



## PATIENT

Suli Cruz

## SPECIES

Canine

## BREED

Mix

## SEX

Spayed Female

## AGE

9 Years

## WEIGHT

30.4 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Gabriel Ferrer  
DVM

## HOSPITAL NAME

Pulse Pet Ultrasound  
Services

## REFERRING VET

Dra. Alma Alicea

## INVOICE

16102

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to lethargy and vomiting, suspect DKA. Px presented 5/10 w/ acute onset of vomiting, lethargy, decreased appetite to emergency vet. Dx with Diabetes Mellitus about 1 yr ago, was on Humulin N, 10 - 12 units sq bid (if BG was 350+ - 12 units, if less than 350, they gave 10 units.). Had been stable with this for several months. Vx not UTD. Not current on HW prevention for past 2 months. she eats Glycobalance, ~ 1 cup bid dry. Px has always remained PD and suspect PU as well - urinates about 4-5 times a day very large amounts, as per owner. No previous Hx of other complications from DM. Hx of EPI, takes pancreatic enzymes, ~ 1 scoop mixed w/ food bid. Indoor, out to urinate.

Abnormal PE/Chem/CBC/UA Results: rDVM record attached below for your reference.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder was mild distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild 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.

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 pyelectasia. The left kidney measured 6.4 cm in length. The right kidney measured 6.6 cm in length.

### *Adrenal Glands*

The adrenal gland presented borderline prominent in size with symmetrical contour and homogenous parenchyma. The right adrenal gland measured 0.61 cm width at the caudal pole. The left adrenal gland measured 0.63 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 & Gallbladder*

The liver presented subjective mildly 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 margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.



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The gallbladder was non distended in size with moderate primarily caudal lumen and gallbladder neck debris extending into the cystic and proximal common bile duct without evidence of posthepatic obstruction.

## SPECIES

### *Gastrointestinal*

Canine

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.

## BREED

Mix

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.

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Normal visible colon wall layers were present with formed fecal matter.

### *Pancreas*

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The pancreas was normal in size and contour with mild isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subjective mildly prominent pancreatic base and right pancreatic limb pancreatic duct.

### *Free Abdomen*

## WEIGHT

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No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

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- Benign hepatomegaly- metabolic, reactive, vacuolar, inflammatory hepatopathy or combination are possible.
- Nonorganized gallbladder debris extending into the cystic and proximal common bile duct- no evidence of posthepatic obstruction.
- Mild heterogeneous remodeled pancreas.
- Borderline prominent adrenal glands.
- Sonographically normal empty gastrointestinal tract.
- Normal kidneys and urinary bladder with mild urine sediment.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Correlation with pending urine culture and sensitivity is recommended. Chronic pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a spec cPL or full GI panel to include PLI, TLI, cobalamin and folate is warranted. Adrenal workup with ACTH stimulation test given diabetes is suggested if diabetic dysregulation or clinical signs are consistent with Cushing's syndrome.

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Gastrointestinal support and empirical therapy for possible DKA with clinical monitoring and sonographic reassessment if non-responsive or progressive clinical signs is recommended.

