



**PATIENT PRESENTING CLINICAL SIGNS**

Munly Abrams Stumbling, had seizure like episode

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Gluc 2 (3.89-7.95) BUN 11.4 (2.5-9.6) ALP <10 (23-212)

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Boston Terrier 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

**SEX**

Spayed Female

**AGE**

12 Years

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 right kidney measured 4.12 cm. The left kidney measured 4.0 cm.

**WEIGHT**

7.2 kg

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

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 1.96 cm x 0.58 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.76 cm x 1.38 cm at the cranial pole and 0.56 cm at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**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.

**HOSPITAL NAME**

Downtown AH

**Liver**

**REFERRING VET**

Dr. Ahn

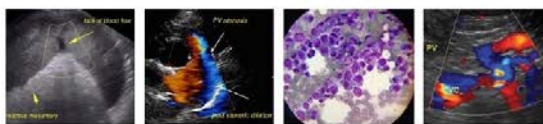
The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and 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.

**INVOICE**

44647

**DATE**

8/11/23



**PATIENT** *Gastrointestinal*

Munly Abrams

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end 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.

**SPECIES**

Canine

**BREED**

Boston Terrier

*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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 Years

- Benign abdomen with largely age related changes with benign hepatopathy and minor remodeling

**WEIGHT**

7.2 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of primary disease responsible for the seizure activity. Skull CT could be considered if seizure activity is not able to be managed once glucose levels have been normalized with medical therapy. Given the hypoglycemia in this patient, FNA of the minor hypoechoic nodular changes in the liver could be considered. However, these would not be typical for insulinoma or metastatic lesions.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The pancreas was fully evaluated and there was no evidence of insulinoma. Presuming that the hypoglycemia is not artifactual and is persistent, assessment of insulin to glucose ratio recommended. Note there is some ingesta in the stomach that obscures some portions of the pancreas, yet this was minor.

**IMAGING PERFORMED BY**

Kelly Reschny

Assessment for Xylitol toxicity also indicated based on the patient's history. CT with contrast would be ideal if insulinoma is persistently suspected despite normal sonogram other than the minor heterogeneous liver nodules.

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Downtown AH

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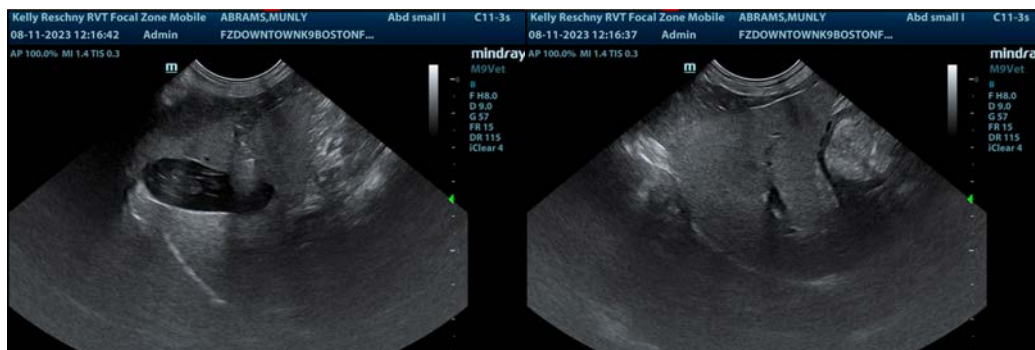
Dr. Ahn

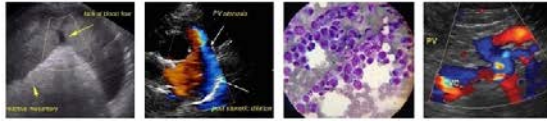
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**PATIENT**

