



PATIENT

Rocky Richardo

SPECIES

Canine

BREED

Yorkie Mix

SEX

Male Neutered

AGE

9y 5m

WEIGHT

9.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Becca Hamilton

HOSPITAL NAME

New Bridge Vet

REFERRING VET

Dr. Glennon

INVOICE

13429

DATE

4/23/26

PRESENTING CLINICAL SIGNS

History: Borderline diabetic? 330, ketones in urine, anorexic, lethargic

Meds: IVF, Vetsulin 1 unit BID

Abnormal PE/Chem/CBC/UA Results: BG 335

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 pelvic dilation. The left kidney measured 4.7 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 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

The liver presented generalized hepatomegaly. Mildly hyperechoic non-homogeneous hepatic parenchyma 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. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, primarily non-shadowing with focally shadowing ingesta echo measuring 0.84 cm in diameter. No obstruction to pyloric outflow present.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild, segmental, non-obstructive intestinal ileus noted.

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

Pancreas

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.

Free Abdomen

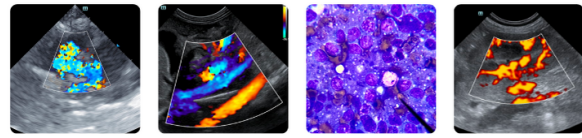
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Urine sediment
- Normal bilateral kidneys/adrenal glands
- Enlarged, mildly hyperechoic liver – suggestive of diabetic hepatopathy, potential for inflammation, emerging lipidosis, vacuolar/cholestatic hepatopathy or other occult neoplasia considered unlikely
- Mild gallbladder debris (non-mucocele)
- Subjective mild gastroenteritis pattern with focally shadowing gastric lumen echo and mild, non-obstructive intestinal ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on sterile urine sample recommended if inflammatory sediment or glucosuria. No overt adrenal or pancreatic pathology as a contributing factor. The focally shadowing gastric echo is non-obstructive may likely suggest dense treat, medication or ingesta. If concurrent clinical signs, hospitalization with empirical therapy for diabetic ketoacidosis is recommended. Correlation with Fructosamine level, if not done, is recommended.



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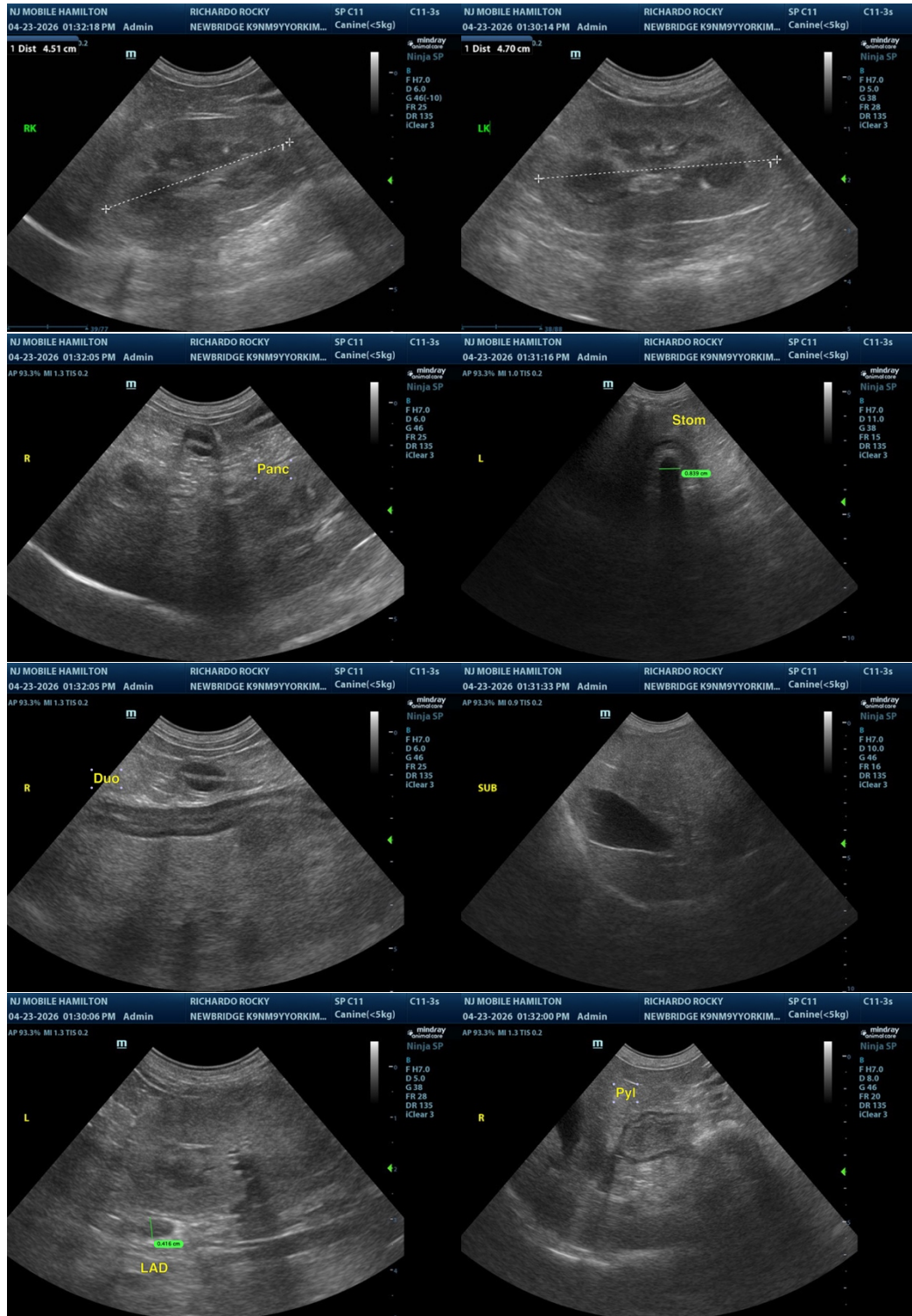
Dr. Glennon

