



PATIENT

Cucu Kim

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

12yr

WEIGHT

20.4lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

24450

DATE

04/10/2026

PRESENTING CLINICAL SIGNS

Recently diagnosed with DKA/ DM, cardiomegaly and hepatomegaly ,as per owner PU / PD has gotten little better once pet was started on vetsulin.

Abnormal PE/Chem/CBC/UA Results: PE: LS OU , advanced periodontal ds, HM grade 3-4 /6, multiple skin tags and sq masses (lipoma) , obese, distended abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 5.1 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Both adrenal glands were enlarged with subtle left adrenal nodular changes and maintained intact primarily symmetrical capsule contour. The left adrenal gland measured 0.95 cm width at the caudal pole. The right adrenal gland measured 1.0 cm width at 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 increased in size. The parenchyma of the liver was subjectively mild increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild to variable coarse echotexture. The capsule of the liver was rounded and symmetrical in margination. No visualized masses or nodules were present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal



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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.

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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.

Pancreas

BREED

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia. Subjective right limb thinly walled pancreatic cyst measuring 1.2 cm in diameter.

Dachshund

SEX

Free Abdomen

MN

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

AGE

ULTRASONOGRAPHIC FINDINGS

12yr

Primary

WEIGHT

- Hepatopathy- most consistent with metabolic, reactive or diabetic hepatopathy, potential for cholestatic or inflammatory hepatopathy, no evidence of neoplasia
- Mild non-organized gallbladder debris
- Mild chronic renal changes
- Bilateral adrenomegaly exhibiting subtle nodular left adrenal changes
- Chronic pancreatitis/ fibrosis pattern with small right limb pancreatic cyst

20.4lb

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Adrenal workup with ACTH stimulation test is warranted in this patient. The adrenal glands are most suggestive of benign criteria i.e. hyperplasia or potential emerging left adenoma. Emerging left adrenal tumor thought less likely. Sonographic monitoring of the left adrenal gland is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate or spec cPL is recommended.

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Empirical therapy for diabetes/ DKA with clinical monitoring is recommended. Hepatosupportive medication may prove beneficial.

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

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- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism

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- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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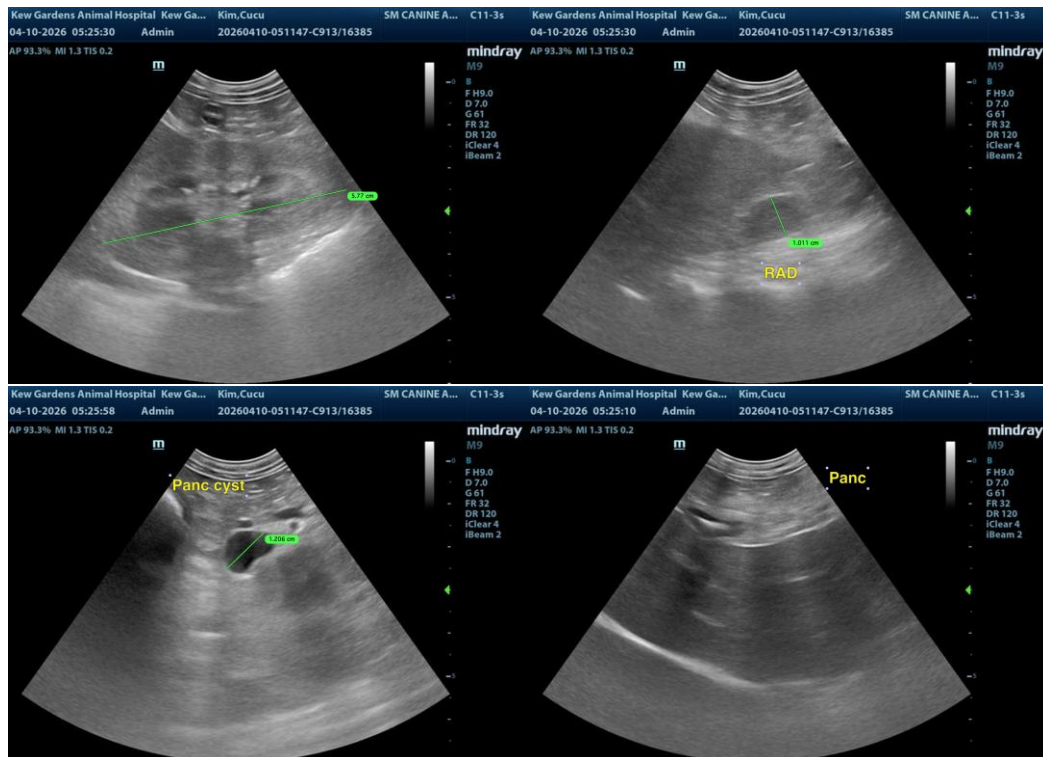
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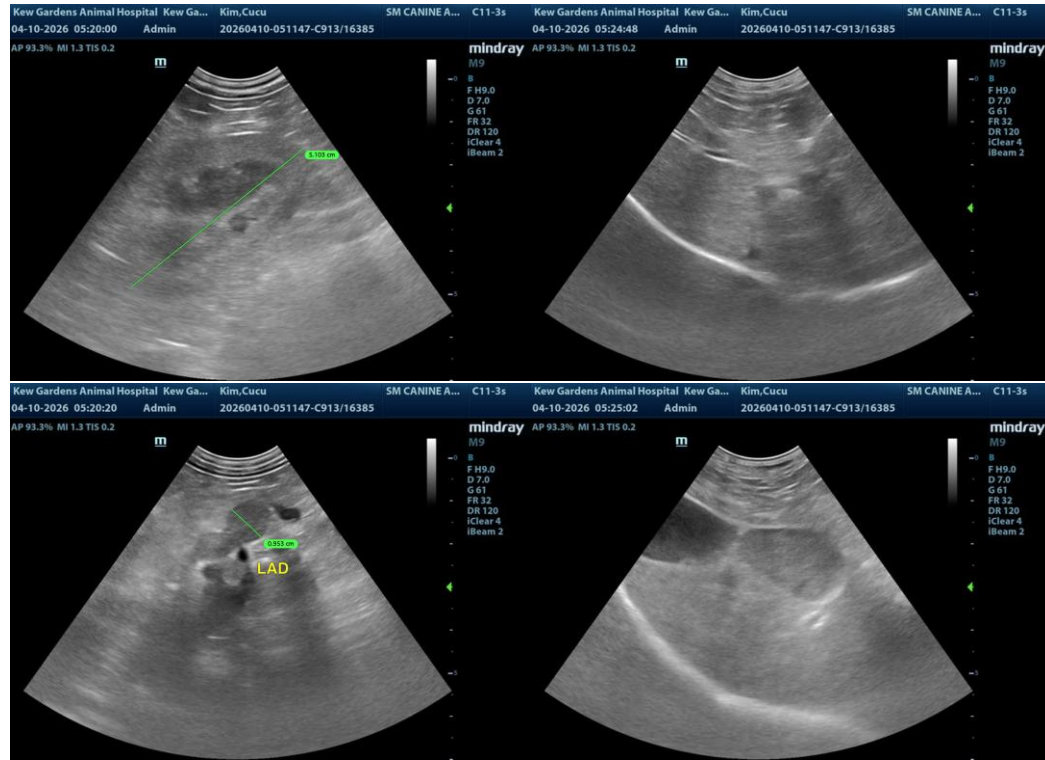
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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