



PATIENT

Addy Dibert

SPECIES

Canine

BREED

Cocker
Spaniel/Poodle Mix

SEX

FS

AGE

9 yr

WEIGHT

13

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mack

HOSPITAL NAME

Northside Veterinary
Clinic

REFERRING VET

Dr. Mack

INVOICE

10905ag

DATE

06/23/2022

PRESENTING CLINICAL SIGNS

History: Patient is diabetic, concern for DKA. Ruling out other abnormalities

Abnormal PE/Chem/CBC/UA Results: UA (sterile cystocentesis): rods, cocci, ketones and glucose present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 mild nondependent 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. 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 4.2 cm in length. The right kidney measured 4.9 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 0.59 cm width at the caudal pole and 0.5 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 0.58 cm width at the caudal pole and 0.46 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

The liver was mildly enlarged in size with normal structure and contour. The liver parenchyma exhibited generalized nonuniform increased parenchyma echogenicity. No masses or nodules were noted. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental duodenal and segmental jejunal corrugation was observed. 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 apparent formed feces in lumen.

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Pancreas

SPECIES

The pancreas was normal in size with heterogeneous to subtle regional hypoechoic parenchyma when compared to the adjacent omental fat.

Canine

Free Abdomen

BREED

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

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ULTRASONOGRAPHIC FINDINGS

SEX

- Hepatomegaly exhibiting nonuniform parenchyma hyperechogenicity
- Heterogeneous to focal subtle hypoechoic pancreas
- Mild urinary bladder sediment-suspect cellular, crystalline debris or mucus
- Suspect mild gastroenteritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

9 yr

Potential for focal areas of mild active to chronic active pancreatitis is possible although the overall pancreatic presentation was not overtly consistent with significant pancreatitis.

WEIGHT

The liver is most suggestive of metabolic, reactive or vacuolar hepatopathy (diabetic hepatopathy). No overt evidence of hepatic neoplastic criteria.

13

A urine C/S on a sterile urine sample is recommended. A spec cPL could be considered for further assessment of the pancreas.

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Potential Causes of Diabetic Dysregulation

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

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- UTI
- Dietary indiscretion/intolerance
- Pancreatitis
- Hyperthyroidism/hypothyroidism
- Exogenous steroids (including topical eye meds)
- Cushing's
- Acromegaly
- Owner compliance
- Insulin quality issues
- Antibodies to insulin
- Underlying Neoplasia
- Diffuse liver disease

