



## PATIENT

Rocky Hicks

## SPECIES

Canine

## BREED

Terrier Mix

## SEX

Neutered Male

## AGE

7 Years

## WEIGHT

9.9 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Burns

## HOSPITAL NAME

Wilvet Salem

## REFERRING VET

Dr. Burns

## INVOICE

13605

## DATE

02/06/26

## PRESENTING CLINICAL SIGNS

- Patient presented on the evening on 2/2 as a transfer from Polk Vet.
- P was diagnosed last week with diabetes and started on insulin at that time. On 2/1, he started vomiting and having diarrhea. He was seen at the rDVM on 2/3 and then transferred directly here.

Abnormal PE/Chem/CBC/UA Results: Wilvet Salem 02/03/2026: 6am: EPOC: pH 7.452 (N), BE -6.36 (L), Na+ 137 (L), K+ 3.4 (L), Cl- 103 (L), iCa 0.97 (L), BUN 118 (H), Creat 2.84 (H), Glucose 692 (H), HCT 33 (L) UA: USG 1.022, pH 7.0, WBC 2/HPF, RBC 11/HPF, NSE <1/HPF, Non-hyaline casts >1/LPF, suspected cocci, Glu 1000, Ketones 15mg/dL (H), blood 50, Urine culture: Submitted to Idexx 2/4/25 6am: Phos 4.0 (N) EPOC: K+ 2.8 (L), Gluc 160 (H), HCT 34 (L) PCV/TS: 38%, 8 g/dl, lipemic serum 8am: Serum ketones 6(H) --> increased from 4.3 on 2/2 PM 7pm EPOC: K+ 3.3 (L)- improved, Gluc 409 (H), HCT 36 (N), remainder WNL 2/5/26 6am: EPOC: pH 7.286(L), K+ 2.9(L), iCa+ 1.07(L) PCV/TS: 34%/8g/dL Serum Ketones: 3.4(N)

## 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. Echogenic to particulate nondependent mild sediment was present 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.

Normal size and margination was 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. Small cortical cysts were present bilaterally with no evidence of pyelectasia. The left kidney measured 5.5 cm in length. The right kidney measured 5.8 cm in length.

### Adrenal Glands

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.84 cm width in the caudal pole. The right adrenal gland measured 0.75 cm width in the caudal pole.

### Spleen

The spleen presented normal in size and contour with multifocal hyperechoic to pinpoint splenic parenchyma foci which may indicate pinpoint areas of microinfarction, fibrosis or mineralization.

### Liver & Gallbladder

The liver revealed generalized hepatomegaly with generalized nonhomogenous hyperechoic hepatic parenchyma. 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. A cranial mid to left liver nonhomogenous mass was present with possible diaphragmatic impingement measuring approximately 6.3 cm in diameter.



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Concurrent mid liver nonhomogenous hypoechoic intraparenchymal nodule was visualized measuring 2.2 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

### **Gastrointestinal**

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas.

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 semi formed fecal matter in lumen.

### **Pancreas**

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum. No signs of active inflammation or neoplasia.

### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Enlarged mildly hyperechoic liver with cranial mid to left liver mass and mid liver nodule.
- Nonorganized gallbladder debris (non-mucocele).
- Pancreatic remodeling.
- Normal gastrointestinal tract with mild gastritis pattern and semi formed fecal matter in colon.
- Bilateral mild adrenomegaly.

### **Secondary Findings**

- Hyperechoic splenic foci- benign.
- Bilateral renal cortical cysts.
- Mild urine sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, diabetic hepatopathy pattern with potential for hyperplastic, granulomatous or neoplastic mass/nodule. Assuming normal clotting status, hepatic parenchyma and if accessible, mass/nodule FNA cytology is warranted for further clarification.

No evidence of significant/active pancreatitis. Correlation with urine culture and sensitivity is recommended. Adrenal workup could be considered if diabetic dysregulation. Empirical therapy for diabetic ketoacidosis with gastrointestinal support and continued clinical monitoring would be reasonable.



