



PATIENT PRESENTING CLINICAL SIGNS

Hulk Proctor DKA, Lethargy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Canine

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.

BREED

Chihuahua Mix

Normal size and margination were 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 5.6 cm in length. The right kidney measured 5.9 cm in length.

SEX

MN

AGE

9yr

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

WEIGHT

36lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 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 0.46 cm width at the caudal pole.

INTERPRETED BY

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

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. A solitary non-disruptive to discrete hypoechoic caudal splenic nodule was present measuring 0.65 cm in diameter.

IMAGING PERFORMED BY

Rebecca Hamilton

Liver/Gallbladder

HOSPITAL NAME

Rockaway Animal Hospital

The liver presented enlarged in size. The parenchyma of the liver was mildly increased in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Normal vascular volume. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr Maniar

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta exhibiting mild near field hyperechogenicity and distal acoustic shadowing measuring ~ 2 cm in diameter. Minor retained gastric fluid without obstruction to pyloric outflow was present.

DATE

04/27/2026



PATIENT

Hulk Proctor

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.

SPECIES

Canine

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.

BREED

Chihuahua Mix

Free Abdomen

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

SEX

MN

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatomegaly exhibiting mild increased parenchymal echogenicity- consistent with benign criteria such as diabetic, vacuolar, cholestatic or possible inflammatory hepatopathy
- Non-organized gallbladder debris (non-mucocele)
- Normal adrenal glands
- Non-specific non-obstructive shadowing gastric ingesta, empty small intestine
- Sonographically normal pancreas

AGE

9yr

WEIGHT

36lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The non-obstructive shadowing gastric ingesta may indicate retained dense food echogenicity although a small amount of non-obstructive gastric foreign material is not excluded. If possible, documented 8-12 hour fast and sonographic reassessment of the stomach for evidence of persistent shadowing content or gastric emptying is indicated. Empirical therapy for DKA including gastrointestinal support is recommended. Correlation with full lab work and UA +/- C/S if evidence of glucosuria is recommended.

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(Canine and Feline)

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

**IMAGING
PERFORMED BY**

Rebecca Hamilton

- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance

HOSPITAL NAME

Rockaway Animal
Hospital

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PATIENT

- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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HOSPITAL NAME

