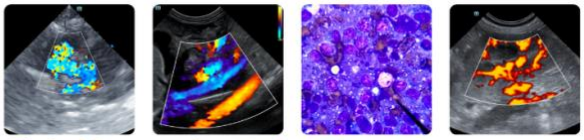


PATIENT

Elliot Barton

SPECIES

Canine

BREED

Beagle/Hound Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

32.5

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Bucha, VMD

HOSPITAL NAME

Harveys Lake Veterinary Clinic

REFERRING VET

John Bucha, VMD

INVOICE

16381

DATE

06/05/26

PRESENTING CLINICAL SIGNS

Elliot had a seizure on 5-22-26. Owner gave 9 units of Humulin at 9 am then the dog had a seizure at 10:20 and she gave another 9 units at 10:30 am. Blood sugar was 36 mg/dl when he came in, and after dextrose (IV) 20 minutes later it was 52 mg/dl. Local emergency clinic admitted Elliot for the next 2 days and dropped his insulin down to 3 then up to 8 slowly. He seizured one other time when the level was high, after Keppra he has not had another seizure. They also diagnosed him with pancreatitis. Currently using the libre system, blood sugar today was 335.

Abnormal PE/Chem/CBC/UA Results: BLOODWORK CBC CHEMISTRY 17

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 5.72×3.00 cm, with a cortical thickness of 0.51 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 5.46×3.09 cm, with a cortical thickness of 0.49 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity.

Dorsoventral diameters measured in the sagittal plane are as follows:

- Left adrenal gland: cranial pole not confidently visualized; caudal pole measures 0.57 cm.
- Right adrenal gland: 0.59 cm at the cranial pole and 0.54 cm at the caudal pole.

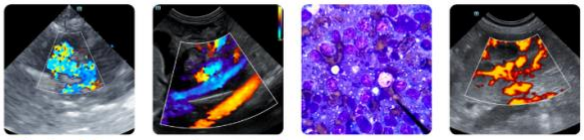
Spleen

Splenic thickness is 1.71 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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.

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.



PATIENT

Elliot Barton

SPECIES

Canine

BREED

Beagle/Hound Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

32.5

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Bucha, VMD

HOSPITAL NAME

Harveys Lake Veterinary Clinic

REFERRING VET

John Bucha, VMD

INVOICE

16381

DATE

06/05/26

Gastrointestinal tract

The stomach is moderately distended with ingesta. Gastric wall thickness measures 1.77 mm, with preserved wall layering.

The duodenal wall measures 3.21 mm.

The jejunal wall measures 3.67–4.02 mm.

Normal wall layering is preserved throughout the examined gastrointestinal tract. No evidence of gastrointestinal obstruction, ileus, foreign material, focal mural lesions, or inflammatory mural changes is identified.

The colonic wall measures 1.75 mm and is largely devoid of luminal contents.

Pancreas

The visualized pancreatic regions are unremarkable.

Free Abdomen

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

PRIMARY FINDINGS

- No clinically significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

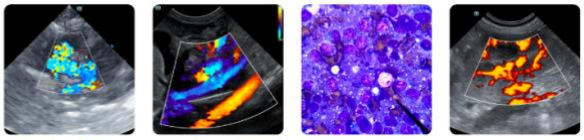
The visualized pancreatic areas appear unremarkable, and no peripancreatic inflammatory changes are observed.
No significant hepatobiliary, gastrointestinal, urinary, splenic, renal, adrenal, or peritoneal abnormalities are identified.
Given the patient's recent history of pancreatitis and prior treatment, mild, resolving, or previously treated pancreatitis cannot be completely excluded based on ultrasonography alone. The absence of sonographic abnormalities should therefore be interpreted in conjunction with clinical findings and pancreatic lipase testing results.

Recommendations

- Correlate with pancreatic lipase testing results, if available.
- Continue monitoring glucose concentrations and diabetic regulation.
- Continued clinical monitoring and reassessment based on patient response are recommended at the discretion of the attending veterinarian.

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

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com | info@sonopath.com | 1.800.838.4268