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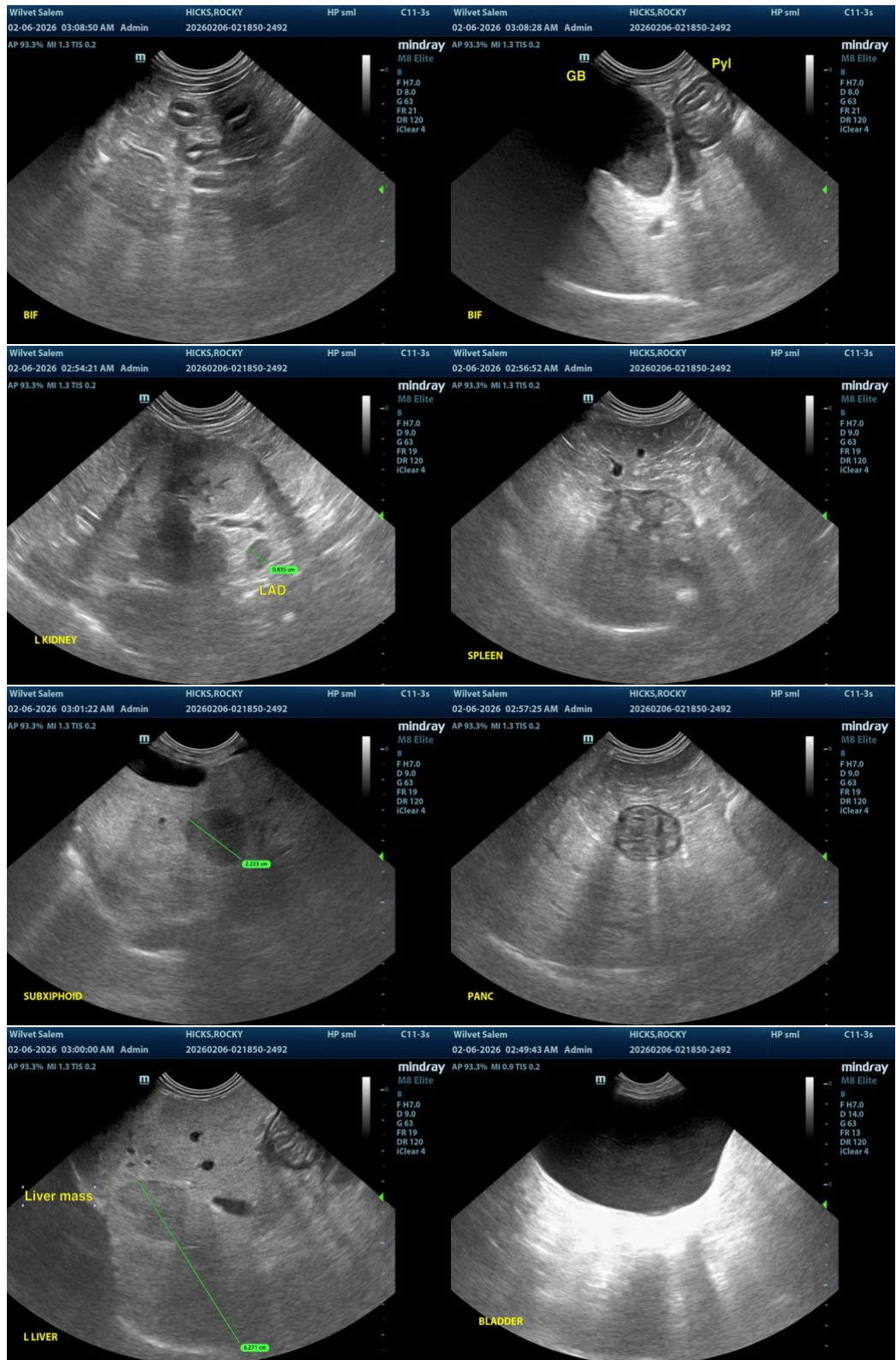
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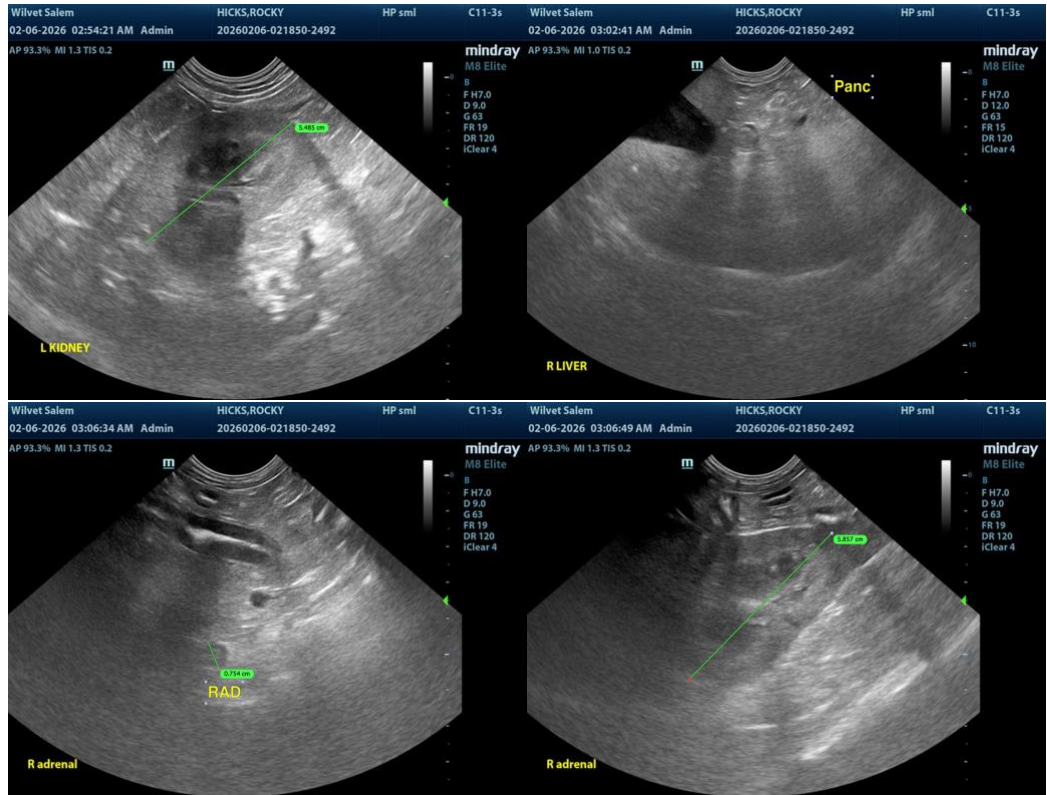
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)