

PATIENT

Daisy Thatcher

SPECIES

Canine

BREED

Shiba Inu

SEX

FS

AGE

12 years

WEIGHT

28 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Sandwich Animal
Hospital

REFERRING VET

Dr. Laura Hussey

INVOICE

11714

DATE

4/15/2026

PRESENTING CLINICAL SIGNS

History diabetes. Routinely hypoglycemic, overly controlled based on fructosamine/BGs. Tapered down and then off insulin. Follow up exams show persistently low BGs and still low on fructosamine. Concern for insulinoma rather than remission. Fructosamine 135. BG curve: 10:30 am 72, 11:30 am 68, 12:30 pm 65. On Proin 25 mg, 1/2 t BID.

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 (5.3 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 (5.1 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 (0.54 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.46 cm at cranial pole and 0.59 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). 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.

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,



PATIENT	delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.
Daisy Thatcher	
SPECIES	If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.
Canine	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.
BREED	
Shiba Inu	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
SEX	<i>Pancreas</i>
FS	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.
AGE	<i>Free Abdomen</i>
12 years	There is no visible free peritoneal effusion noted in these images.
WEIGHT	There is a tiny, prominent hypoechoic lymph node in the right mid to cranial abdomen adjacent to the pancreas.
28 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
Beth Johnson, DVM DACVIM	<ul style="list-style-type: none"> Moderate 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. Very mildly reactive cranial abdominal lymph node versus potentially lymphadenopathy – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Pamela Harrigan, RDCS	Further recommendations for this patient's ongoing hypoglycemia depending part on how long it's been since insulin was discontinued, how much too much insulin was being administered, and how long acting that insulin was, etc. As returning to normal and certainly hyperglycemia can take days. Having said that, if an appropriate amount of time has passed and patient remains hypoglycemia, additional diagnostic recommendations include a paired insulin to glucose ratio drawn at a time when the blood glucose is less than 50 mg/dL.
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DATE	A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.
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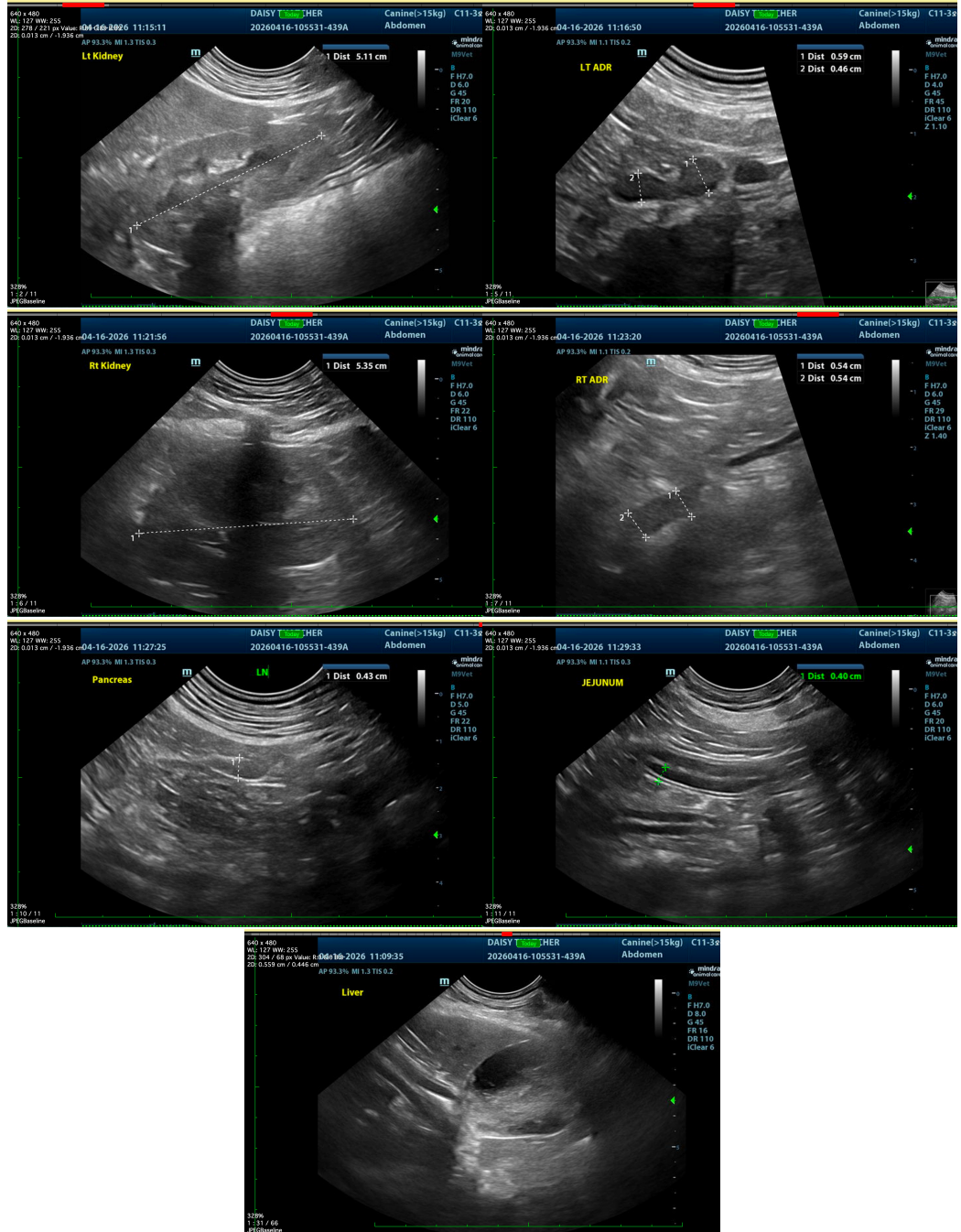
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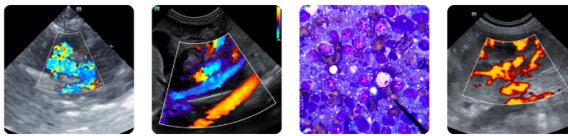
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Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.



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.



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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