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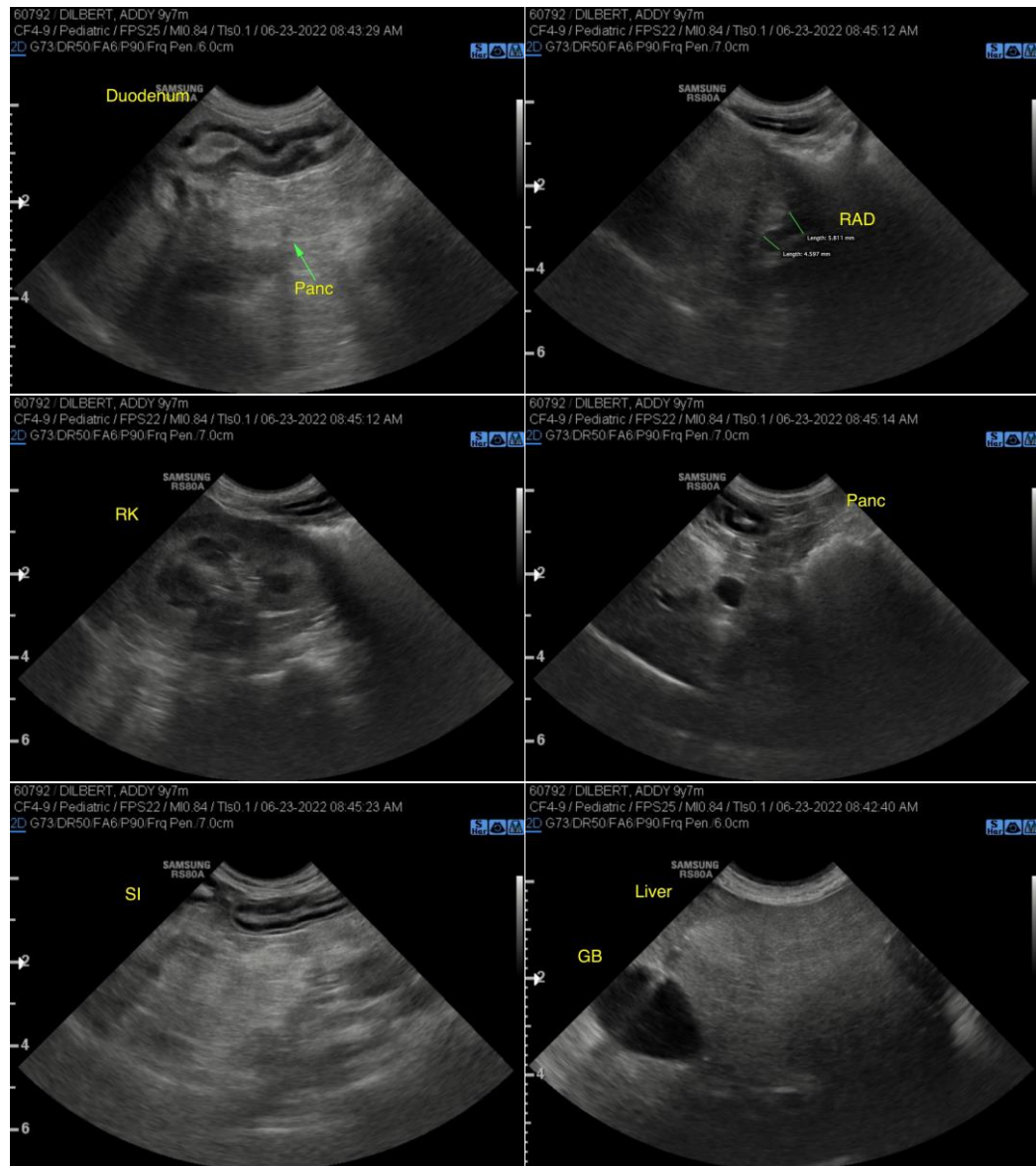
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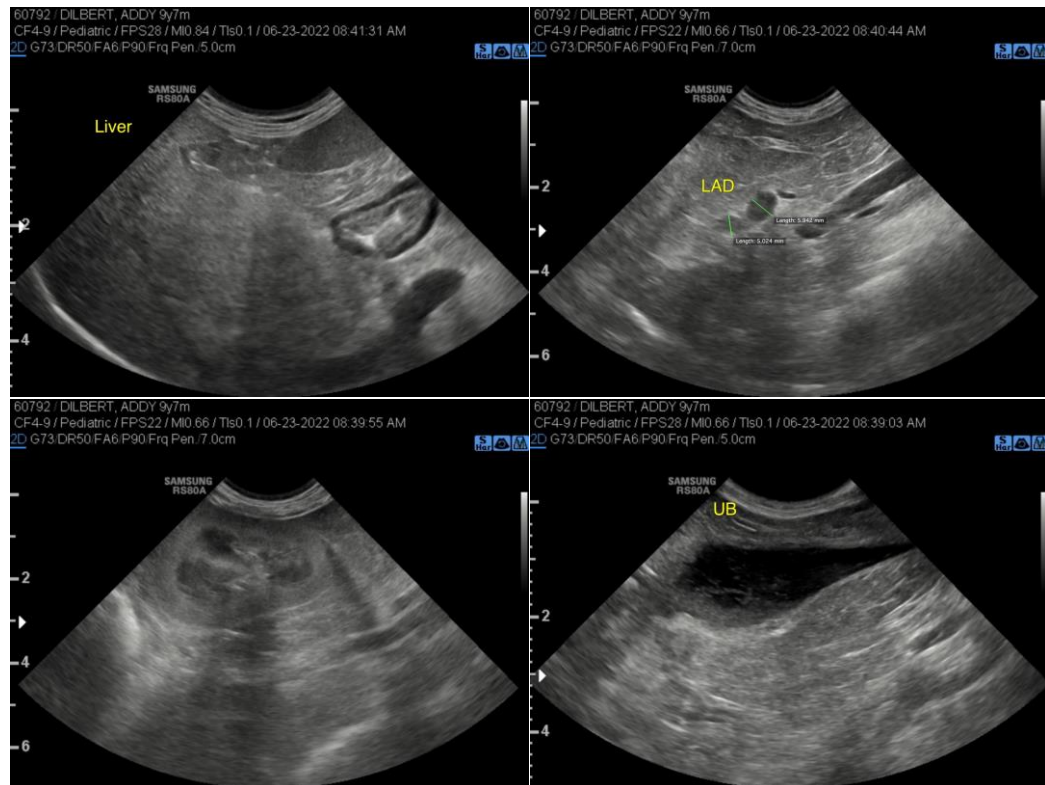
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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