

**PATIENT**

Penelope Basant

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

FS

**AGE**

8.4

**WEIGHT**

12.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

13603ag

**DATE**

04/26/2023

**PRESENTING CLINICAL SIGNS**

Vomiting, with drops of blood Diarrhea Anorexia PU PD

Abnormal PE/Chem/CBC/UA Results: Blood work–elevated BG 555, elevated ALP K, ALT, amylase, cholesterol, Normal potassium, leukocytosis UA in-house–3+ glucosuria, 2+ ketone bodies Comprehensive diarrhea panel–pending CPLI–positive

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. Mild increased cortex echogenicity with mildly enhanced corticomedullary border demarcation was present. Mild bilateral pelvic mineral was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.1 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 0.42 cm width at the caudal pole and 0.52 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole and 0.47 cm width at the cranial 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 mild to moderately increased 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. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present.

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.

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



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### Pancreas

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The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

## SPECIES

Canine

### Free Abdomen

## BREED

Maltese

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

## ULTRASONOGRAPHIC FINDINGS

## SEX

FS

- Diabetic hepatopathy pattern, sonographically unremarkable gallbladder.
- Low grade/mild pancreatitis.
- Gastritis.
- Sonographically unremarkable bilateral adrenal glands.
- Mild urinary bladder sediment.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diabetes mellitus is likely a primary differential diagnosis in this case given degree of hyperglycemia and without evidence of adrenomegaly or adrenal neoplastic criteria. A fructosamine level is suggested if not done. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Empirical therapy for diabetic ketoacidosis with concurrent therapy for low grade pancreatitis and as needed GI support is recommended.

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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/>.

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>

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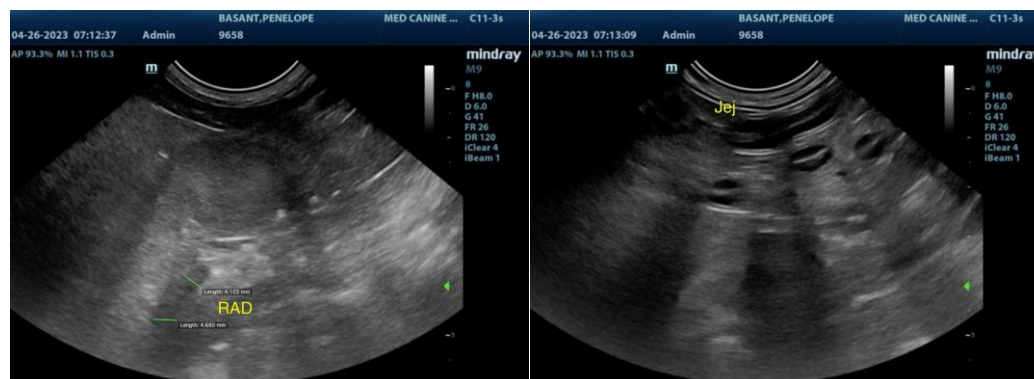
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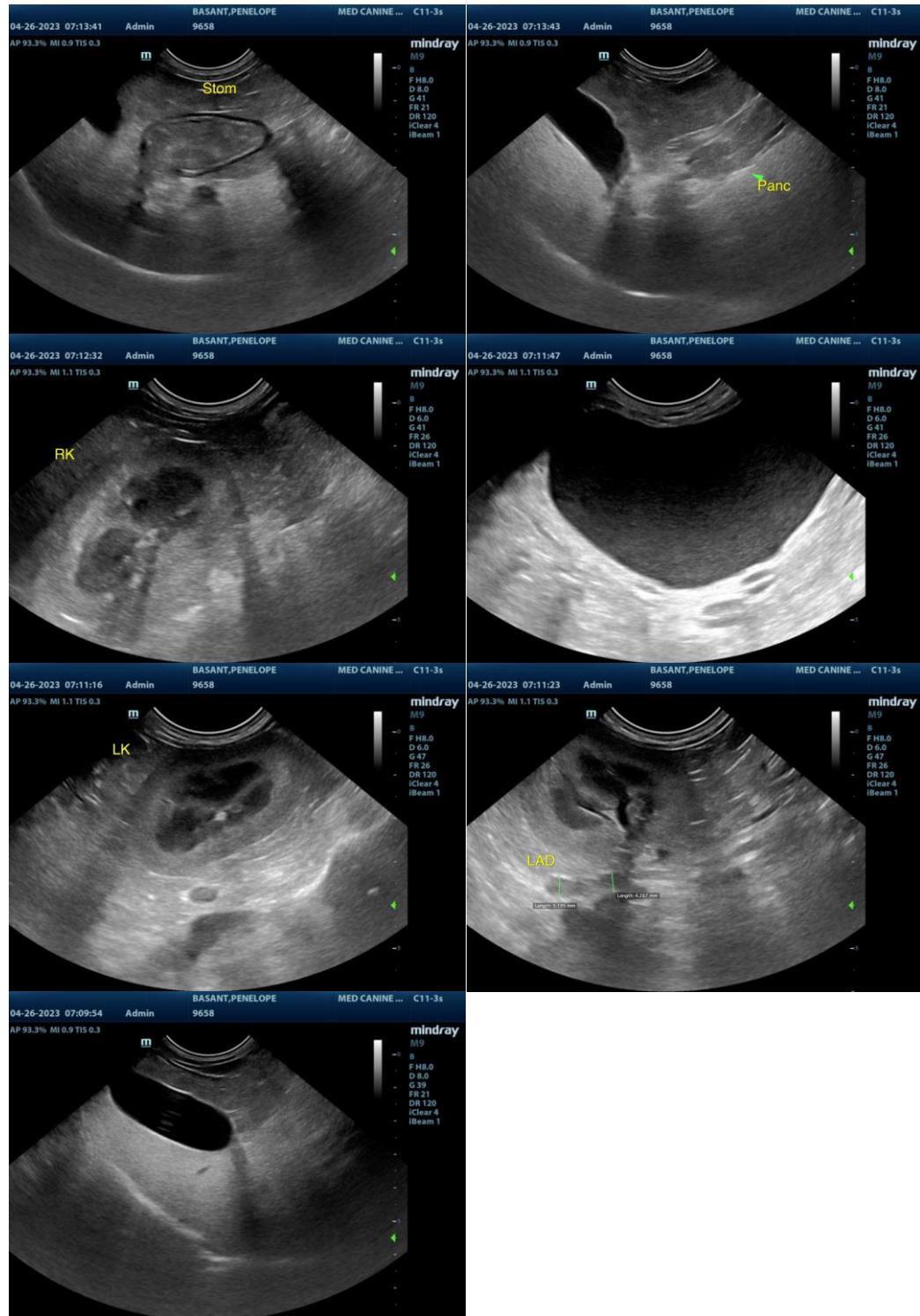
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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