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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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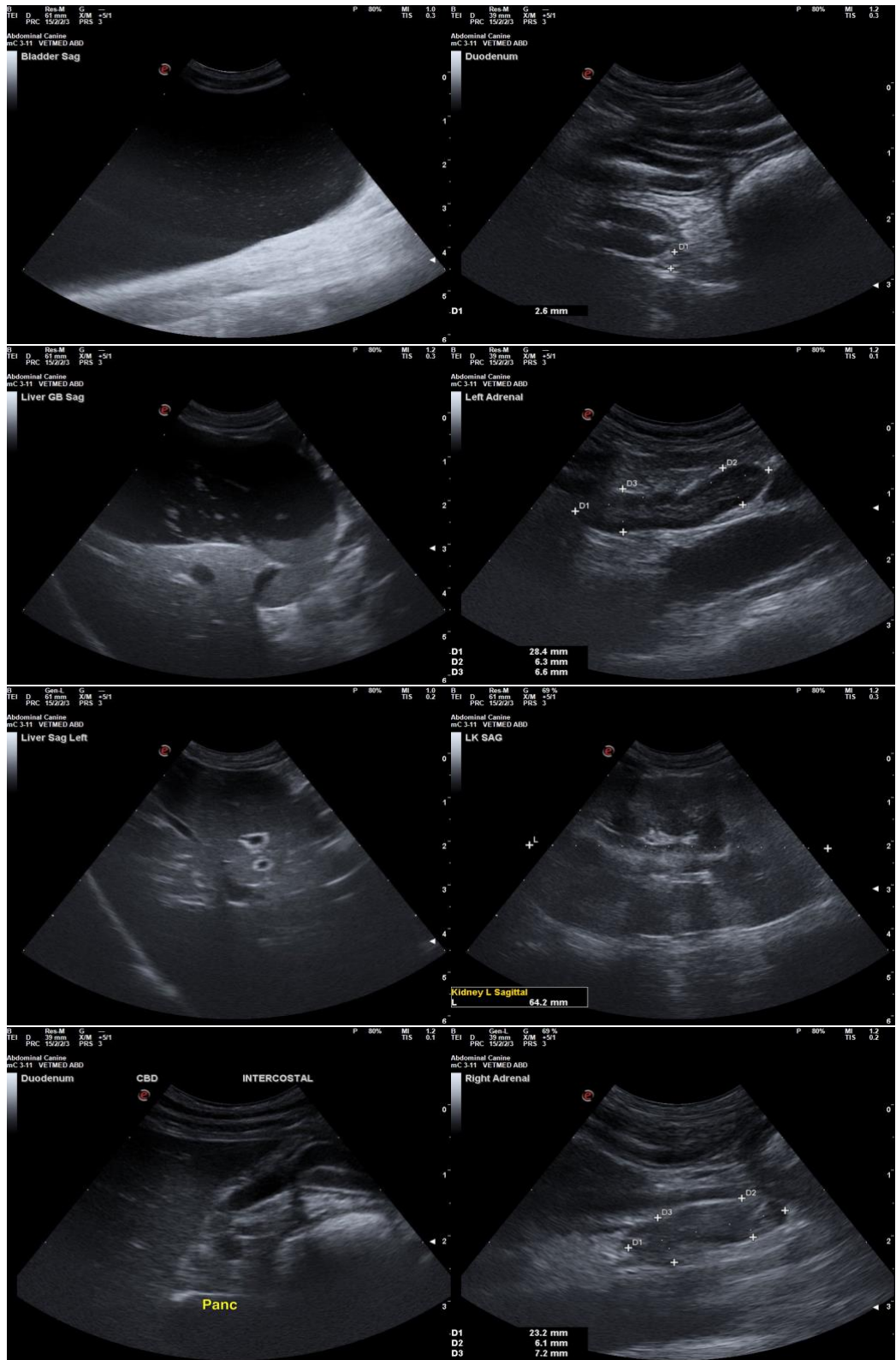
Dra. Alma Alicea

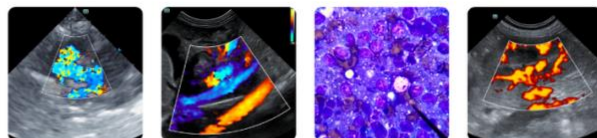
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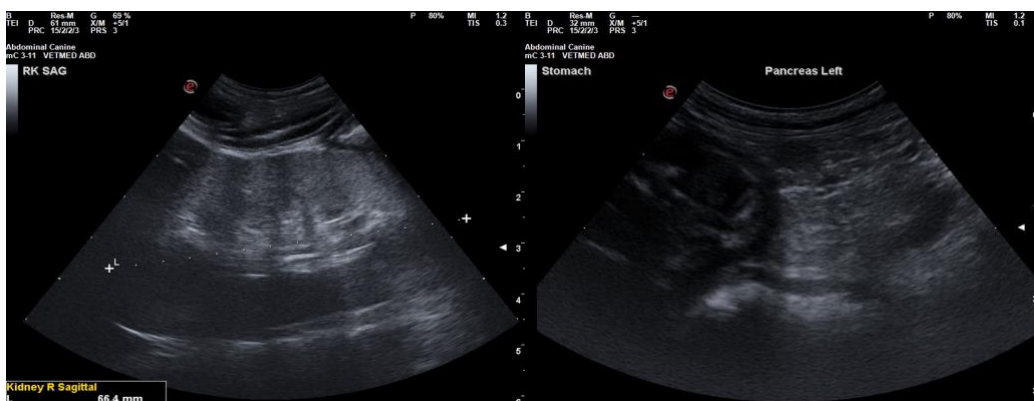
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)