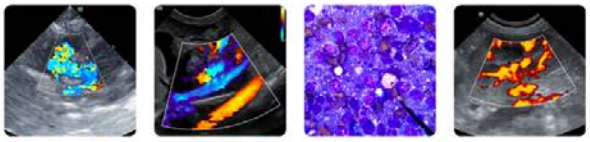


PATIENT

Sara Beistel

SPECIES

Canine

BREED

Pit Bull x

SEX

Spayed Female

AGE

10 Years

WEIGHT

50.9 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Keisha Smitley, CVT

HOSPITAL NAME

Geary Veterinary Services

REFERRING VET

Curtis Geary, VMD

INVOICE

73847

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Patient is here for AUS due to possible insulinoma. Patient presented on 3/22 for ADR and acting strange. Patient had seizure like activity - fell over and as acting drunk with facial/eye twitching.

Owner was giving Karo Syrup and feeding often, and patient has been doing well with only 2 hypoglycemic episodes in the past 9 days.

Abnormal PE/Chem/CBC/UA Results: Hypoglycemia on 3/11/26 - otherwise unremarkable BW. Glucose checked again on 3/13 was 59 U/A - Unremarkable PT and PTT - PTT normal, PT prolonged at 22 seconds.

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 (5.88 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 (6.59 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 unable to be well visualized/isolated for measurement in these images.

The left adrenal gland is normal in size (0.59 cm at cranial pole and 0.52 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

Spleen is subjectively large in size with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

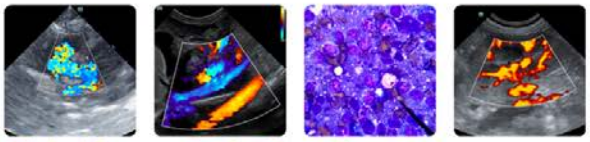
Liver

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.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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.



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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.

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.

ULTRASONOGRAPHIC FINDINGS

- Subjective splenomegaly– can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

- Otherwise, this is a largely unremarkable/normal structural abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported hypoglycemia. Having said that, an insulinoma can't be definitively ruled out, as small or subtle pancreatic nodules can't always be seen, especially given interference in some of these images from gastrointestinal contents primarily from the colon, gas shadowing, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations to further workup the hypoglycemia include a paired insulin to glucose ratio drawn at a time when the blood glucose is <50 mg/gl.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

If a diagnosis still is not made, bile acids could be considered if patient's total bilirubin is not increased.

A routine fecal/giardia exam is recommended.

In the meantime, in addition to the supportive/symptomatic medical management of clinical signs reported, empirical deworming with a 5-day course of Panacur is recommended.

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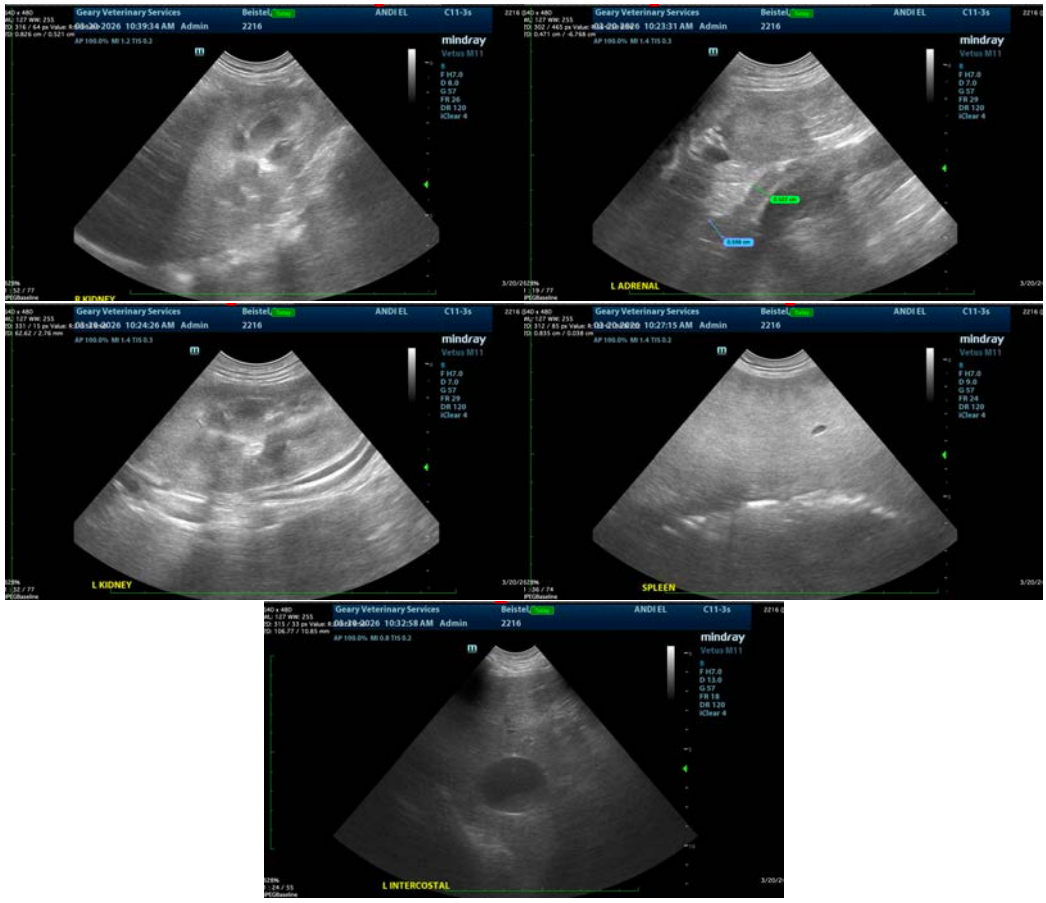

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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