

## PATIENT

Rocky Delima

## SPECIES

Canine

## BREED

Labrador

## SEX

MN

## AGE

10yr

## WEIGHT

65lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Shark

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr Nader Shafik

## INVOICE

24569

## DATE

04/22/2026

## PRESENTING CLINICAL SIGNS

Seizure today and tremors yesterday

Abnormal PE/Chem/CBC/UA Results: lactate high

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. Possible mild thickened bladder wall exhibiting asymmetrical luminal surface, no definitive mass. The 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 obvious pathology in the area of the residual prostate, although indistinctly visualized.

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 6.7 cm in length. The right kidney measured 7.3 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

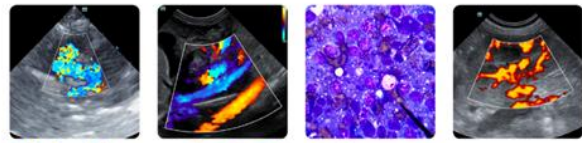
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

### 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 was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to moderate parenchymal remodeling. Multifocal, well demarcated hypoechoic intraparenchymal nodules were present, an example measured 1.1 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.



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## Gastrointestinal

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.

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.

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

## Pancreas

The visualized pancreas exhibited normal size, mild capsule asymmetry and non-homogenous, mildly hyperechoic parenchyma with indistinct subjective right limb intraparenchymal nodules. An example measured 1.0 cm in diameter.

## Free Abdomen

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

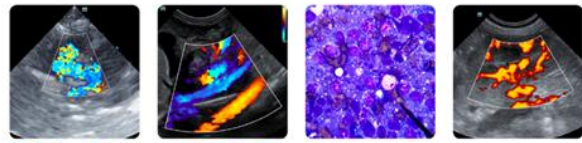
## ULTRASONOGRAPHIC FINDINGS

### Primary

- Non-homogenous liver with multifocal, well demarcated hypoechoic intraparenchymal nodules
- Subjective heterogeneous pancreas with indistinct nodular parenchyma
- Mild chronic renal changes
- Sonographically normal spleen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for an insulinoma with hepatic metastasis is warranted in this patient. Insulin glucose ratio on same serum sample if BG < 60 is recommended. Assuming normal clotting status, using 25ga needle and if accessible, hepatic parenchyma/ nodule FNA cytology could be considered for further clarification.



