



PATIENT

Riley Singer

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

10

WEIGHT

15

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikita Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Nikita Neuhaus

INVOICE

22050

DATE

4/18/23

PRESENTING CLINICAL SIGNS

History: GI signs and hypoglycemia - yesterday (4/16), pt started getting shaky, then starting around 2a pt started vomiting and has vomited about 14 times since. Around 6am pt started having diarrhea with 3-4 episodes since. anorexia today, tried to drink some water early AM and vomited it up, but did keep some water down recently. Traveling on coast right now, but pt didn't get into any food/objects or wasn't anywhere near fish or opportunities for pt to get it. pt hasn't chewed up or gotten into anything recently. UTD on vaccinations, other pet at home is doing okay. no c/s, no recent food changes. not new for pt to go camping with o, no table scraps per o, no other medical history.

Abnormal PE/Chem/CBC/UA Results: Fecal direct = many motile objects on 40x lens, unable to determine if spirochetes or giardia. FecalG, pending CBC = wnl. HCT 56%, WBCs 8.33k, platelets 214k Chem10 = Glu 65, BUN 30 EPOC = GLu 60, K 3.3, pCO2 28.5, tCO2 16.3, BEecf -7.9, BUN 30 vcheck cPL = <50 spot BG = 49 Recheck BG (on 2.5% dextrose CRI): 6PM: 142 7pm: 102 8pm: 91 9pm: 62 (increased CRI to 5.0%) 10pm 59 11 pm 92 1am 93

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 were 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 4.5 cm. The left kidney measured 4.5 cm.

Adrenal Glands

The **left adrenal gland** was subnormal in size, flattened and isoechoic, barely visible, measuring 3.0 mm.

The region of the **right adrenal gland** was imaged, but not overtly visible.

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 were noted.

Liver

The **liver** was mildly subnormal in size yet structurally unremarkable. No overt evidence of intrahepatic or extrahepatic shunting. The gallbladder and common bile duct were unremarkable.

Gastrointestinal



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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

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

SEX

- Structurally unremarkable abdomen with subnormal adrenal size
- Mildly subnormal liver size

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Screening for Addisons is indicated. No overt evidence of insulinoma, however, could not be completely ruled out. Insulin to glucose ratio is warranted. ACTH stimulation is warranted. Supportive care for underlying gastritis is warranted despite structurally unremarkable GI tract. No evidence of foreign body or significant visceral disease.

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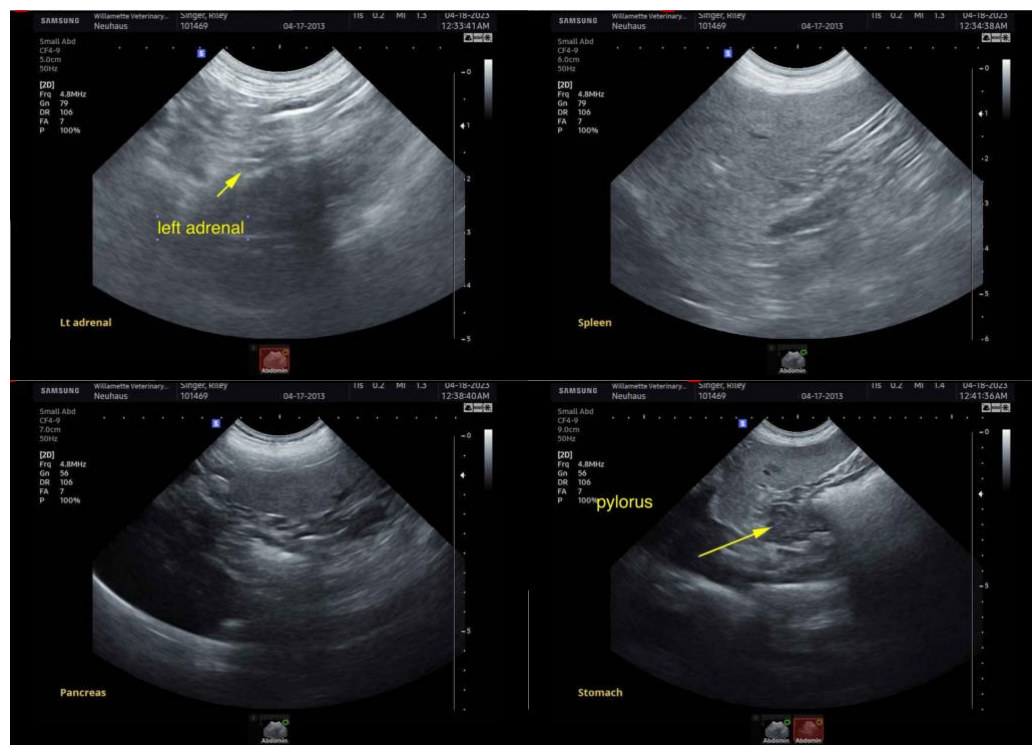
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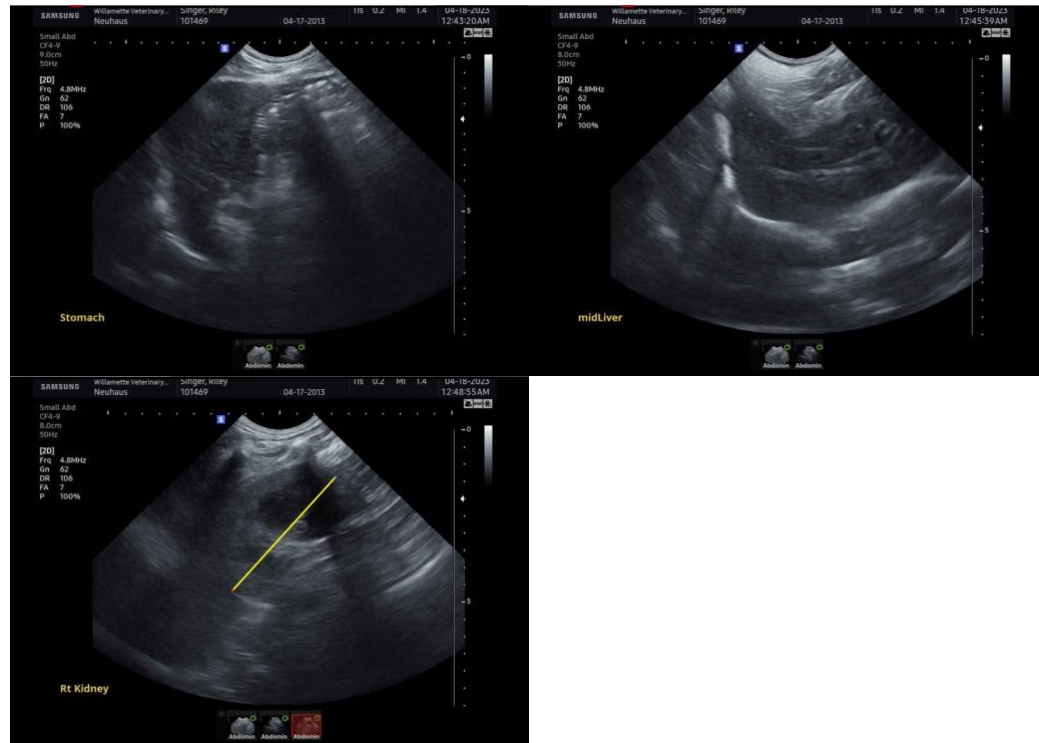
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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