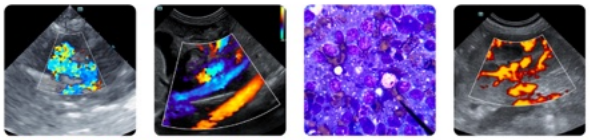


PATIENT

Gabby Bahrman

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Spayed female

AGE

7 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hunt

HOSPITAL NAME

Bayshore VH

REFERRING VET

Dr. Hunt

INVOICE

71705

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Insulin no one that was removed in the pancreatic area with adjoining slash adjacent lymph node that was large. Biopsy came back positive for insulinoma. CAT scan located this saline abnormality back last summer.
- Blood sugar of 57 last week and it's been showing some signs. Currently on prednisone to ameliorate the low blood sugar. Take the dog off pred for couple of days to reconfirm our low blood sugar for the next step.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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 iliac trifurcation was unremarkable.

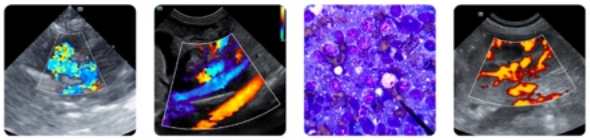
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 7.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.17 x 0.42 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal nlgad measured 2.36 x 1.15 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. There was some shadowing material in the stomach, suspected to be due to post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Visibility of the **pancreas** was limited due to the full stomach, yet the visualized section of the pancreas was unremarkable.

ULTRASONOGRAPHIC FINDINGS

Full stomach, appears to be obscuring portions of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally from an imaging standpoint the patient should be imaged at n.p.o. status; however, given the metabolic need this may be challenging. There was no overt evidence of insulinoma in this patient in a primary or metastatic pattern. Insulin to glucose ratio is recommended. Note that insulinoma can be a very small lesion. CT with contrast would be best if insulinoma is a concern. Chest radiographs and full CNS examination are warranted to assess for potential metastatic lesions.

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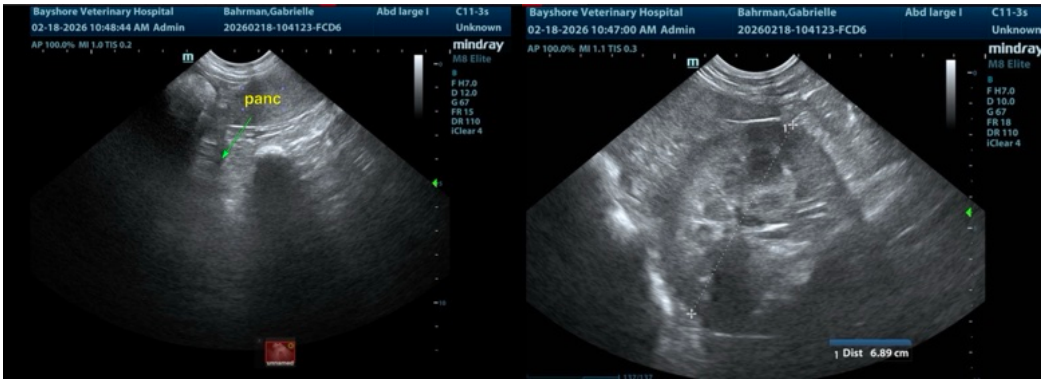

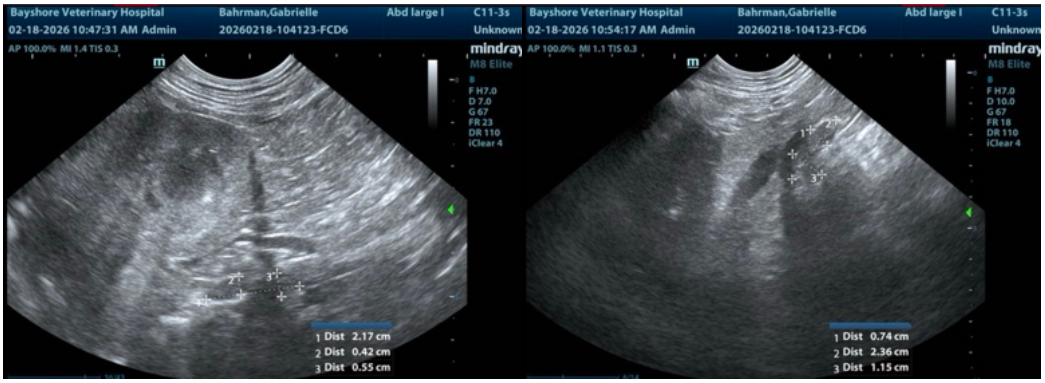

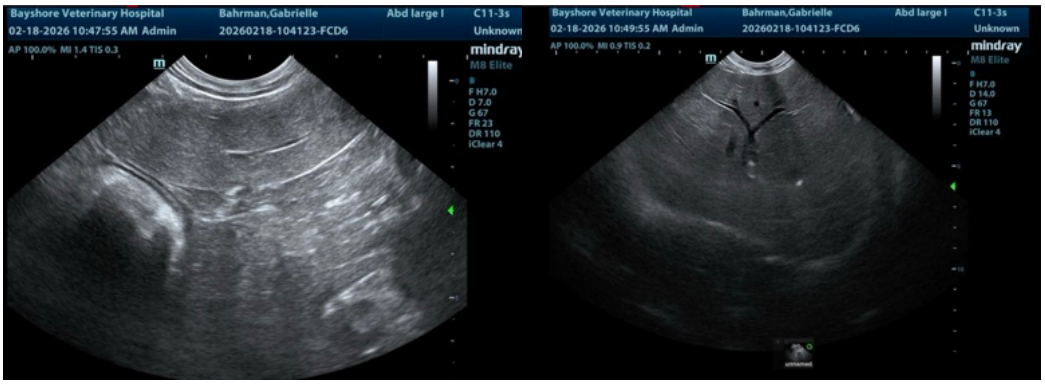

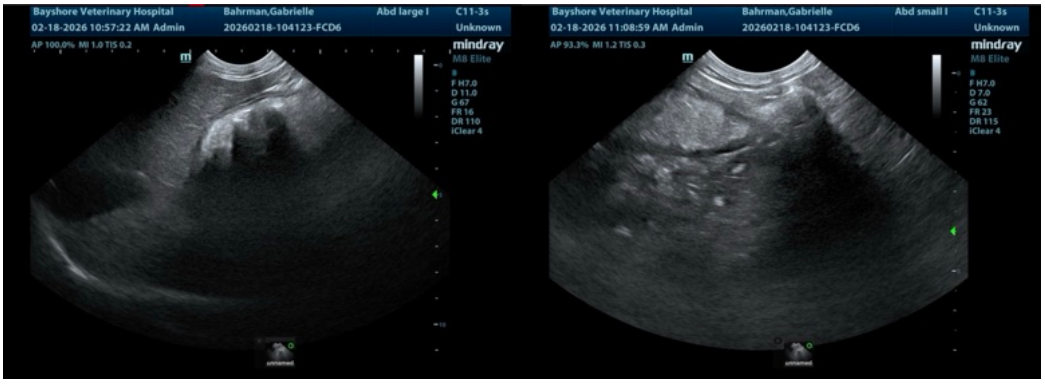

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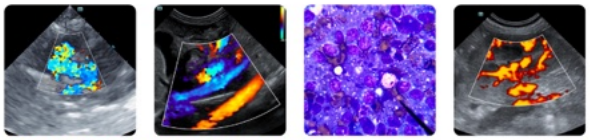

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com