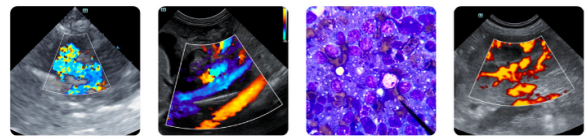
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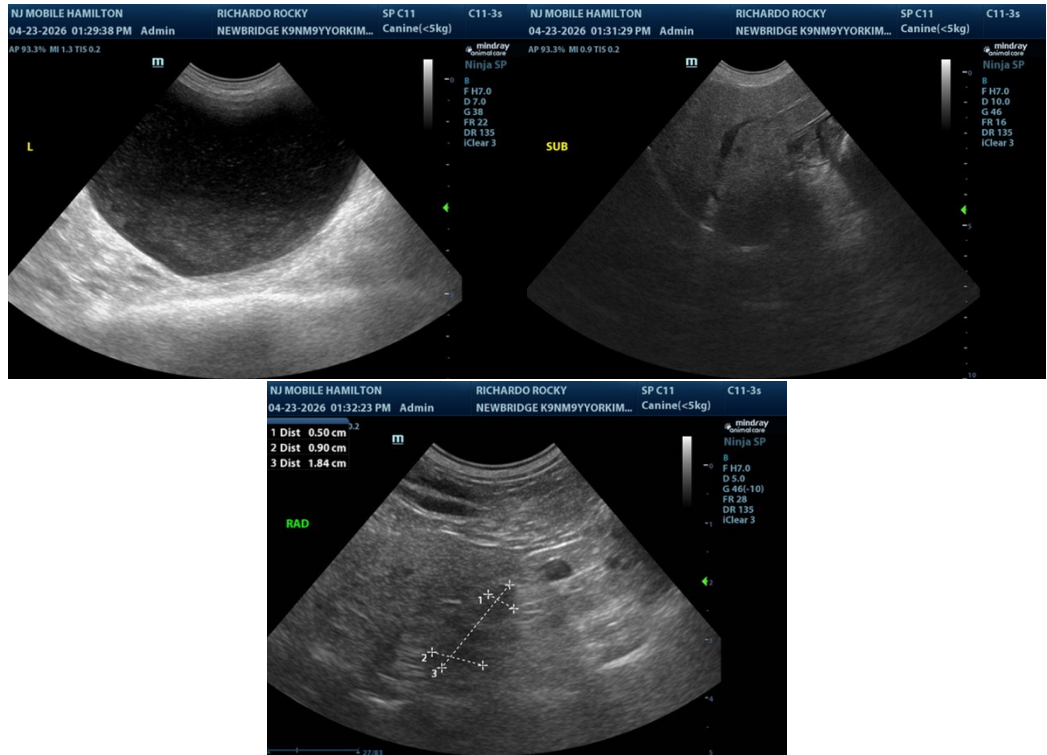
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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