



PATIENT

Kitti Cruz

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

9yr

WEIGHT

7.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Erin Folk Animal
Hospital

REFERRING VET

Soliman

INVOICE

24184

DATE

03/13/2026

PRESENTING CLINICAL SIGNS

- Dx with diabetes in 2023, seen in Jan 28 2026 for hyperglycemia, dose of Caninsulin adjusted from 8IU to 9IU after at home BG curve, march 5 2026 BG elevated again not controlled, increased insulin from 9IU to 11IU, Mar 9 BG reading still high.
- Current Medications Caninsulin 11 IU BID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 5.1 cm in length. The right kidney measured 5.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged in size with normal contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm width at the caudal pole and 1.9 cm length.

Enlarged cranial to mid right adrenal gland. Mild non-homogenous parenchyma and mild capsule distortion was present without suspicion for overt neoplasia. The right adrenal gland measured 1.7 cm length and 0.67 cm width in 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/Gallbladder

The liver presented mild to moderately 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.



PATIENT

Gastrointestinal

Kitti Cruz

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

Maltese

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

9yr

Primary

WEIGHT

7.5kg

- Bilateral adrenomegaly with enlarged non-homogenous asymmetrical mid/ cranial right adrenal gland
- Benign hepatomegaly
- Non-organized gallbladder debris (non-mucocele)
- Mild chronic renal changes
- Sonographically normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bilateral variable benign adrenal hyperplasia, functional vs non-functional adenomatous change with possible emerging right adrenal tumor, all potentials. An adrenal workup with LDDST if clinical signs consistent with Cushing syndrome are present in conjunction with diabetic dysregulation is recommended.

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Monitoring of systemic blood pressure for evidence of hypertension is recommended. Serial sonographic monitoring of the right adrenal gland for evidence of progressive changes or enlargement with initial recheck in 4-6 weeks is indicated. Hepatosupportive medications suggested if evidence of cholestasis. A urine C/S on sterile urine sample recommended if evidence of glucosuria.

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This is a suggestive checkoff list when faced with an unregulated diabetic patient:

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis

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- PATIENT**
- Hyperthyroidism/hypothyroidism
- Kitti Cruz
- Exogenous steroids (including topical eye meds)
 - Cushing's
- SPECIES**
- Canine
- Acromegaly
 - Owner compliance
- BREED**
- Maltese
- Insulin quality issues
 - Antibodies to insulin
 - Underlying Neoplasia
- SEX**
- FS
- Diffuse liver disease

