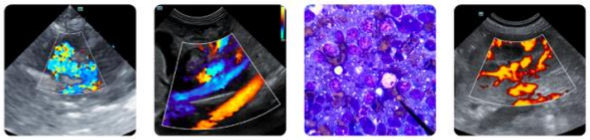


PATIENT

Tucker Welcome

SPECIES

Canine

BREED

Toy Poodle

SEX

Neutered Male

AGE

8

WEIGHT

6.4 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Miranda Fritz

HOSPITAL NAME

Richmond AH

REFERRING VET

Nicholas Sherman

INVOICE

22910

DATE

4-23-26

PRESENTING CLINICAL SIGNS

History: P presented on emergency this morning for generalized tonic clonic seizures. Pet sitter found p this morning in vomit and urine and then p had another seizure prior to bringing p in and then when p arrived at hospital p was actively having a seizure again. BG was 30 on glucometer and 14 on IH chemistry this morning. P has history of one prior seizure and suspect hypoglycemic event a few months ago, but was not brought to the vet at that time. P had been acting normally prior - no recent prior v/d/c/s, no pu/pd, normal app and energy. Had COHAT done in Jan and did well and pre-op bw wnl at that time. P was fed recently IH after he was stable and doing well - p regurgitated small amount of food shortly after. P has been on IVF and dextrose and BG now up to 116.

Abnormal PE/Chem/CBC/UA Results: PE: TPR wnl, BCS 3-4/9 CBC: wnl Chem: BG 14 (L), BUN 28 (H), amylase >2,500 (H), lipase 5,716 (H), cholesterol 108 (L), TT4: 1.8 BG 30 this AM, 116 2:30pm

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin and smooth. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths or ultrasonographic evidence of inflammatory or proliferative/neoplastic changes are identified.
The left kidney measures 3.27×1.95 cm, with a cortical thickness of 0.33 cm in the sagittal plane.
The right kidney measures 2.99×1.84 cm, with a cortical thickness of 0.32 cm in the sagittal plane.
Both kidneys are normal in shape and size for a dog of this size (typical length ~3.0–4.5 cm depending on body weight). The cortex is isoechoic relative to the liver. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland has normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane are 0.36 cm (cranial pole) and 0.35 cm (caudal pole), (generally <0.5–0.6 cm in small breed dogs). The right adrenal gland is suboptimally visualized.

Spleen

Splenic thickness is 1.18 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

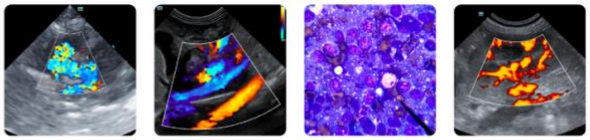
The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

Gallbladder

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic
No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is moderately distended with ingesta and fluid, with mural thickness of 2.32 mm and preserved wall layering (within normal limits).
Duodenum: 1.71 mm.
Jejunum: 2.14 mm.



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Wall layering is preserved throughout, and thickness values are within normal limits (typically <5 mm in dogs). Small intestinal segments show increased peristalsis, with luminal contents consistent with active digestion. Colon wall thickness is 1.33 mm, within normal limits, with formed feces present.

Pancreas

The left pancreatic limb is visualized and does not show evident ultrasonographic abnormalities. The right pancreatic limb could not be adequately evaluated.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

No clinically significant abnormalities identified within the limits of the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- This is a largely unremarkable abdominal ultrasound. No structural abnormalities are identified to explain the severe hypoglycemia. There is no evidence of a pancreatic mass, hepatic lesion, or metastatic disease; however, the pancreas is incompletely evaluated, and small pancreatic nodules cannot be excluded, as insulinomas are often only a few millimeters in size and may be below the resolution of a non-targeted or suboptimal examination.
- The remainder of the abdominal organs, including liver and spleen, do not show changes suggestive of a diffuse or advanced neoplastic process.
- Given the clinical presentation of severe, recurrent hypoglycemia with seizures in an adult dog, a functional pancreatic neuroendocrine tumor (insulinoma) remains a primary differential despite the lack of ultrasonographic confirmation. Postictal hypoglycemia is possible but would not typically explain recurrent episodes or such profound decreases in blood glucose.

Recommendations:

- Correlation with paired insulin–glucose testing is recommended to assess for inappropriate insulin secretion.
- Repeat, targeted abdominal ultrasound under optimal conditions (fasted patient, high-frequency linear transducer, focused pancreatic evaluation) is advised if clinically feasible, recognizing the challenges in a hypoglycemic patient. In this clinical context, this may require controlled hospitalization with intravenous dextrose support to maintain euglycemia during the fasting period.
- Advanced imaging (contrast-enhanced CT) may be considered for improved detection of small pancreatic lesions.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.

