



PATIENT

Faith Ocasio

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

FS

AGE

13yr

WEIGHT

18.75lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

VCA Northside Animal
Hospital

REFERRING VET

Dr Russell

INVOICE
24412

DATE

04/07/2026

PRESENTING CLINICAL SIGNS

- recent DKA (unknown diabetic)
- suspect pancreatitis
- not eating well
- vomiting intermittently
- proteinuria
- NPH insulin 6U BID (was at 11 U prior)
- benazipril and telmisartan cerenia, mirtazapine, gabapentin

Abnormal PE/Chem/CBC/UA Results: From 3/21/26 Albumin 2.4, ALKP 688, BUN 57, Glucose 749, PSL 484, TG 408, Na 133 3/27 admitted for DKA (BG high, ketones 1.1) Urine Glucose 3+, protein 2+, USG 1.032

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Minor bilateral pyelectasia was present. The left kidney measured 5.0 cm in length. The right kidney measured 5.4 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

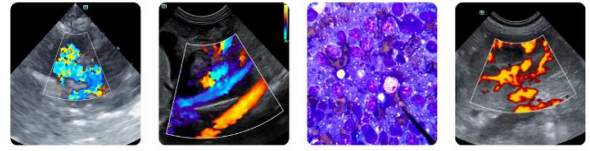
The bilateral adrenal glands were enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.0 cm width in the caudal pole. The right adrenal gland measured 0.8 cm width in the caudal pole.

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/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal 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 symmetrically rounded to mildly swollen in



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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

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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.

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

18.75lb

Primary

- Mild urine sediment
- Mild chronic renal changes exhibiting minor pyelectasia
- Bilateral adrenomegaly
- Benign hepatopathy with mild non-organized gallbladder debris
- Probable chronic pancreatitis with mild remodeling
- Sonographically normal empty gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Further renal staging to include urine C/S given glucosuria +/- protein: creatinine ratio if non-inflammatory proteinuria on sterile urine sample may be considered. The liver suggests benign criteria such as metabolic, reactive, vacuolar or non-obstructive cholestatic hepatopathy with hepatic inflammation thought less likely and without neoplastic criteria. Adrenal screening or work up with ACTH stimulation test given diabetes is recommended if clinical signs consistent with Cushing syndrome and diabetic dysregulation. In addition to DKA therapy, empirical therapy for chronic pancreatitis with concurrent gastrointestinal support and clinical monitoring would be reasonable.

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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/>.