PATIENT

Elliot Barton

SPECIES

Canine

BREED

Beagle/Hound Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

32.5

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Bucha, VMD

HOSPITAL NAME

Harveys Lake Veterinary Clinic

REFERRING VET

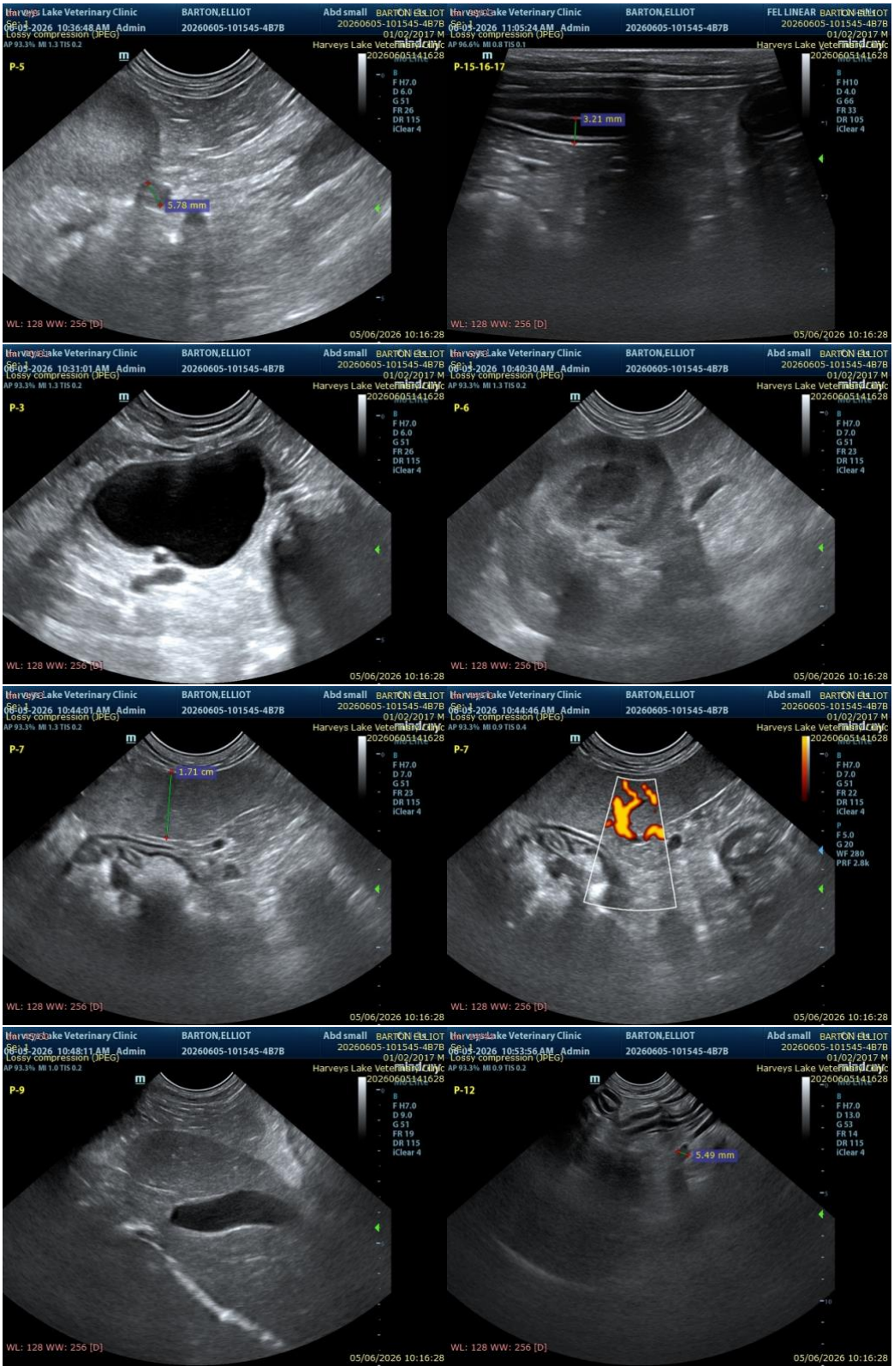
John Bucha, VMD

INVOICE

16381

DATE

06/05/26



PATIENT

Elliot Barton

SPECIES

Canine

BREED

Beagle/Hound Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

32.5

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

John Bucha, VMD

HOSPITAL NAME

Harveys Lake Veterinary Clinic

REFERRING VET

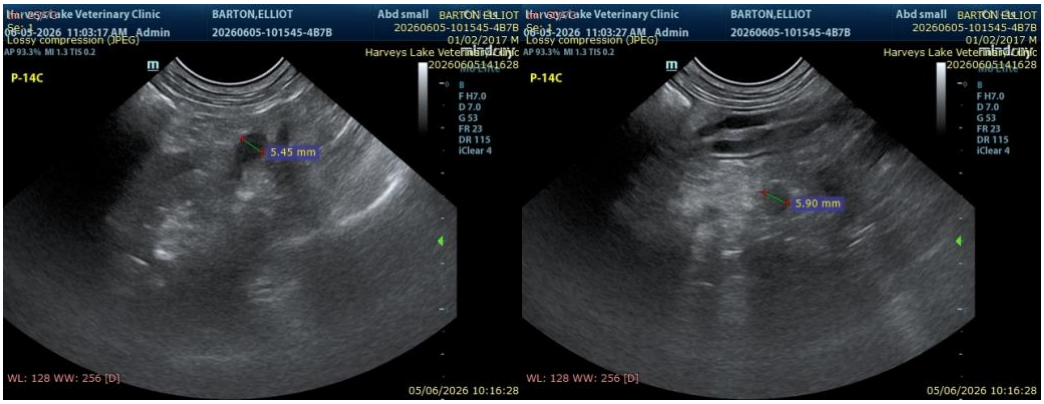
John Bucha, VMD

INVOICE

16381

DATE

06/05/26



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