SonoPath
Clinical Sonography & Telecytology
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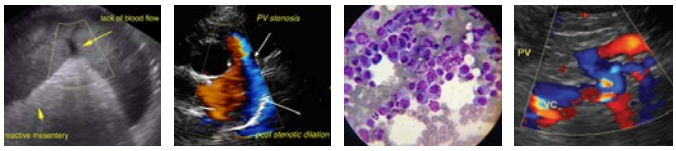


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Treasure Hedgegaard

SPECIES

Canine

BREED

Papillon

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.7

INTERPRETED BY

Beth Johnson, DVM DACVIM

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Preston

INVOICE NUMBER

25745

DATE

9/22/21

PRESENTING CLINICAL SIGNS

P presented on 9/21 for acute onset of seizures. On presentation P dull/lethargic. BG 23. P started on dextrose IV and condition improved significantly. Basal cortisol at 0.2. ACTH stim pending. P remains dependent on IV dextrose to maintain BG levels. P has history of chronic GI issues.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is moderately 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.

Right kidney is normal in size (3.2 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.

Left kidney is normal in size (3.0 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

Right adrenal gland is subjectively small in size (0.90 cm long x 0.32 cm at cranial pole and 0.31 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is subjectively small in size (0.75 cm long x 0.17 cm at cranial pole and 0.20 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

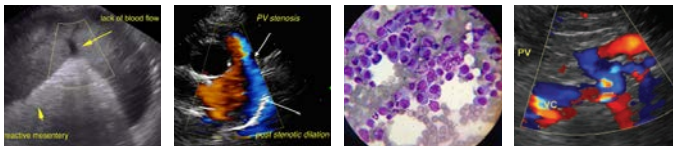
Liver

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 not well visualized in these images. However, the region of th gallbladder is evaluated without evident pathology.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) 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 (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

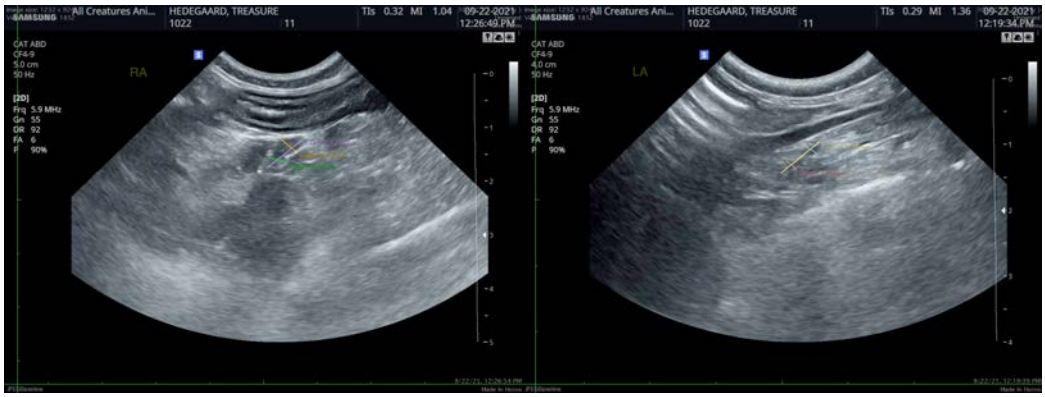
ULTRASONOGRAPHIC FINDINGS

- Subjectively small/flat adrenal glands – could be an indication of hypoadrenocorticism. However, normal variant cannot be ruled out.
- The gallbladder is not well visualized in these images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include an ACTH stimulation test as is reportedly already pending. If the ACTH stimulation test comes back diagnostic for hypoadrenocorticism, then management of the hypoadrenocorticism should result in improvement in the hypoglycemia and hypoglycemic seizures. However, if the ACTH stimulation is not diagnostic for hypoadrenocorticism, recommendations include a paired insulin/glucose ratio at a time when the glucose level is <50 as well as potentially bile acids to rule out hepatic impairment resulting in the hypoglycemia.

In the meantime, empirical therapy with physiologic or anti-inflammatory steroids as well as small, frequent feedings may be tried to prevent clinical signs associated with persistent hypoglycemia. Given the suspicion for hypoadrenocorticism, if not already assessed, a chemistry panel with electrolytes is recommended to rule out concurrent aldosterone deficiency.



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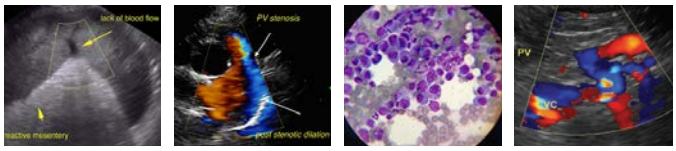

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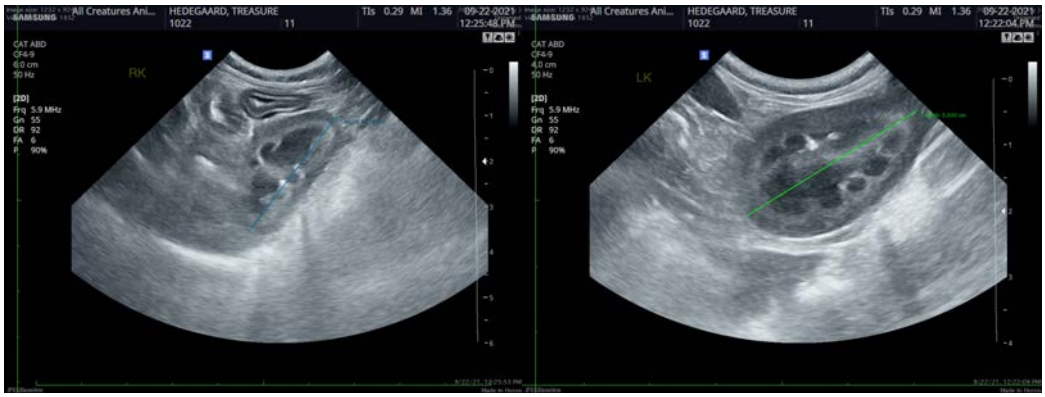

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Beth.Johnson@sonopath.com