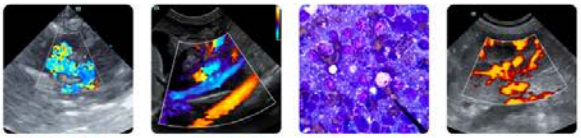


PATIENT

Crackers Wiessmann

SPECIES

Canine

BREED

Foxhound

SEX

Spayed Female

AGE

11 Years

WEIGHT

50 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Animal Hospital of Sussex County

REFERRING VET

Dr. Spinks

INVOICE

72936

DATE

2/12/26

PRESENTING CLINICAL SIGNS

Rule out insulinoma -pay attention to adrenals- unable to do dex sup test on steroids. Lethargic, knuckling front, collaps. Inj. by other vet dex/depo put on pred. for addison.

Abnormal PE/Chem/CBC/UA Results: Gluc-50-60 ECG spiking P wave uggest R atrial enlargement.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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.

The right kidney is normal is size (6.22 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.

The left kidney is normal is size (7.27 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

The right adrenal gland is normal in size (0.90 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

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

Spleen

The spleen contains an approximately 3.1 cm x 3.5 cm mixed, largely cystic/cavitated mass extending off the mid medial spleen. Additionally, the caudal aspect of the spleen is a rounded, 4.5 cm x 4.7 cm, mildly heterogeneous, iso- to slightly hypoechoic, rounded mass-like lesion with several discrete homogeneous hyperechoic densities within it.

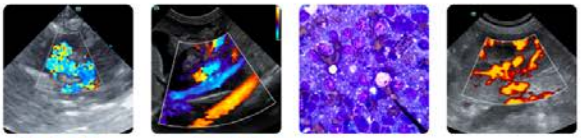
Liver

The 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 stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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.

Free Abdomen

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

There is no apparent pathologic lymphadenopathy noted in these images.

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

ULTRASONOGRAPHIC FINDINGS

- The splenic changes could represent a benign process such as cysts, hematoma, extramedullary hematopoiesis, potentially with the hyperechoic densities representing myelolipomas or fibrosis or calcification of old hematomas or infarcts, chronic inflammation or granulomatous disease, etc., although infiltrative neoplasia including sarcoma, round cell neoplasia, metastatic disease, other can't be ruled out without tissue sampling.

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no definitive ultrasonographically visible evidence of pancreatic nodules or definitive insulinomas present in these images at this time, although smaller subtle pancreatic nodules/insulinoma cannot be ruled out. Therefore, if not recently evaluated, a paired insulin to glucose ratio drawn at a time when the blood glucose is less 50 mg/dl is recommended.

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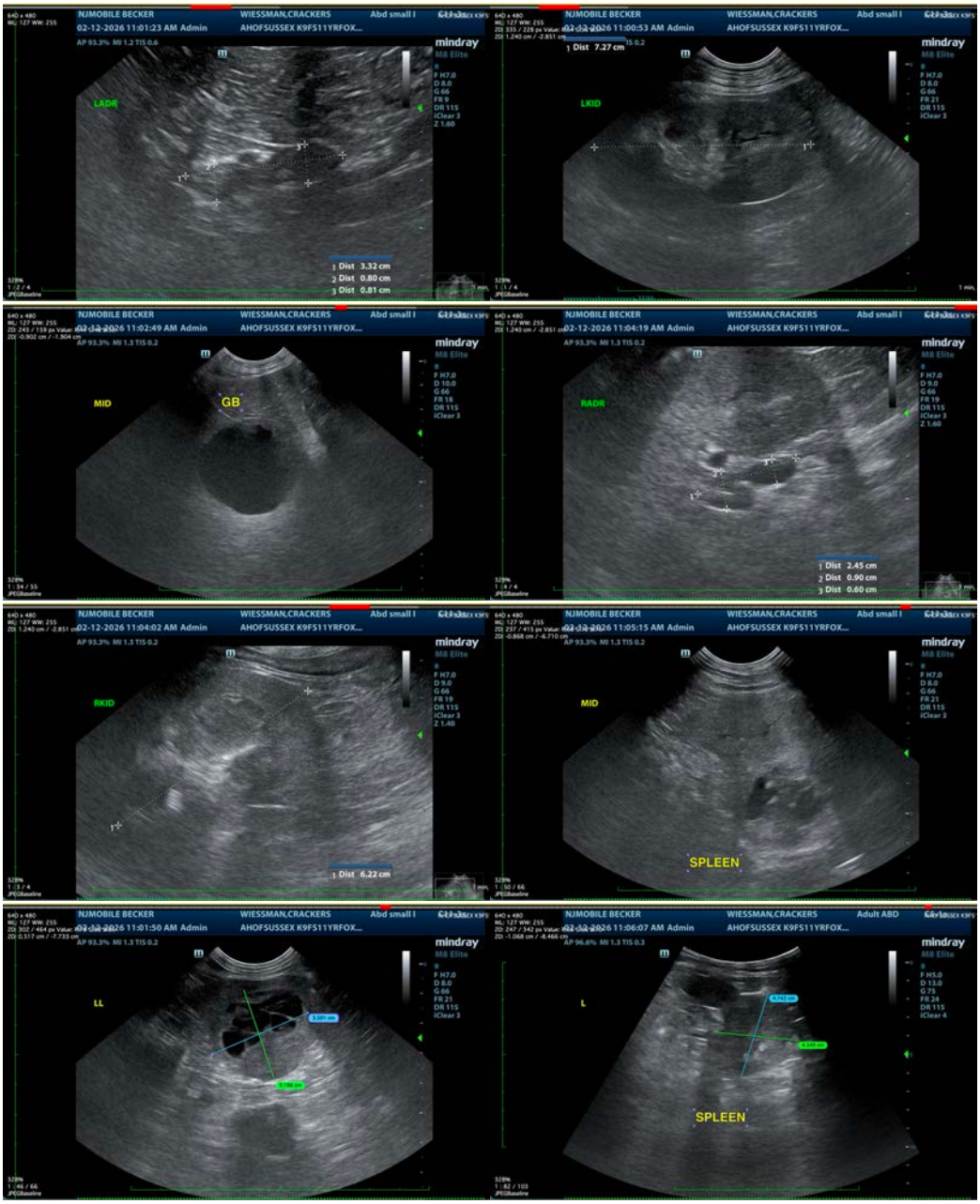
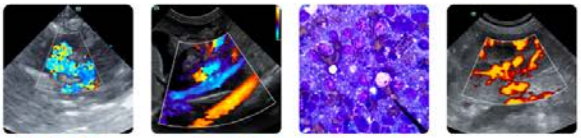
In the meantime, three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the spleen are recommended if patient's coagulation status is appropriate.

If a diagnosis is not made, additional workup for the hypoglycemia including evaluation for hypoadrenocorticism, decreased liver function, sepsis, etc. may be warranted.



New Jersey Mobile
FUELED BY SONOPATH VETERINARY ULTRASOUND



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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.

Beth Johnson, DVM, DACVIM
info@sonopath.com