



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Toby Evanko	History: Full history not available. Patient is transferred from rDVM for presumed DKA for hyperglycemia and being "very sick". Unknow if patient was experiencing vomiting.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: FAST scan - No abd FF seen. EPOC - pO2 88.4 (H), O2sat 97.2 (H), pCO2 20 (L), HCO3 12.7 (L), mTCO2 11.7 (L), ph 7.410 (N), Na 136 (L), K+ 2.7 (L), BE -11.9 (L), Ca++ 0.99 (L), BUN 45 (H), CRE 0.98 (N), Glu 598 (H), Hct 32 (L) CBC - normocytic, nonregenerative anemia Hct 28%. neutrophilia (36k), monocytosis (1.4k) Chem17 - Tbil 1.8, GGT 69. ALP suppressed UA - USG 1.030, gluc 1000, ketones 50, bili 1, urobili 4. susp cocci, susp rods urine cytology - dry prep: no bacteria seen 1am - Lyte4 - Na 139, K+ 4.2, Cl 103 5am - Lyte4 - K+5.8
Canine	
<b>BREED</b>	
Border Collie Mix	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Neutered Male	
<b>AGE</b>	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 overt pyelonephritis criteria present. The left kidney measured 7.9 cm in length. The right kidney measured 8.5 cm in length. Minor medullary mineral was present.
11	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
30.9	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole and 0.70 cm width at the cranial pole.
<b>INTERPRETED BY</b>	The right adrenal gland was not definitively visualized.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	The spleen was normal in size with minor areas of capsule asymmetry and generalized nonhomogenous parenchyma, exhibiting diffuse hyperechoic parenchyma foci to striations. The hyperechoic foci to striations are nonspecific yet subjectively benign with considerations, including splenic mineralization, microinfarction/infarction, or fibrosis. Suspect concurrent minor benign splenic myelolipomas.
Schofield	
<b>HOSPITAL NAME</b>	<b>Liver</b>
Wilvet South	The liver was moderately enlarged with the ventral caudal liver extending to/passed the level of the gastric axis. 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. Intermittent discreet hypoechoic nodules were noted, sonographically suggestive of probable discrete areas of hyperplasia, hematopoiesis or similar.
<b>REFERRING VET</b>	
Schofield	
<b>INVOICE</b>	
22106	
<b>DATE</b>	The gallbladder was non-distended in size with anechoic content and moderate inspissated yet nonorganized, variably echogenic gallbladder debris without evidence of gallbladder/peripheral gallbladder inflammatory criteria. The cystic and common bile ducts were normal.
4/20/23	



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***Gastrointestinal***

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid was present in the stomach.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor nonobstructive duodenal ileus was noted.

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

***Pancreas***

The pancreas was mildly enlarged and irregular with asymmetrical contour. Nonuniform, hyperechoic to mildly mixed echogenic pancreatic parenchyma was present. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

***Free Abdomen***

Subtle perihepatic and peripancreatic hyperechoic omentum was noted. No evidence of peritoneal free fluid.

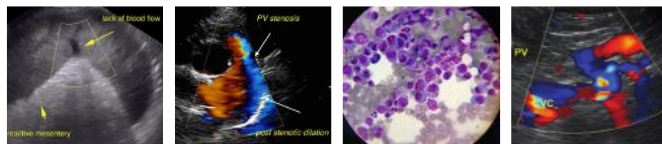
**ULTRASONOGRAPHIC FINDINGS**

- Diabetic hepatopathy pattern
- Moderate inspissated yet nonorganized gallbladder debris- not consistent with mucocele criteria
- Chronic to possible mixed pattern pancreatitis
- Mild chronic renal changes
- Sonographically unremarkable left adrenal gland
- Hyperechoic splenic foci/striations- benign
- Mild gastroduodenitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for evidence of cranial abdominal subxiphoid discomfort on palpation which may allude to chronic or mixed pattern pancreatitis is warranted. Correlation with a spec CPL is suggested.

Empirical therapy for diabetic ketoacidosis with assessment of clinical response is recommended. Urine culture and sensitivity in sterile urine sample is recommended given the glucosuria.



