



**PATIENT PRESENTING CLINICAL SIGNS**

Mia Carter History: Vomiting, Pu/Pd, very recent diagnosis of diabetes, not eating. Cerenia, Amoxiclav, Caninsulin. Cerenia has not helped with vomiting. Hasnt eaten since last night when owner was able to get her to eat a few eggs.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC HCT 0.28, Chem Panel BUN 13.8, CREAT 154, GLU 20.1, Lipase 814, Chol 10.7, unremarkable liver parameters. U/A Protein 1+, pH 6.5, Ketones 3+. Glucose 4+. Cocci 3+

**BREED**

Presa Canario X

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female

**Urinary System**

The urinary bladder is subnormal in size owing to lack of urine distention, the trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild 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. The lack of urine distention prohibited full evaluation of the urinary bladder walls yet no evidence of inflammatory or neoplastic changes were noted.

**AGE**

7 years

**WEIGHT**

57 pounds

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 pyelectasia. The left kidney measured 6.7 cm in length. The right kidney measured 7.9 cm in length.

**INTERPRETED BY**

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

No overt pathology in the area of the uterus or bilateral ovaries.

**IMAGING PERFORMED BY**

Crystal Hill

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width at the caudal pole and 2.4 cm width at the cranial pole. The right adrenal gland was indistinctly visualized given patient's size and confirmation without overt pathology noted. The right adrenal gland subjectively measured 0.79 cm width at the caudal pole.

**HOSPITAL NAME**

Fisher Mills Animal  
Hospital

**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.

**REFERRING VET**

Dr, Gupta

**Liver**

The liver presented normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. 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.

**INVOICE**

10106ag

**DATE**

03/02/2022

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



**PATIENT** *Gastrointestinal*

Mia Carter The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with retained primarily anechoic fluid and mild chyme/nonshadowing ingesta was present. No overt evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.62 cm.

**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.

Presca Canario X

**Pancreas**

**SEX**

The left pancreatic limb exhibited mild prominent size and maintained symmetric, yet mildly swollen capsule contour and a uniform mildly hypoechoic parenchyma compared to the adjacent omental fat. No signs of active inflammation or neoplastic disease was evident.

Female

**Free Abdomen**

**AGE**

No overt lymphadenopathy or peritoneal free fluid.

7 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

- Gastritis with generalized gastric hypomotility, probable concurrent mild enteritis.
- Subjective mild pancreatitis.
- Generalized mild hepatic parenchyma hyperechogenicity-nonspecific given lack of current hepatic enzyme elevation, metabolic/reactive (diabetic) hepatopathy, vacuolar hepatopathy, emerging lipidosis or inflammation possible.
- Overtly normal bilateral kidneys-no evidence of pyelonephritis.

57 pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Urine C/S on sterile urine sample given the glucosuria and presence of bacteriuria is recommended.

Crystal Hill

The gastric hypomotility suspected to be metabolic in nature owing to current metabolic disease (diabetes) or gastric inflammation. No overt evidence of mechanical obstruction noted.

**HOSPITAL NAME**

Fisher Mills Animal  
Hospital

Hospitalization with stabilization of glucose levels and diabetic ketoacidosis/pancreatitis protocol with as needed gastrointestinal support is recommended.

**REFERRING VET**

Dr, Gupta

Recheck sonogram to reassess gastric hypomotility could be considered if continued inappetence.

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/>.