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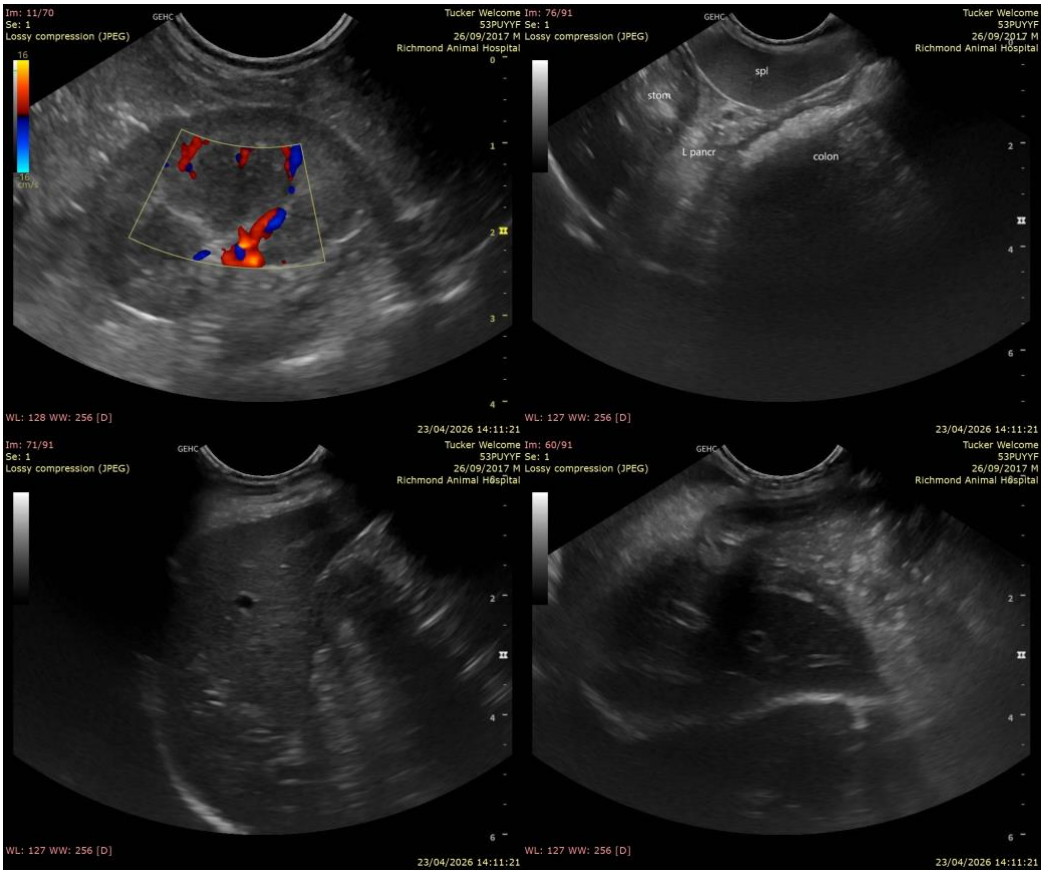

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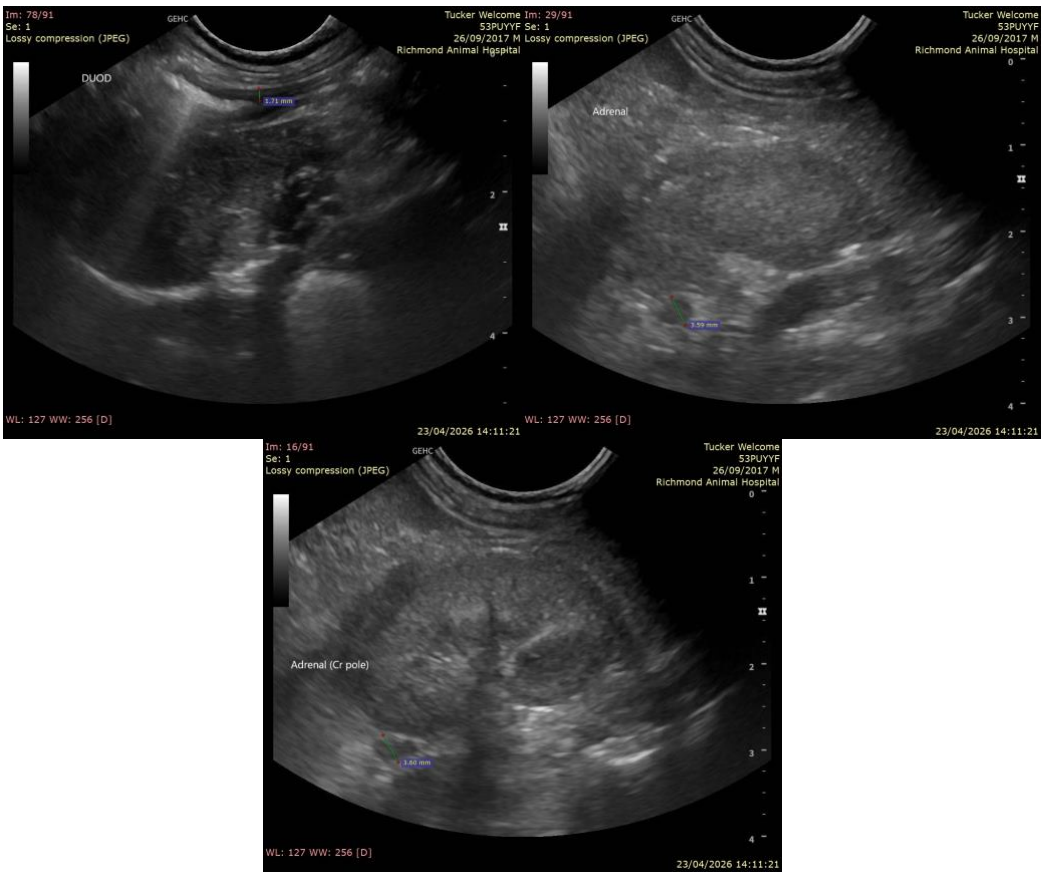

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.
info@SonoPath.com