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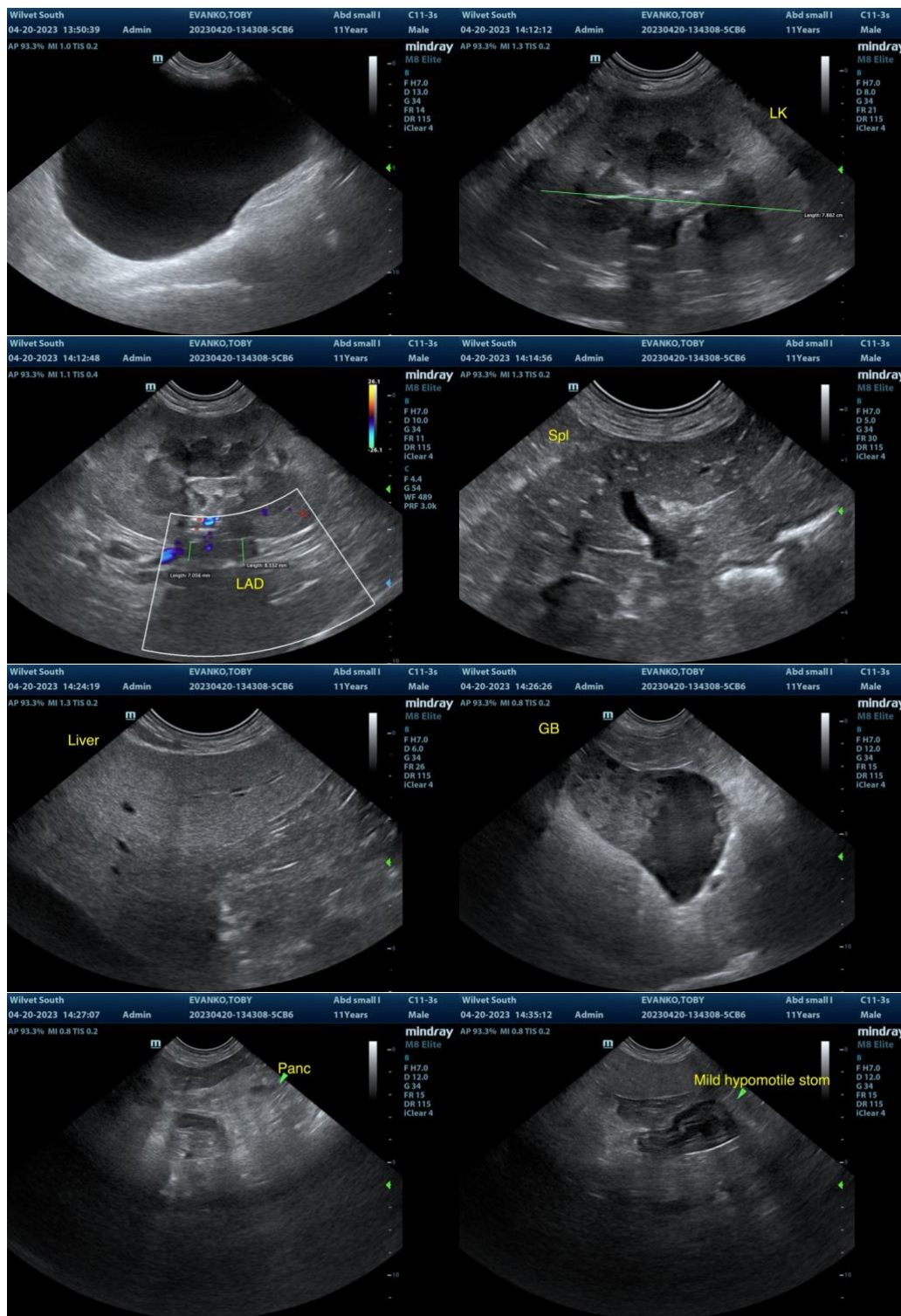
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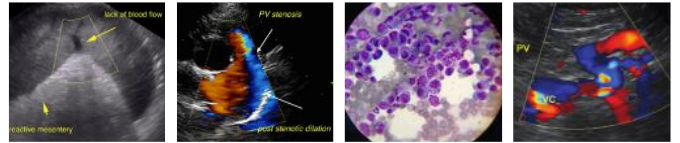
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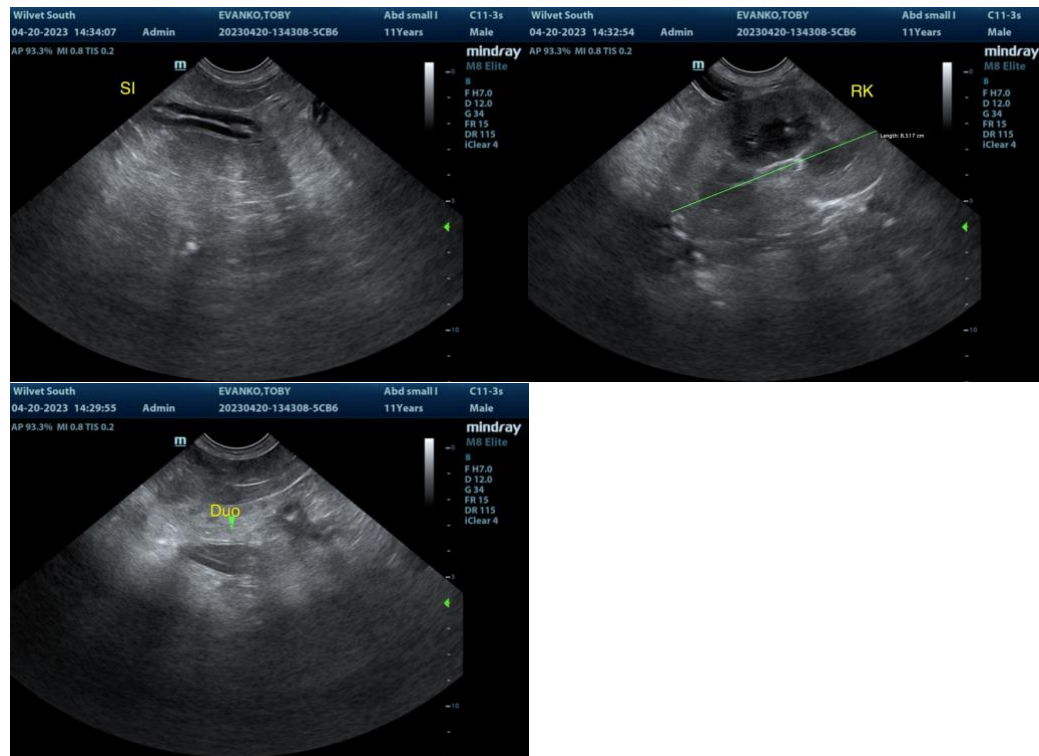
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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