



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Loki Rosenberger	History: -In for annual exam July 26/22, bloodwork done as history of chronic diarrhea. Results revealed low blood glucose at 2.2mmol/L (range 3.5-6.3). No other major abnormalities on bloodwork. -Rechecked blood glucose on August 11, 4 hours after a meal: 3.3mmol/L on glucometer
<b>SPECIES</b>	
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Golden Retriever	<b>Urinary System</b>
	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.
<b>SEX</b>	Prostate is normal in size, echotexture and echogenicity for a neutered male.
Neutered Male	Left kidney is normal is size (7.23 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.
<b>AGE</b>	Right kidney is normal is size (6.52 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.
5 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
40 kg	Left adrenal gland is normal in size (2.4 cm long x 0.61 cm at cranial pole and 0.54 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	Right adrenal gland is normal in size (2.37 cm long x 1.7 cm at cranial pole and 0.92 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Kelly Reschny	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.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Main Street AH	Liver is subjectively mildly decreased 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.
<b>REFERRING VET</b>	<b>Invoice</b>
Dr. Morris	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.
<b>INVOICE</b>	<b>Gastrointestinal</b>
17008	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.
<b>DATE</b>	
8/23/22	



## PATIENT

Loki Rosenberger 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 The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

## BREED

Golden Retriever **Pancreas**  
The observed pancreas 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.

## SEX

Neutered Male **Free Abdomen**  
There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

## AGE

5 Years

- There is subjectively mild Microhepatica suspected. Rule outs for this include normal patient variant versus chronic end stage liver disease versus possible vascular anomaly (not visible in these images).

## WEIGHT

40 kg

- Otherwise, this is a normal/unremarkable abdomen

## ULTRASONOGRAPHIC FINDINGS

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

Given this patients chronic diarrhea, combined with the new hypoglycemia, a fecal exam is recommended, if not recently evaluated, as is a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

## IMAGING PERFORMED BY

Kelly Reschny

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

## HOSPITAL NAME

Main Street AH

Given the subjectively mildly small liver, combined with the hypoglycemia, bile acids could also be considered.

If another cause is not determined for the hypoglycemia, then a paired insulin to glucose ratio, drawn while the patient is hypoglycemic, is recommended to look for further evidence of a possible insulinoma, as insulinomas can be quite small and not well visualized in ultrasound.

## REFERRING VET

Dr. Morris

In the meantime, empirical therapeutic recommendations include, empirical deworming with a 5-day course of Panacur, as well as splitting this patients daily caloric intake into smaller but much more frequent meals (ideally, 3-4 times per day), if possible.

## INVOICE

17008

## DATE

8/23/22



**PATIENT**

Loki Rosenberger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

40 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING  
PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Main Street AH

**REFERRING VET**

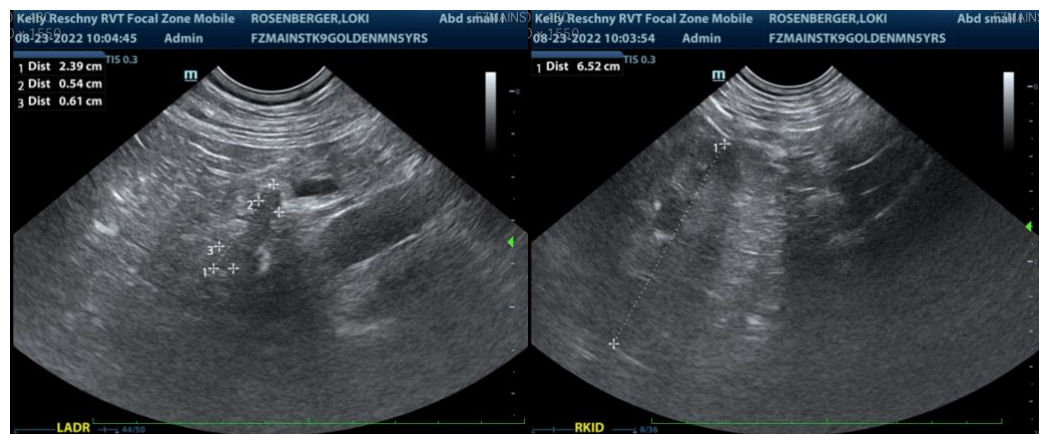
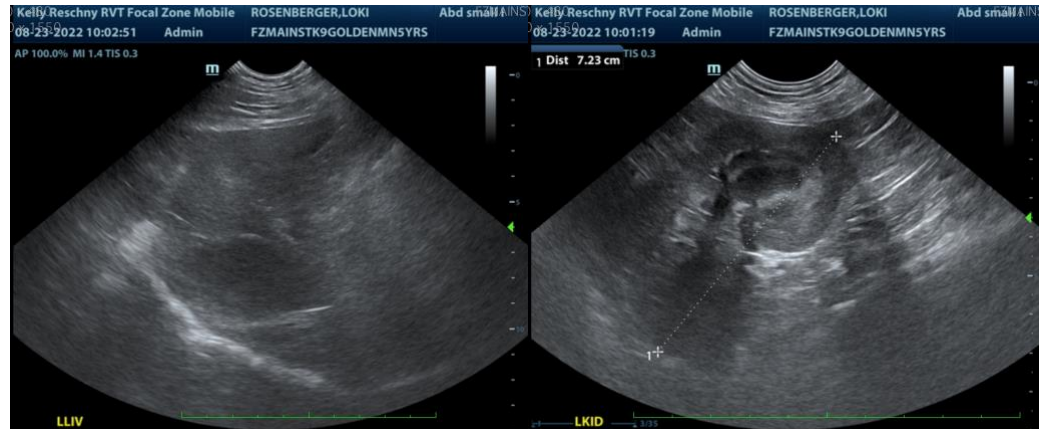
Dr. Morris

**INVOICE**

17008

**DATE**

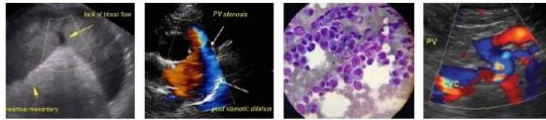
8/23/22



The information and recommendations provided are based on the images presented by the referring veterinarian. 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**



**PATIENT**

Beth.Johnson@SonoPath.com

Loki Rosenberger

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

40 kg

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Dr. Morris

**INVOICE**

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**DATE**

8/23/22