

**PATIENT**

Bella Izzo

**PRESENTING CLINICAL SIGNS**

- Vomiting
- Clinical findings- Diabetic, Protein Losing Nephropathy, Dental Dz
- Current medications - Enalapril 1.25mg BID (had been on Telmisartan 7mg SID but stopped) Vetsulin 7 units BID
- Abnormal PE/Chem/CBC/UA Results: Glu 166, SDMA 23, Cr 1.8, BUN 53, K+ 5.6, ALP 185, Fructosamine 385, Gross Lipemia U/A - 2+ protein, UPC 3.2, USG 1.016

**SPECIES**

Canine

**BREED**

Cockapoo

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

FS

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

**AGE**

13yr

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Minor thickened cortex with non-homogenous cortex echogenicity. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

**WEIGHT**

13.7lb

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild right adrenal capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.66 cm width in the caudal pole. The right adrenal gland measured 0.72 cm width in the caudal pole.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal to coalescing, well-defined, symmetrical, echogenic nodules were present throughout the medial 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

**HOSPITAL NAME**

Park Ridge Animal Hospital

**REFERRING VET**

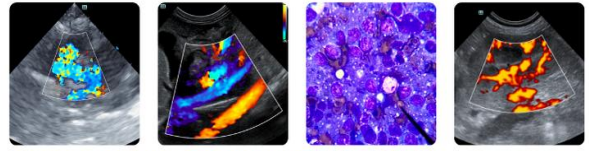
Dr. Rosenblum

**Liver/Gallbladder**

The liver presented 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 with mild non-dependent non-organized debris. The cystic and common bile ducts were normal.

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24185

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03/13/2026



**PATIENT** *Gastrointestinal*

Bella Izzo 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** 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 mechanical/metabolic ileus, obstruction or foreign material.

Canine Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED** *Pancreas*

Cockapoo 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.

**SEX** *Free Abdomen*

FS No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

13yr **Primary**

- WEIGHT** 13.7lb
- Benign hepatomegaly
  - Non-organized gallbladder debris (non-mucocele)
  - Sonographically unremarkable gastrointestinal tract / pancreas
  - Non-specific chronic renal changes
  - Bilateral mild adrenomegaly with asymmetrical right adrenal contour
  - Hyperechoic splenic nodules, most consistent with benign criteria, i.e. myelolipomas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An adrenal workup with ACTH stimulation tests given diabetes could be considered if clinical signs consistent with Cushing syndrome or evidence of diabetic dysregulation in conjunction with proteinuria given asymmetrical right adrenal contour. Sonographic monitoring of the right adrenal gland is indicated. A spec CPL could be considered to assess for mild pancreatitis which may present sonographically normal.

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Continued hepatogastrointestinal support is recommended. Concurrent sonographic monitoring of the gallbladder recommended if evidence of progressive cholestasis.

