



PATIENT

Samson Grandison

SPECIES

Canine

BREED

Yorkie

SEX

Neutered male

AGE

9 years

WEIGHT

3.9 lbs

PRESENTING CLINICAL SIGNS

History: presented for persistent hypoglycemia and twitching; presented on 11/22 for being dizzy; bw revealed BG of 28 and mild increase in BUN; o has been giving Nutrical multiple times a day when pt starts twitching; today spot BG 68; o is force feeding A/D, still lethargic; o stated that she used peppermint ointment that contains xylitol and noted that pt was licking it; she has washed all areas that she has sprayed since pt starting showing signs
Abnormal PE/Chem/CBC/UA Results: SDMA 16, BG 28, rest wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 3.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

IMAGING PERFORMED BY

Dr. Giuliani

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

HOSPITAL NAME

The Pet Hospital of
Stratford

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

REFERRING VET

Dr. Giuliani

INVOICE

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Gastrointestinal

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11/28/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

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Neutered male

Structurally unremarkable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of insulinoma; however, this cannot be completely ruled out as the insulinomas can be extremely small. Insulin glucose ratio is warranted. Xylitol toxicity is a strong potential. Supportive care should prove effective unless insulin glucose ratio suggests insulinoma. Baseline cortisol is warranted or full ACTH stimulation to rule out occult Addison's as the area of the adrenal glands were adequately imaged, yet not overtly visible.

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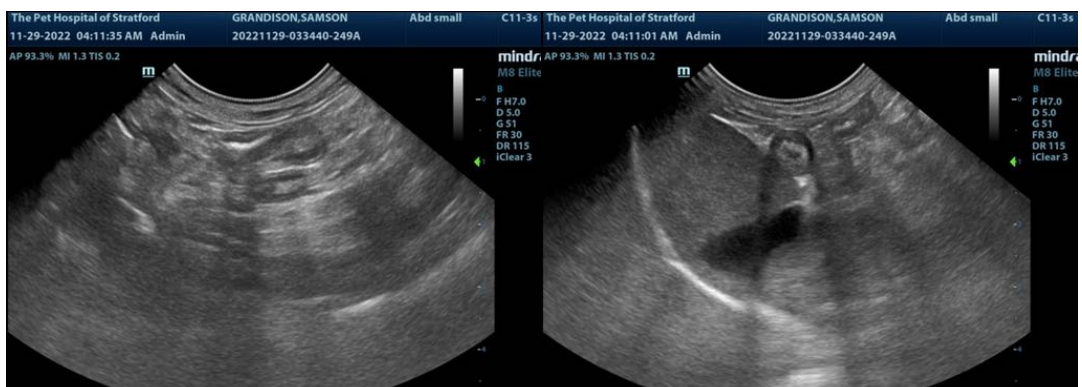
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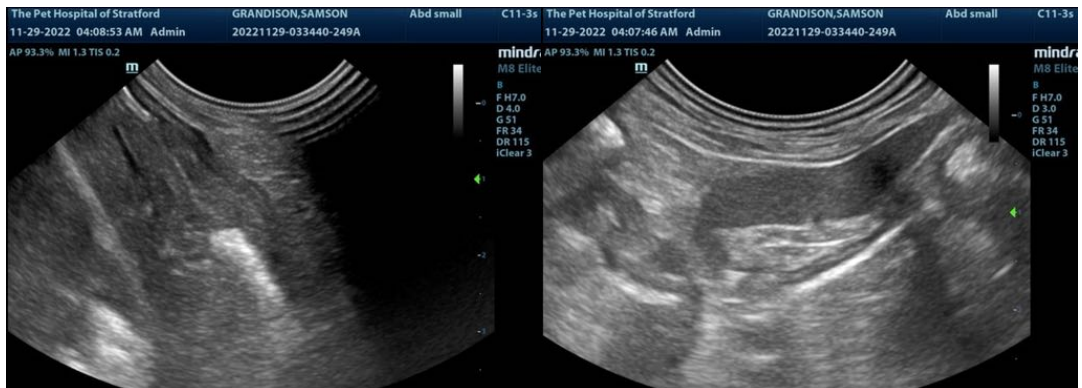
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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