Munly Abrams

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

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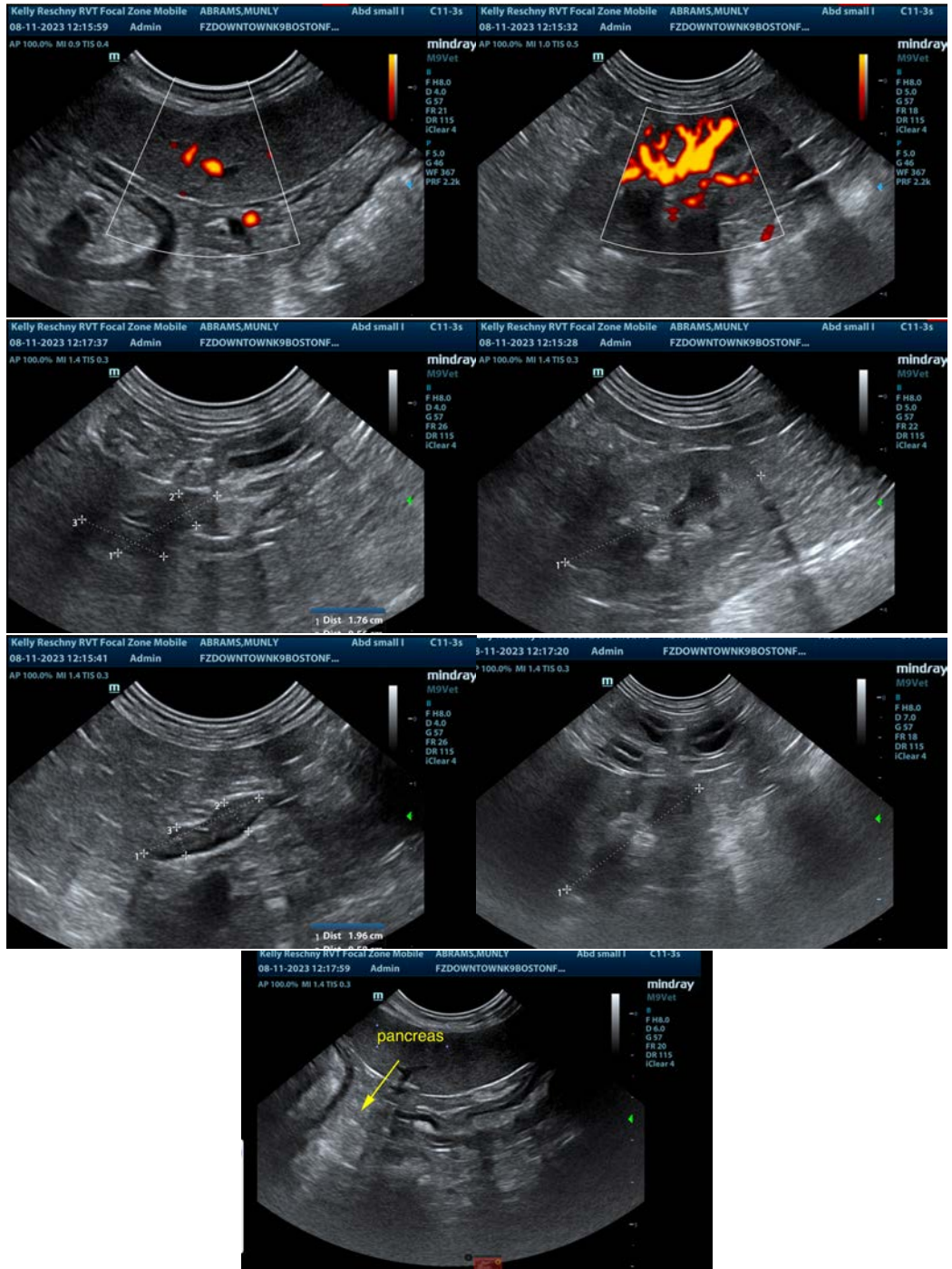
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**PATIENT**

Munly Abrams

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.

**SPECIES**

Canine

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.

**BREED**

Boston Terrier

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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