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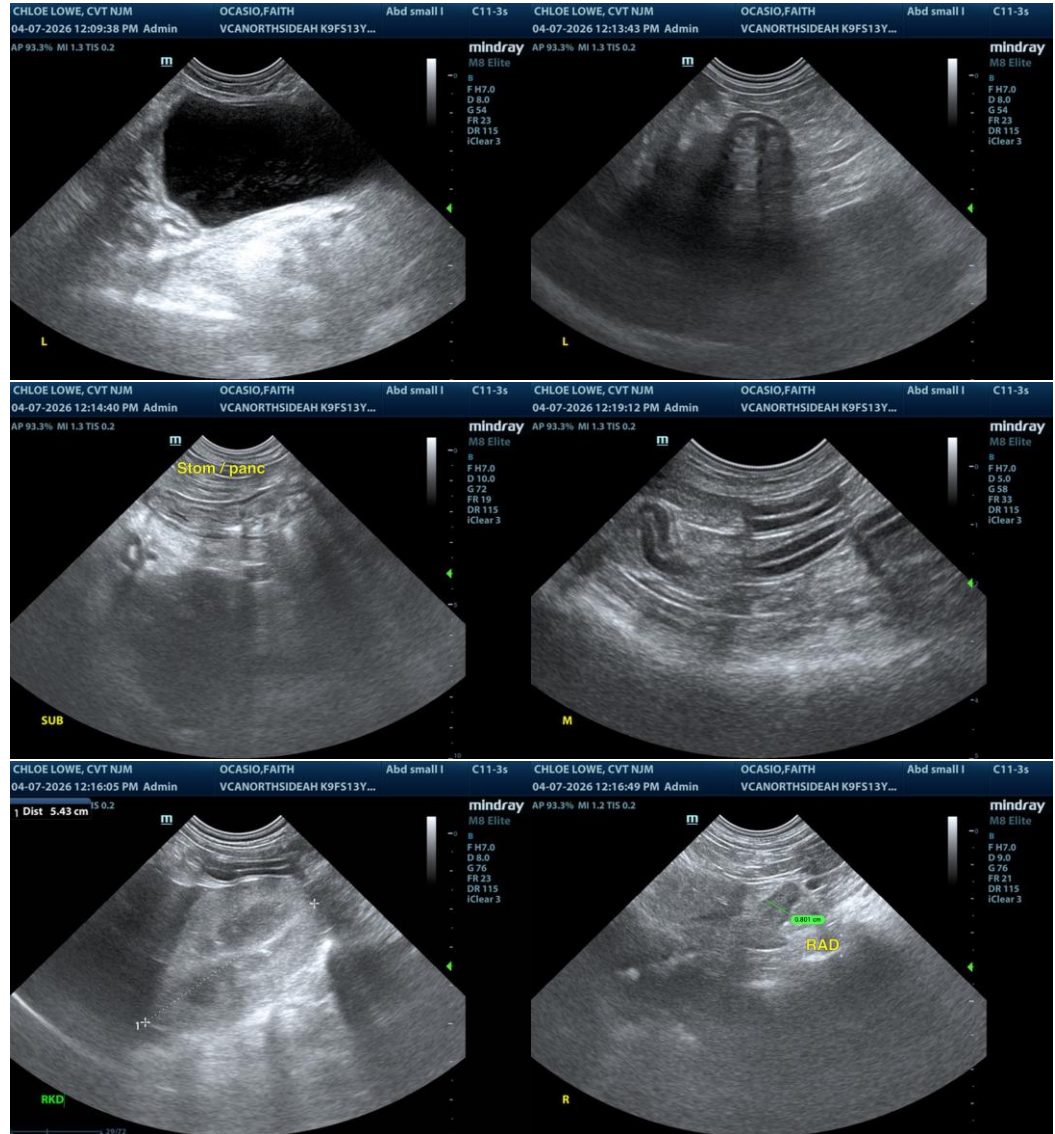
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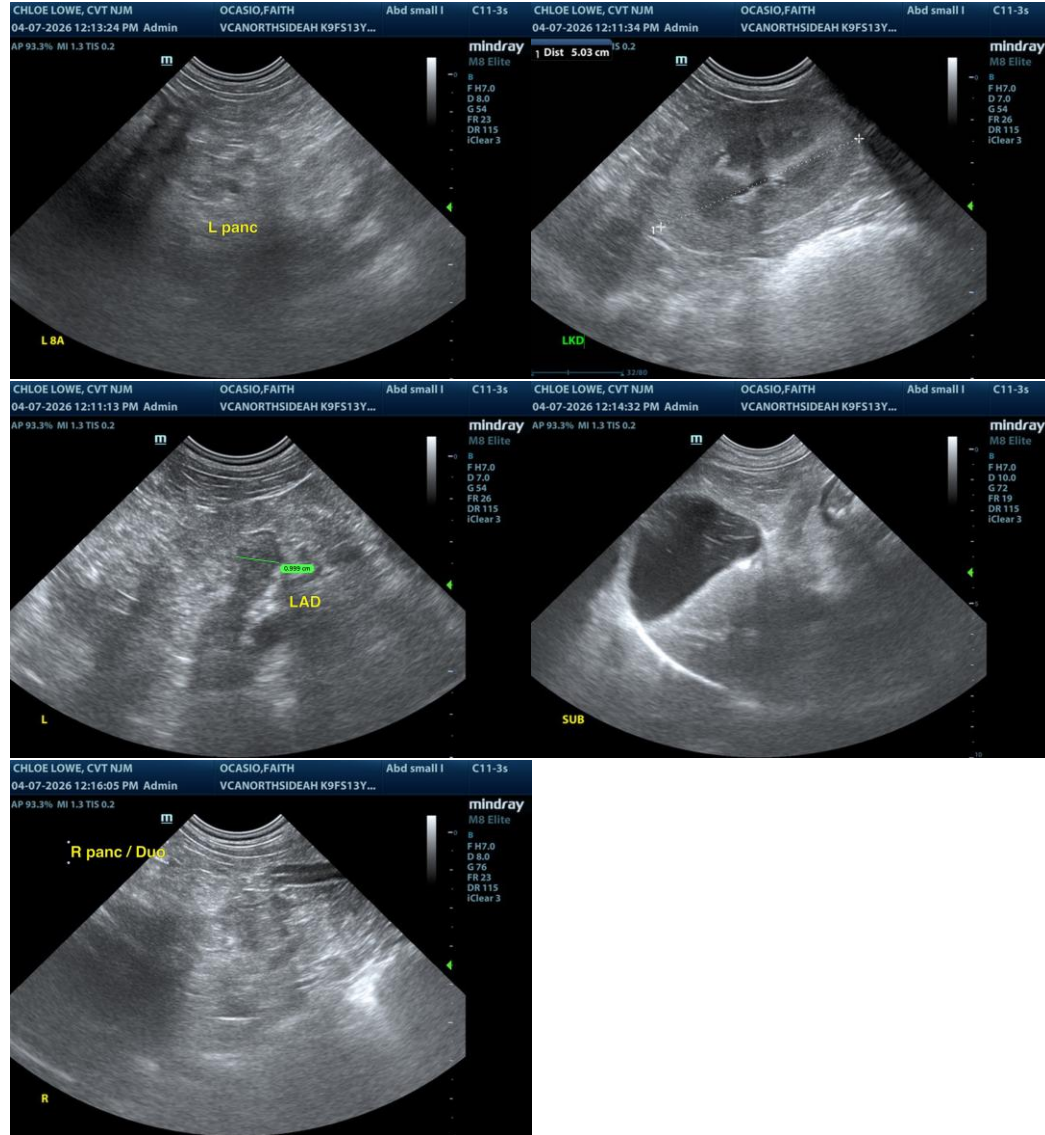
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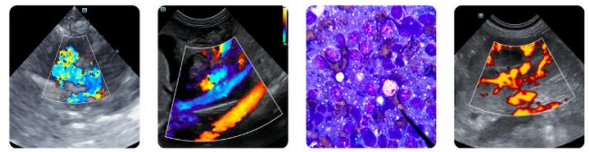
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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