



PATIENT

Walter Polselli

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

10 years

WEIGHT

30 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Goodman

INVOICE

42658

DATE

2/8/23

PRESENTING CLINICAL SIGNS

History: Hypoglycemia found, with a previous low BG noted in record. Hx of liver lobe resection last year. Histo showed benign ruptured biliary cyst. No clinical signs observed by the owner.
Abnormal PE/Chem/CBC/UA Results: BG (today) 86. BG (3 mo ago) 36

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 **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.23 cm. The left kidney measured 5.77 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 0.48 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.71 cm at the cranial pole 0.55 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes, yet normal in size and contour.

Liver

The **liver** revealed slightly increased portal markings and slight coarse architecture with no evidence of pathology. 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.

Gastrointestinal

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 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

Walter Polselli

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Terrier Mix

Structurally unremarkable abdomen.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of insulinoma. Given that the glucose level has normalized the prior episode may be owing to toxin ingestion such as xylitol toxicity. There is no evidence of return of prior hepatic pathology. The abdomen is essentially normal for this age and breed.

AGE

10 years



WEIGHT

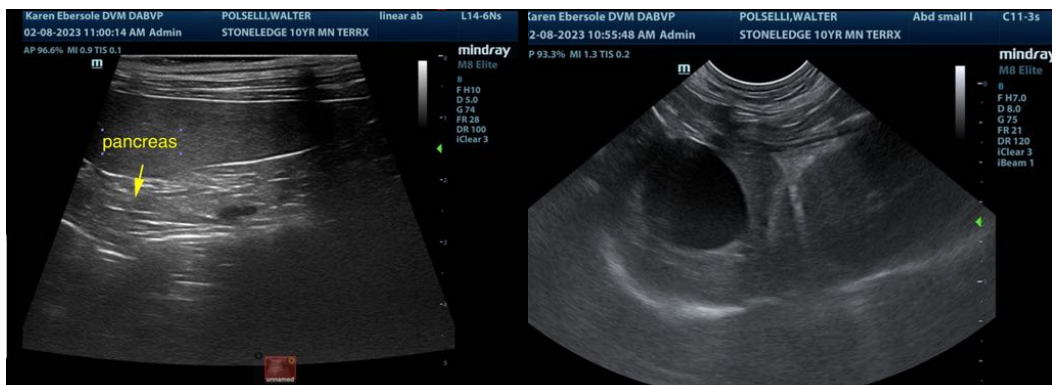
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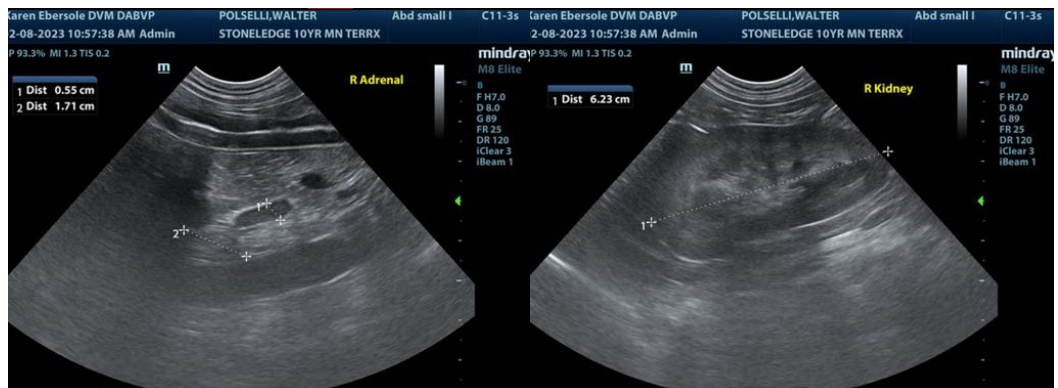
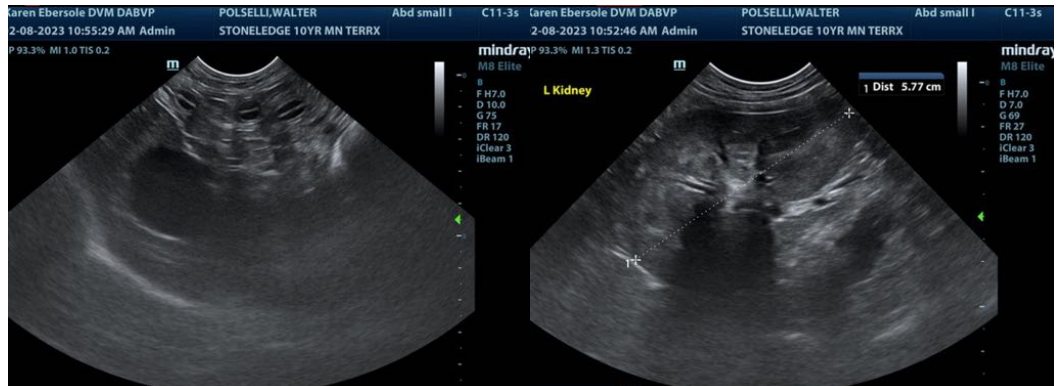
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com