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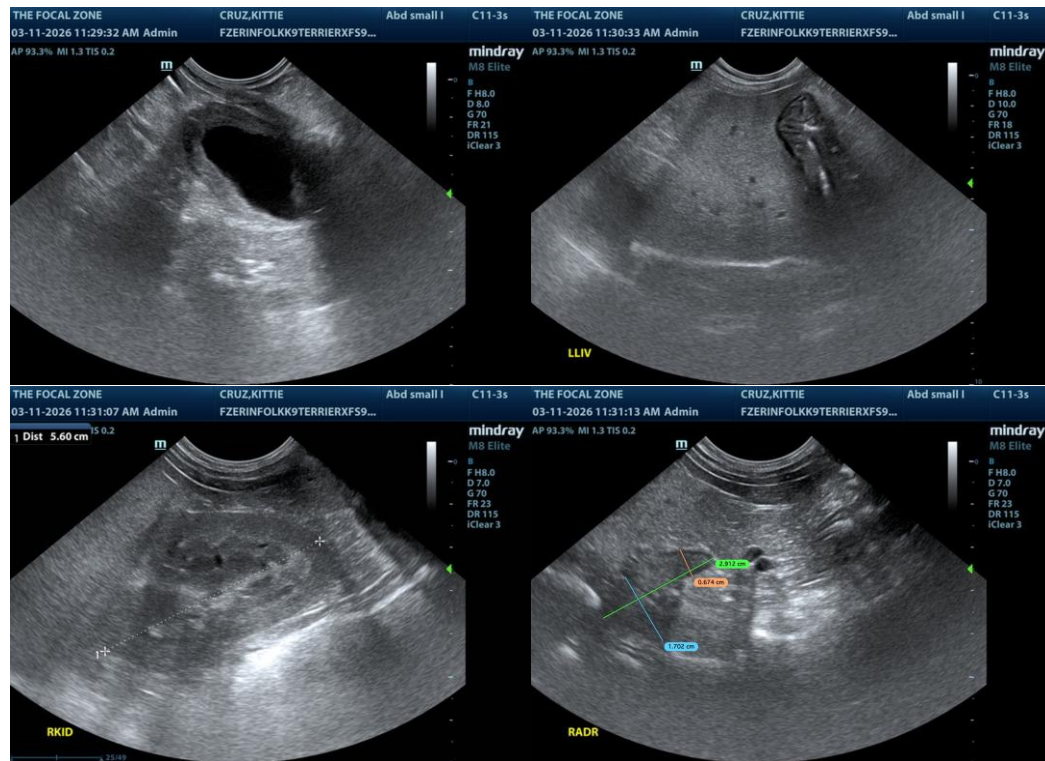
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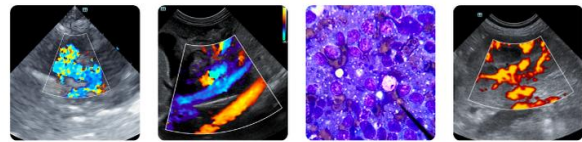
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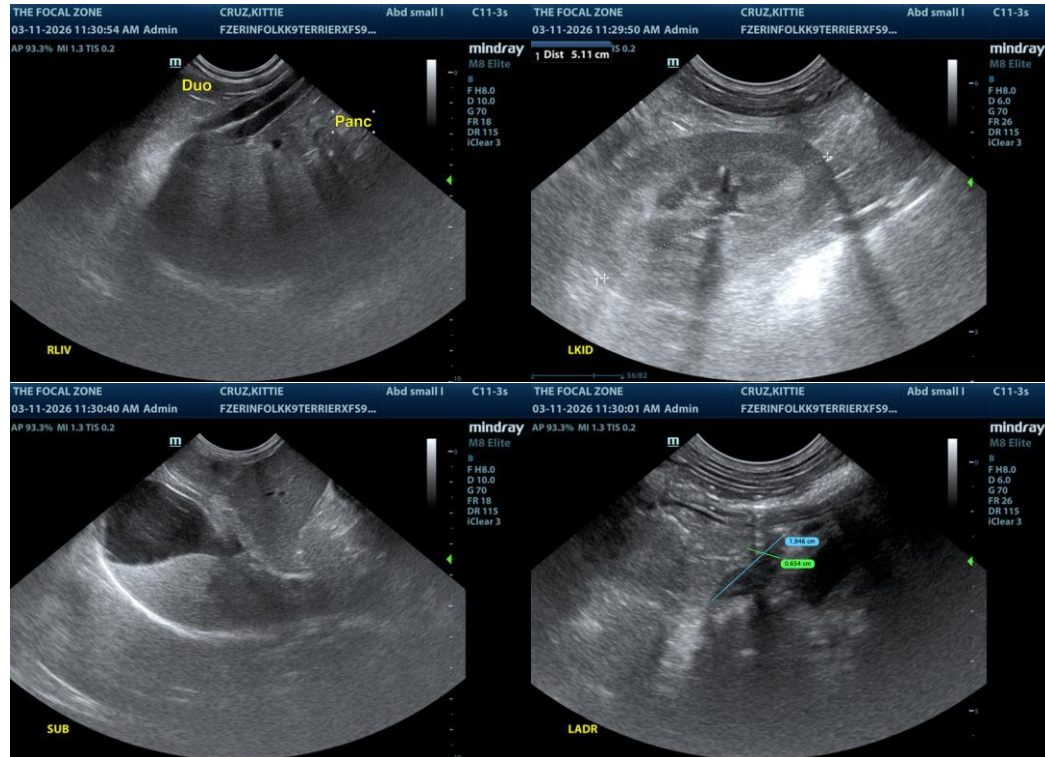
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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