.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	An internal medicine consult may be considered.
IMAGING PERFORMED BY	Coag profile is suggested to assess for potential hypercoagulable state.
Sara Hansen	
HOSPITAL NAME	Potential Causes of Diabetic Dysregulation
Wilvet South	This is a suggestive checkoff list when faced with an unregulated diabetic patient:
REFERRING VET	UTI
Dr. Reed	Dietary indiscretion/intolerance
INVOICE	Pancreatitis
20953	Hyperthyroidism/hypothyroidism
DATE	Exogenous steroids (including topical eye meds)
2/3/23	Cushing's
	Acromegaly



PATIENT Owner compliance
Meiko Reynoso Insulin quality issues
SPECIES Antibodies to insulin
Canine Underlying Neoplasia

BREED

Akita

SEX

Neutered Male

AGE

6 Years

WEIGHT

48.3 kg

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IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Wilvet South

REFERRING VET

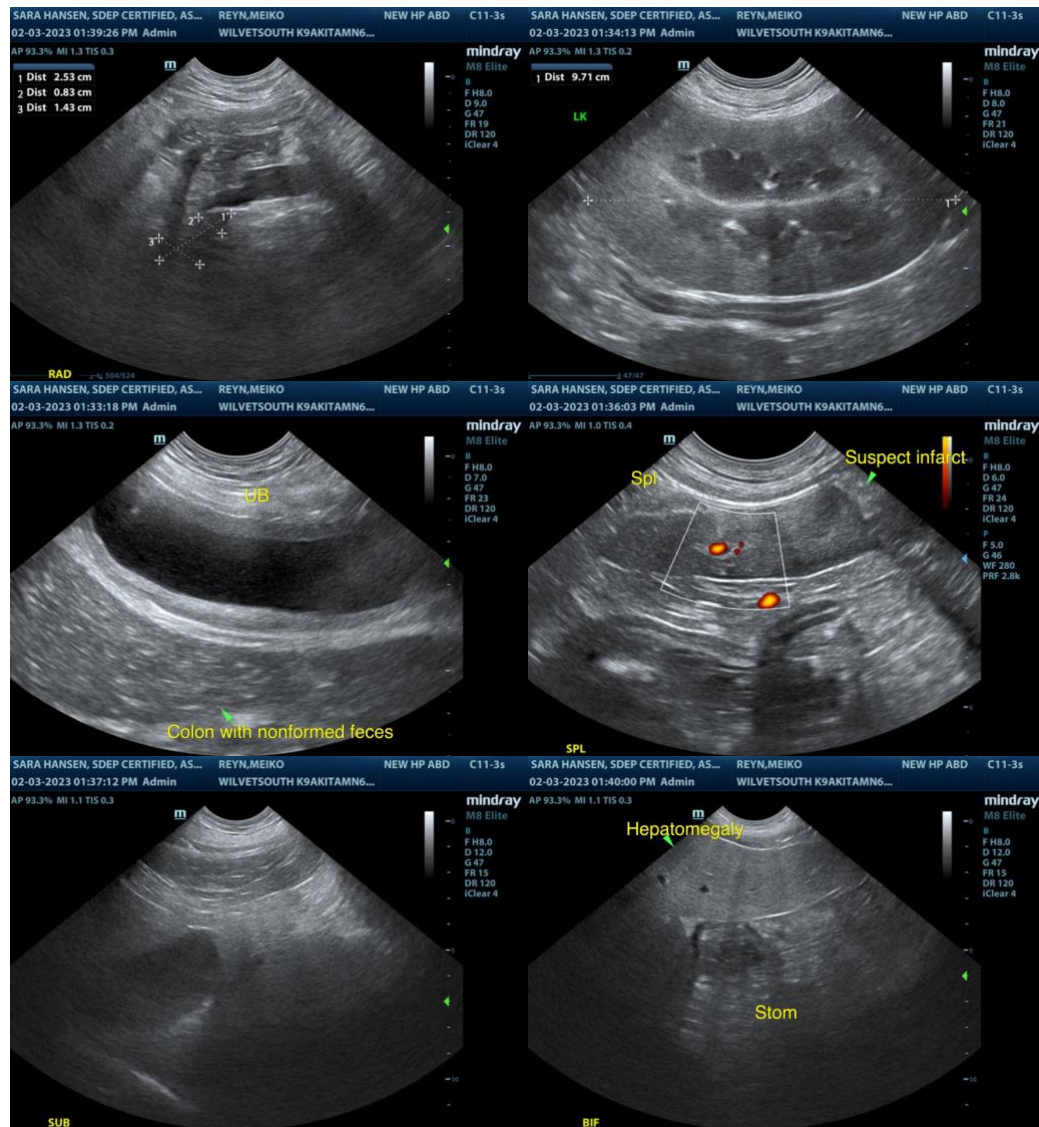
Dr. Reed

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PATIENT

Meiko Reynoso

SPECIES

Canine

BREED

Akita

SEX

Neutered Male

AGE

6 Years

WEIGHT

48.3 kg

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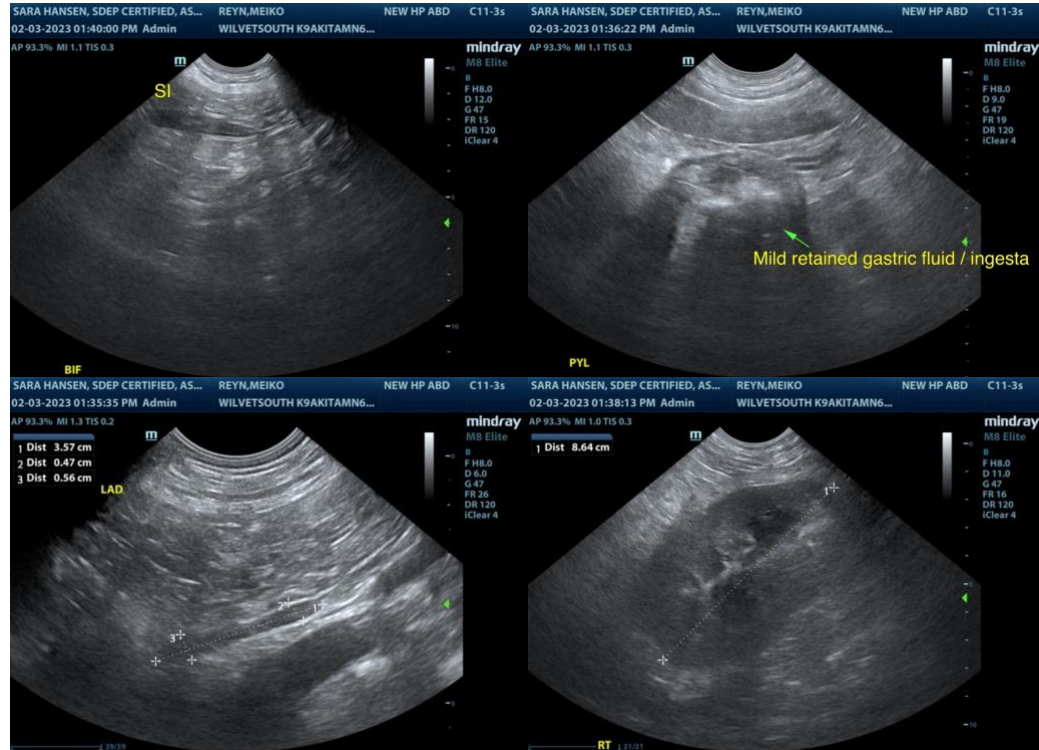
Dr. Reed

INVOICE

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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