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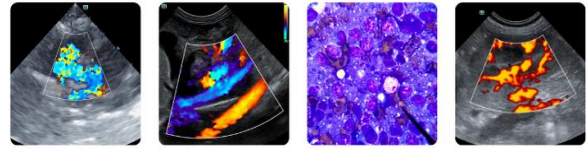
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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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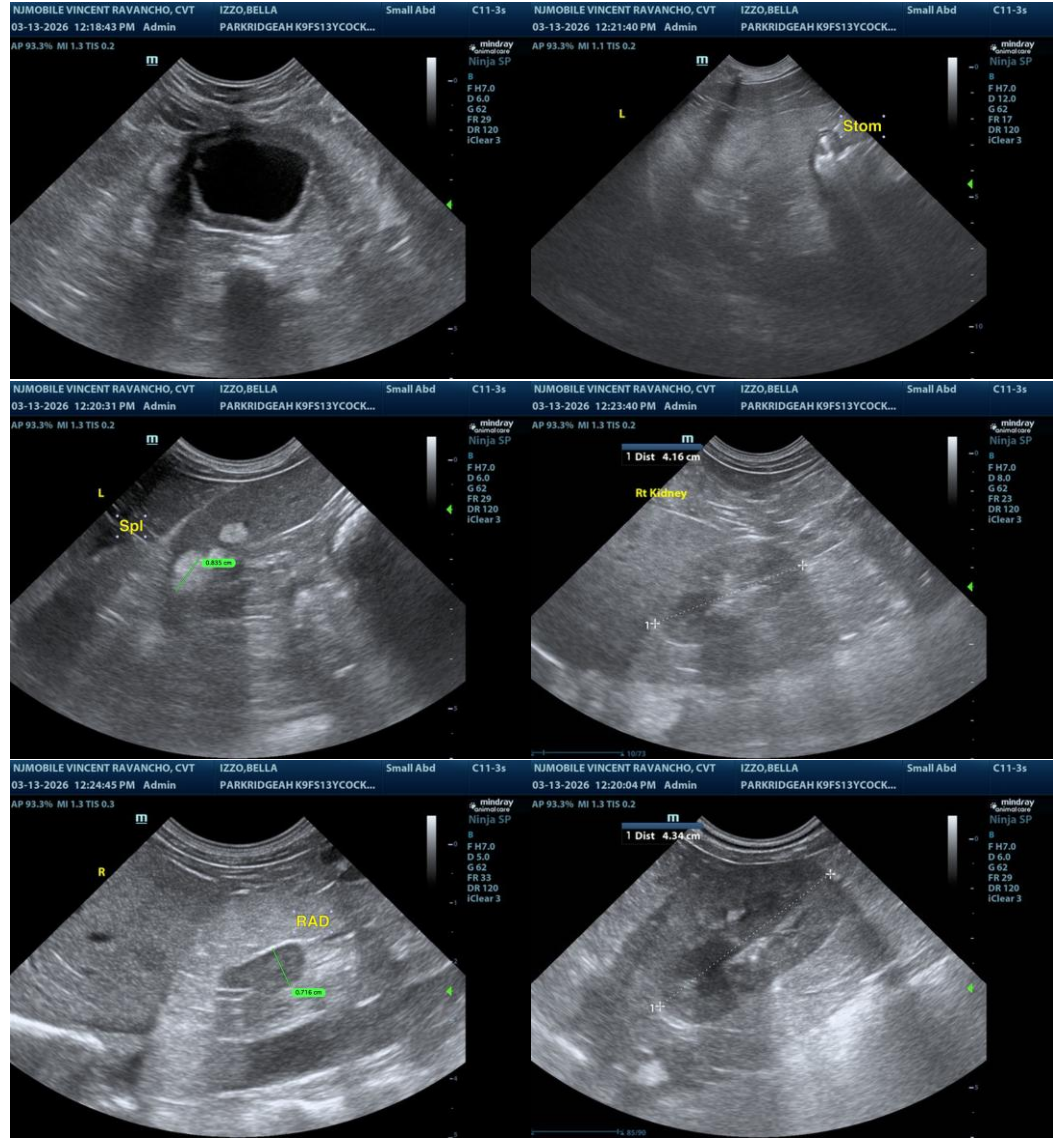
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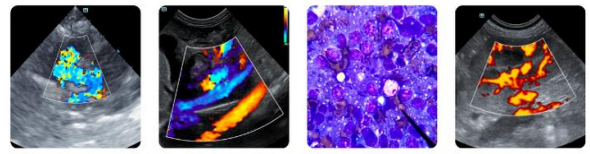
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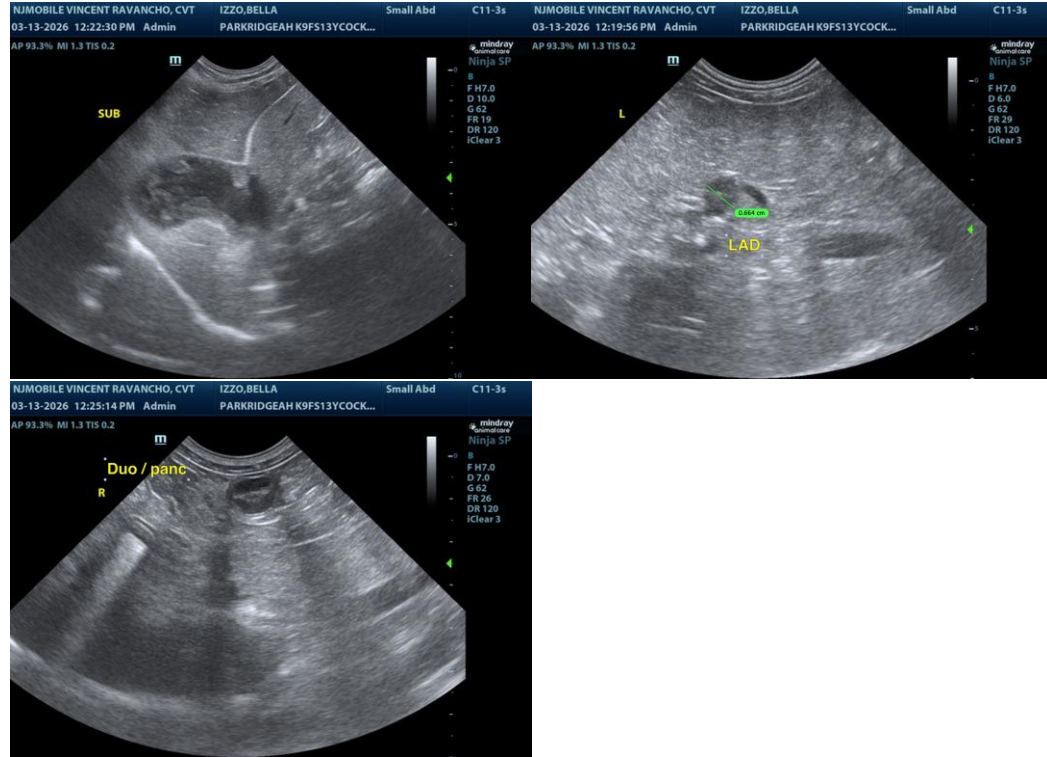
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**AGE**

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**WEIGHT**

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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.

**IMAGING PERFORMED BY**

Vincent Ravancho CVT

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