



PATIENT

PRESENTING CLINICAL SIGNS

Pumpnickel Cranias

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

9 years

WEIGHT

7.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Schwanebeck

INVOICE

45933

DATE

7/7/23

History: Presented for low blood sugar and ADR. P has not been acting himself over the last few days. Has not been eating and vomiting. Went to rDVM today and bloodwork was performed. There was mineral material in the small intestine found on radiographs and low blood sugar found on bloodwork. P has history of hypothyroidism and hypoglycemia. O was sent here for continued diagnostics. Abnormal PE/Chem/CBC/UA Results: hypoglycemia (epoc-63) decreased ALP (<10) BUN mild increase (28) Radiographs showed 1. Small amount of mineral opaque foreign material in either a loop of small intestine or the colon. There is no evidence of a mechanical obstruction of the small intestines. Consideration is given to gastroenteritis and pancreatitis. 2. A cause for the straining to defecate is not identified. Foreign material may have been present and causing difficulty passing fecal material or pain when passing fecal material. Additional consideration is given to an abnormality in the rectal or anal region or less like likely pain when posturing to defecate.

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** are normal in size and contour with a hypoechoic medullary band. This is idiopathic. Assessment for proteinuria and glucosuria are indicated. Slight mineralization was noted in both kidneys. The left kidney measured 3.9 cm. The right kidney measured 3.9 cm.

Adrenal Glands

The region of the left **adrenal gland** was imaged with no evidence of pathology. The right adrenal gland measured 0.35 cm and appeared flattened and isoechoic.

Spleen

The **spleen** revealed subtle micronodular changes. The splenic nodules were somewhat disruptive. The largest nodule measured up to 0.5 cm. FNA is indicated.

Liver

The **liver** was subnormal in size with mildly increased portal markings. 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.



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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. The mesenteric lymph nodes are slightly enlarged and reactive measuring 1.5 x 0.5 cm.

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Pancreas

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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

AGE

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Mild microhepatica.

Structurally normal pancreas.

Flattened adrenal glands.

Undefined splenic nodules. Hyperplasia, splenitis, round cell neoplasia are all possible.

WEIGHT

7.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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Bile acid profile is indicated. If insulinoma is suspected FNA of the mesenteric lymph nodes can be considered to assess for potential metastatic disease. No primary changes are noted in the pancreas that would suggest insulinoma; however, these can be exceedingly small. Hypoglycemia panel is recommended in this patient +/- FNA of the splenic nodules and mesenteric lymph nodes. Screening for Addison's with baseline cortisol or ACTH stimulation is indicated. Bile acid profile is indicated. Assessment for xylitol exposure is also indicated.

