



## PATIENT

Tally Scarry-Ball

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

64 pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Howard Small  
DVM

## INVOICE

12462

## DATE

11/24/25

## PRESENTING CLINICAL SIGNS

Insulinoma workup for patient with confirmed repeatable hypoglycemia - multiple spot glucose reads in 60s. Today BG was in 30s and half can of wet food given while waiting for AUS. Pet having collapse vs seizure vs fainting episodes.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Left kidney is normal in size (6.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (7.08 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### Adrenal Glands

Left adrenal gland is normal in size (0.80 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.80 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is normal in echogenicity but diffusely coarse/heterogenous characterized by multifocal subtle hypoechoic nodules that vary in sizes throughout the parenchyma. Splenic vasculature appears normal.

### Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



**PATIENT**

Tally Scarry-Ball

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Canine

**Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

Golden Retriever

**Free Abdomen**

**SEX**

Spayed Female

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**AGE**

11 Years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

64 pounds

**Primary Findings**

- The coarse almost nodular appearing splenic pattern could represent a benign aging nodular hyperplasia or other benign condition such as extramedullary hematopoiesis or lymphoid hyperplasia, etc. however, infiltrative neoplasia such as round cell neoplasia, metastatic disease, etc. cannot be ruled out without tissue sampling.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Secondary Findings**

- Mild gallbladder debris- Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

**IMAGING PERFORMED BY**

Julia Bakker DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Howard Small  
DVM

- There is no definitive ultrasonographically visible evidence of a pancreatic nodule/insulinoma in these images at this time, however, not all insulinomas are easily visualized with ultrasound and therefore, cannot be ruled out. Further recommendations are dependent on what stage of the hypoglycemia work up patient is in but can include a paired insulin to glucose ratio drawn at a time where the glucose is less than 50 mg per deciliter and pending results of that, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

**INVOICE**

12462

- Additionally, pending results, bile acids could be considered if patient's total bilirubin is not increased.

**DATE**

11/24/25

- Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.



**PATIENT**

Tally Scarry-Ball

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

64 pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Julia Bakker DVM

**HOSPITAL NAME**

Orange Blossom  
Veterinary Imaging

**REFERRING VET**

Dr. Howard Small  
DVM

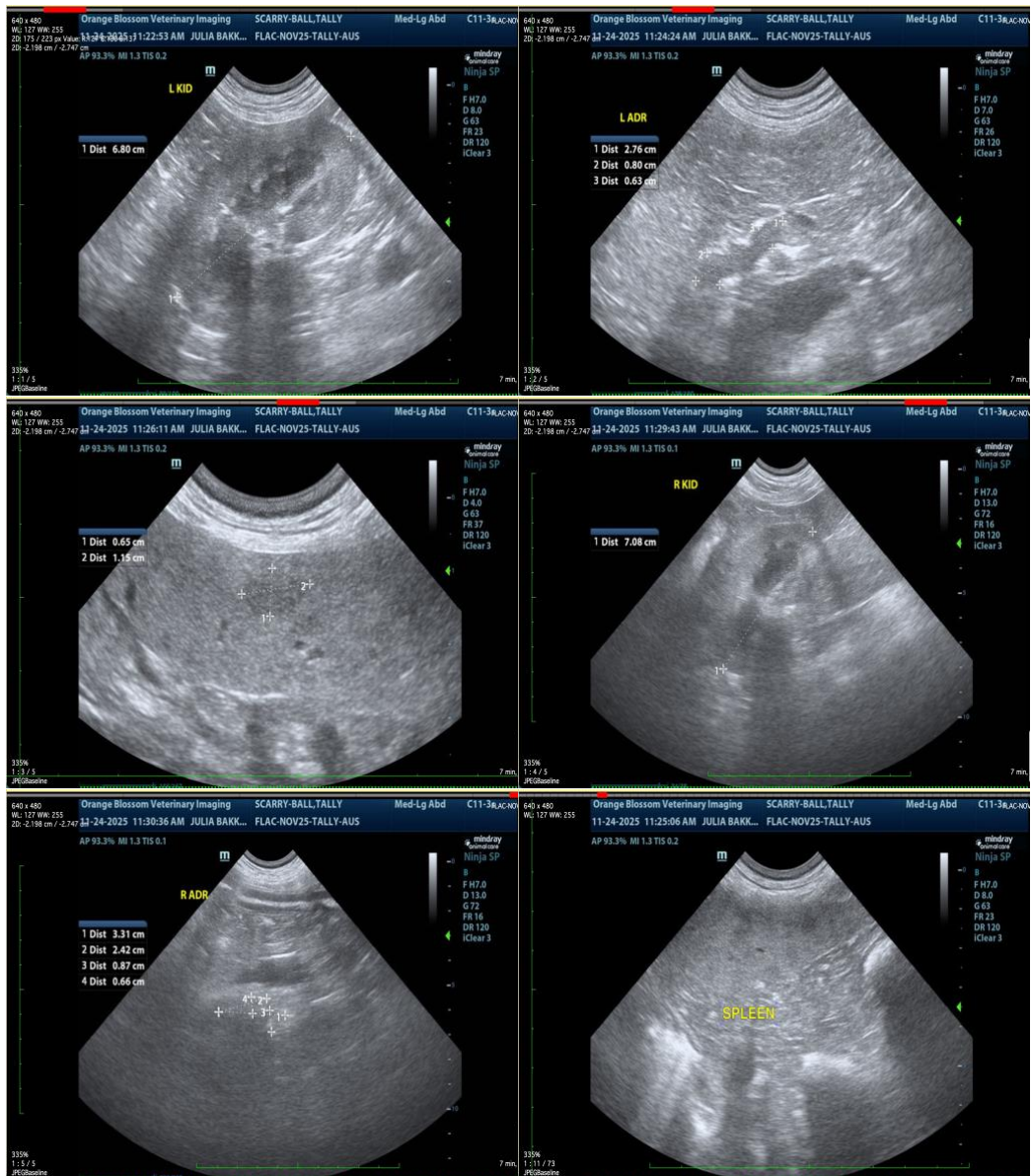
**INVOICE**

12462

**DATE**

11/24/25

- Fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate.
- Ultimately, treatment recommendations are dependent on results of above with small frequent feedings being recommended in the short time while continuing work up.





## PATIENT

Tally Scarry-Ball

## SPECIES

Canine

## BREED

Golden Retriever

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

64 pounds

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Howard Small  
DVM

## INVOICE

12462

## DATE

11/24/25



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.

**Beth Johnson, DVM DACVIM**

info@sonopath.com