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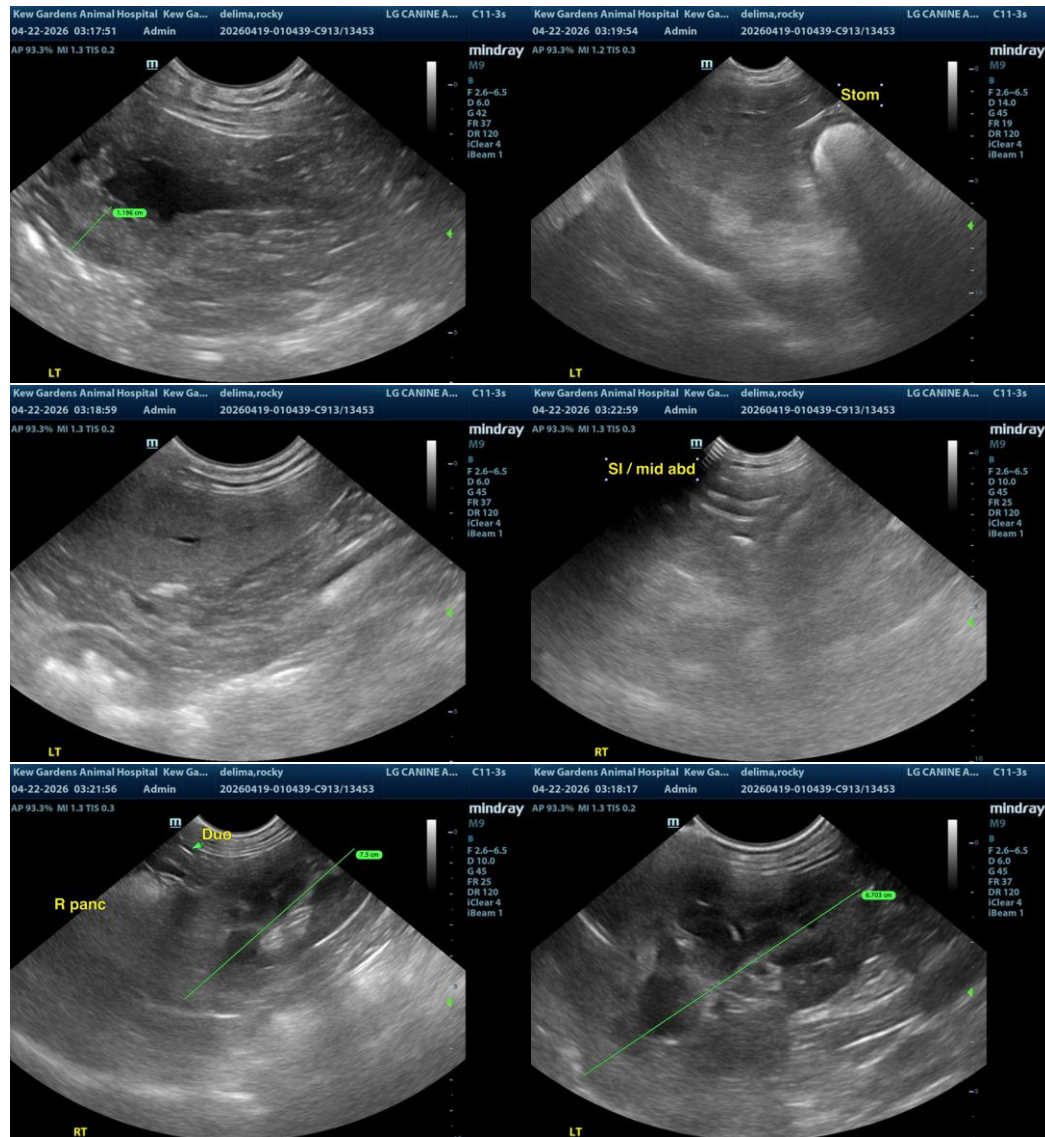
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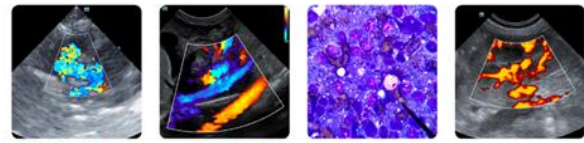
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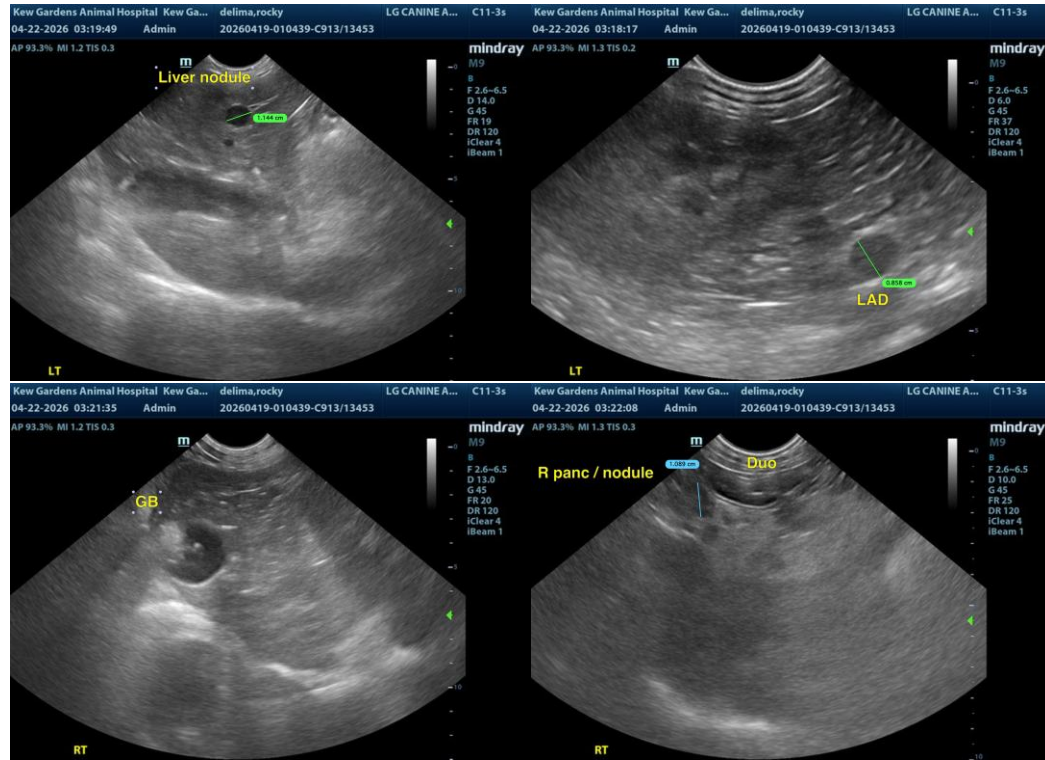
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)