IMAGING PERFORMED BY

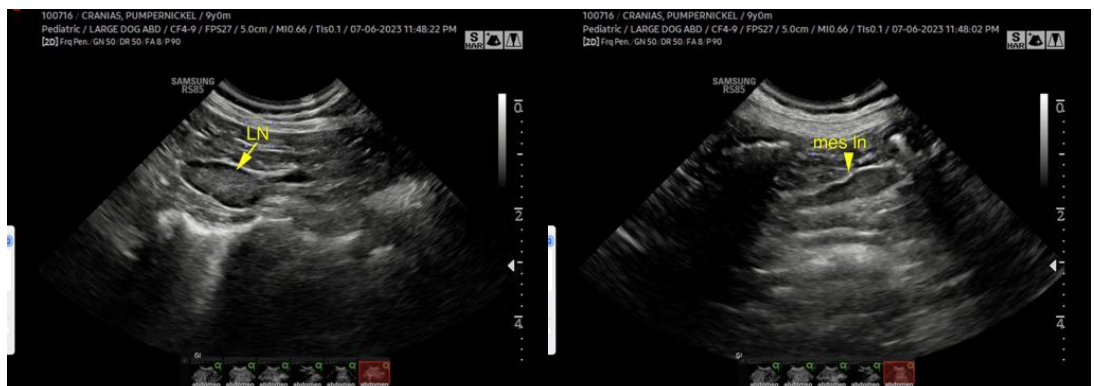
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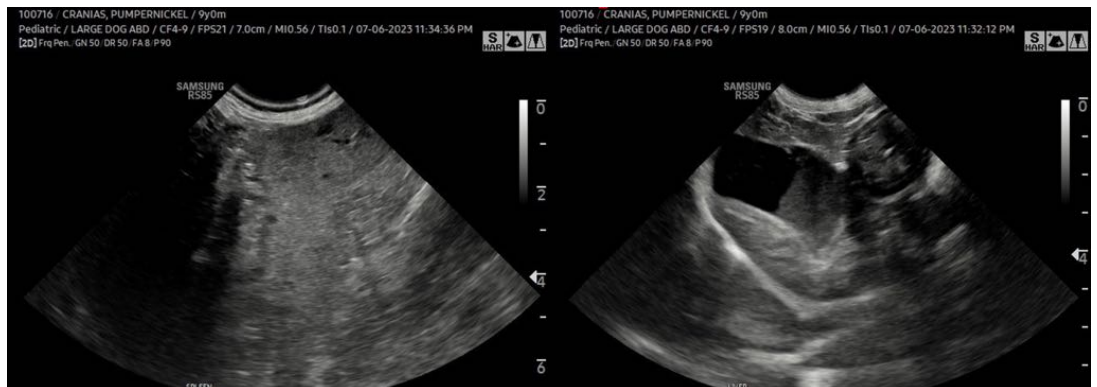
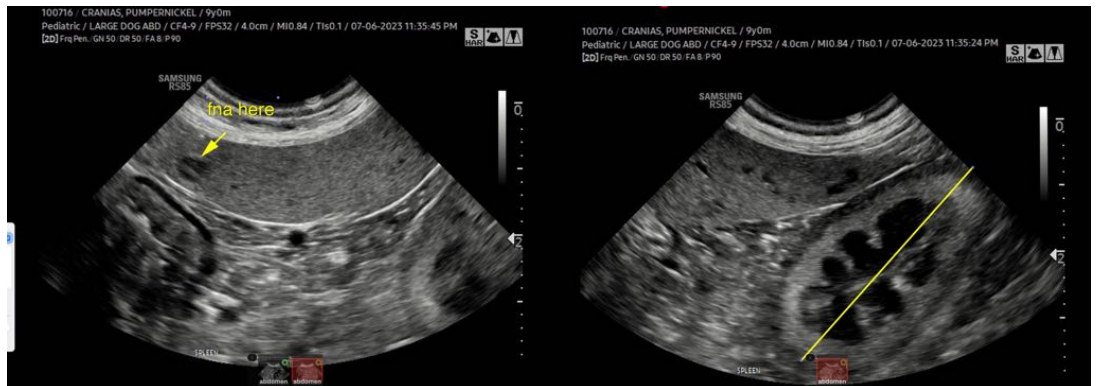
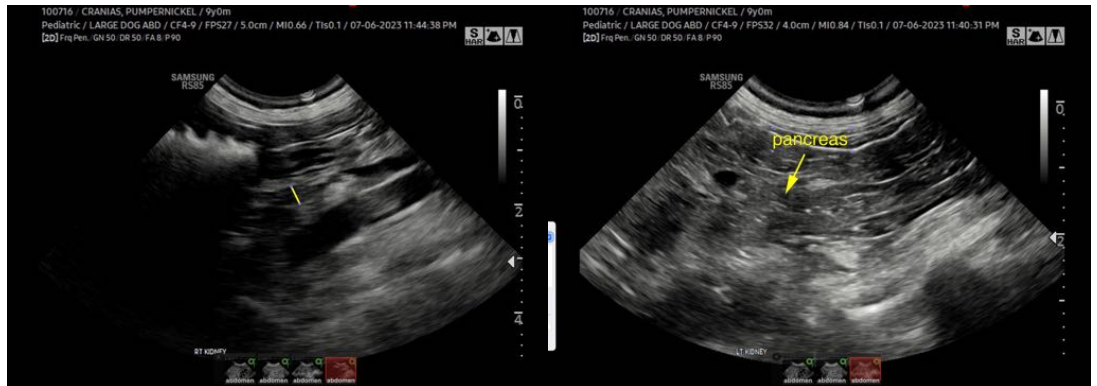
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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