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 Hospital

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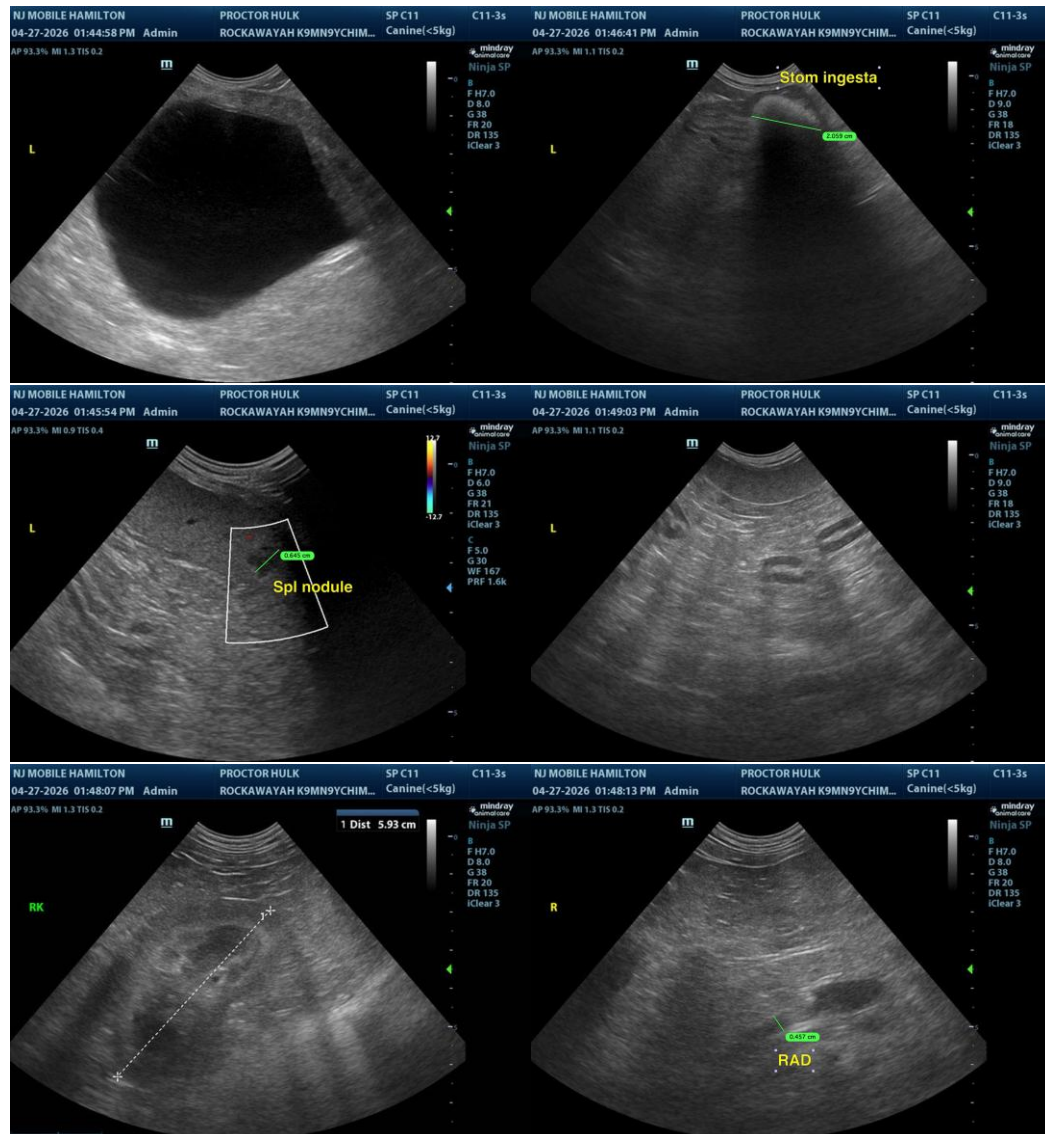
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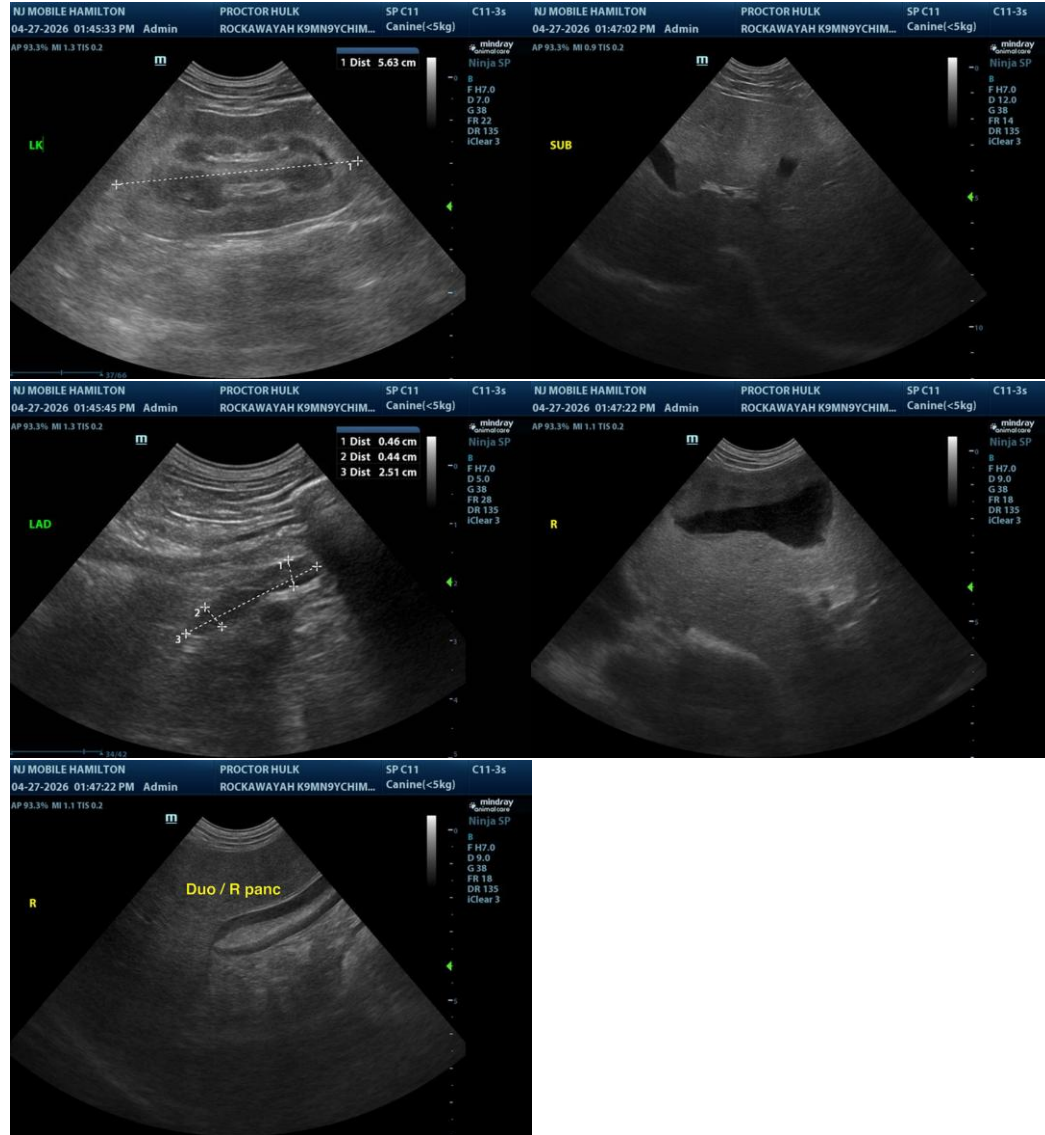
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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