**INVOICE**

10106ag

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>

**DATE**

03/02/2022



**PATIENT**

Mia Carter

**SPECIES**

Canine

**BREED**

Presa Canario X

**SEX**

Female

**AGE**

7 years

**WEIGHT**

57 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hilll

**HOSPITAL NAME**

Fisher Mills Animal  
Hospital

**REFERRING VET**

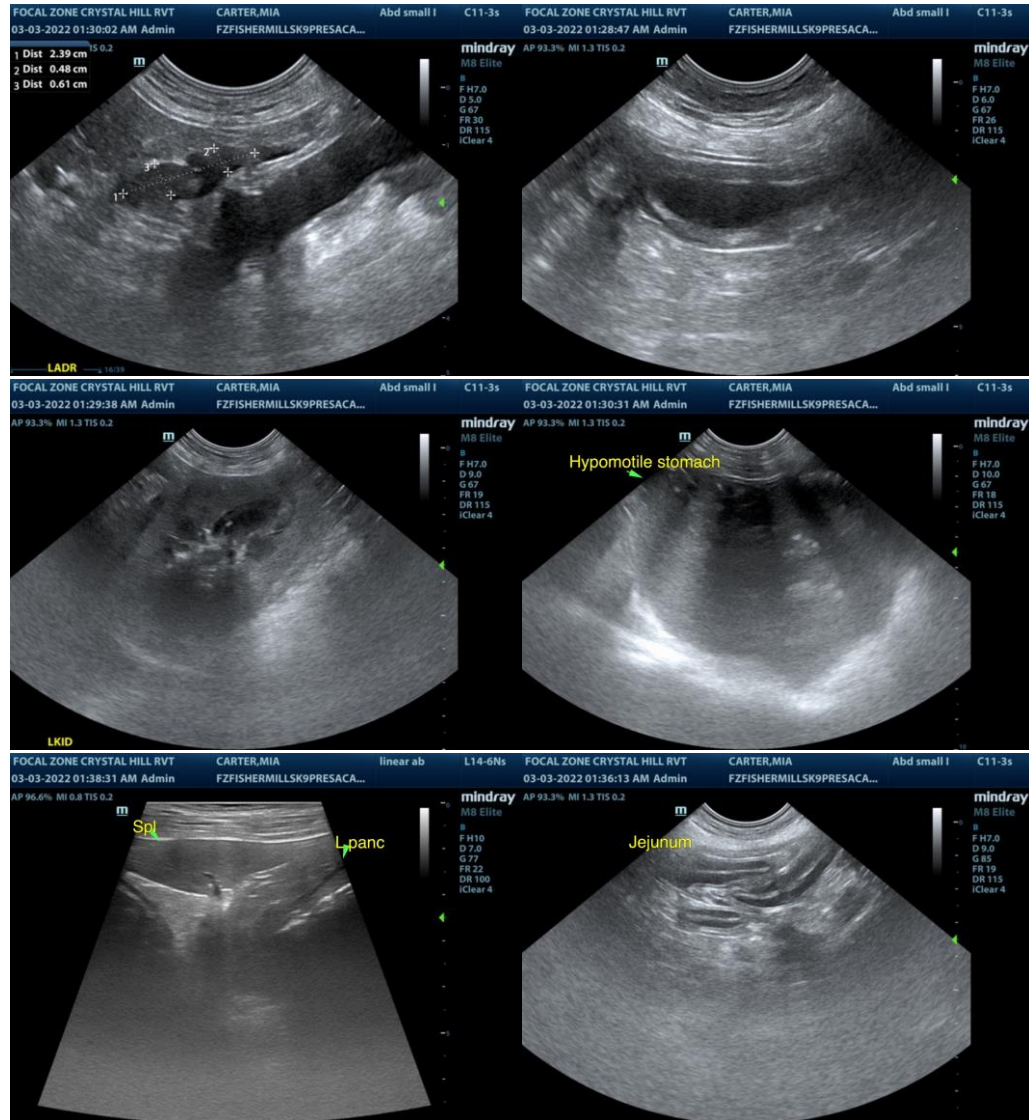
Dr, Gupta

**INVOICE**

10106ag

**DATE**

03/02/2022





**PATIENT**

Mia Carter

**SPECIES**

Canine

**BREED**

Presa Canario X

**SEX**

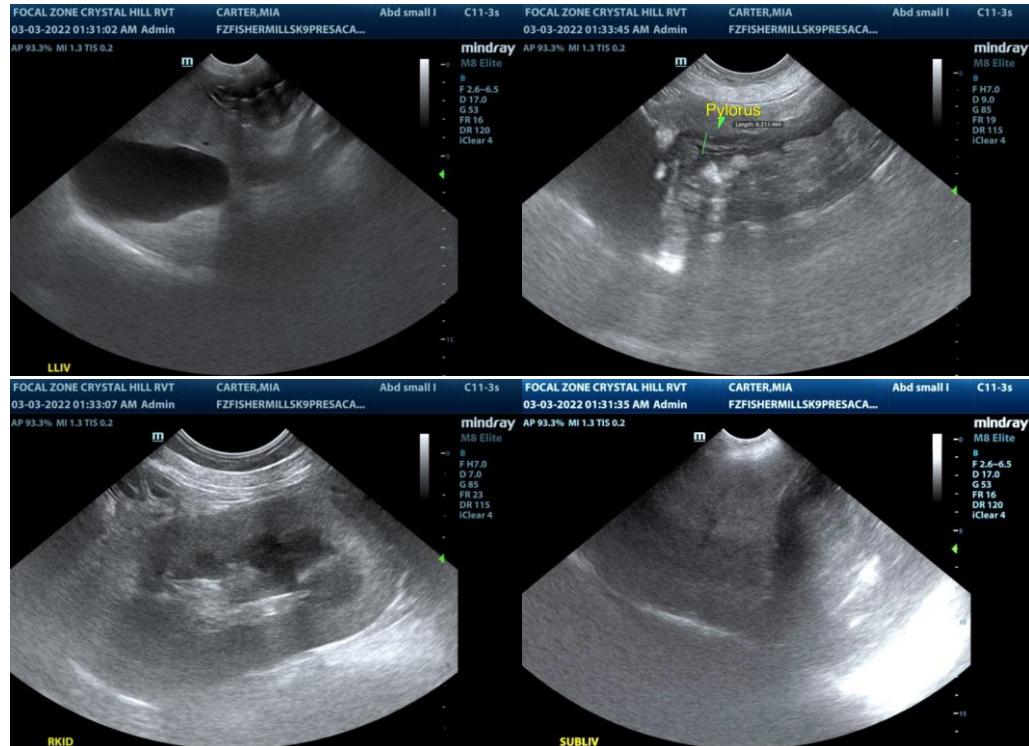
Female

**AGE**

7 years

**WEIGHT**

57 pounds



**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hilll

**HOSPITAL NAME**

Fisher Mills Animal  
Hospital

**REFERRING VET**

Dr, Gupta

**INVOICE**

10106ag

**DATE**

03/02/2022

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