



PATIENT

Bella Zimmerman

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

7 Years

WEIGHT

76 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

25016

DATE

8/27/21

PRESENTING CLINICAL SIGNS

Bella is a seven year old, FS, American Bulldog with a history of hypothyroidism, severe skin disease, increased liver enzymes (in May 2021 ,which are now normal), consistent hypoglycemia and seizure episodes. Last bloodwork 8/13/21 showed TT4 post pill <0.5 (despite thyroxine 0.5 mg Q 24 hours), resting cortisol =4.3, CBC normal, Chemistry: glucose=33, insulin assay mildly elevated at 21. Suspected insulinoma.

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 5.95 cm. The left kidney measured 6.73 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 2.78 cm x 0.36 cm at the cranial pole and 0.55 cm at the caudal pole. The right adrenal gland measured 3.06 cm x 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented mild uniform enlargement and was folded upon itself cranially, which is a positional variant.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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

Bella Zimmerman

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

- Minor hypersplenism with folded spleen
- Benign hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

No evidence of pathology. No evidence of insulinoma noted. However, these can be exceedingly small. CT with contrast would be warranted.

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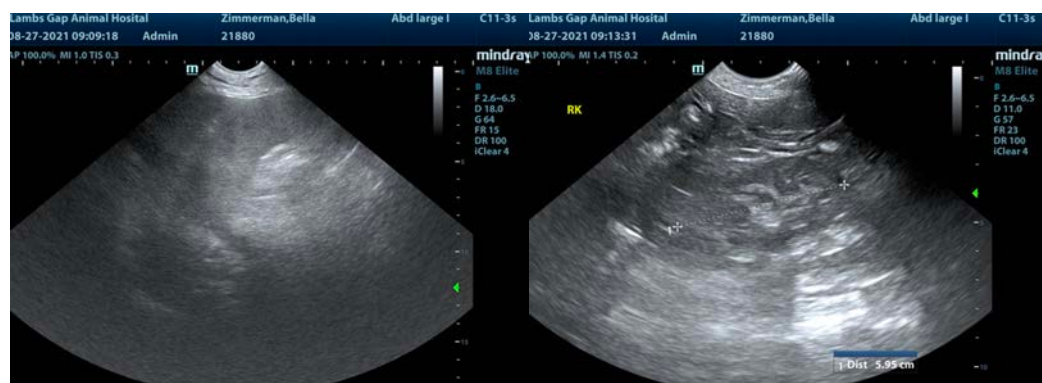
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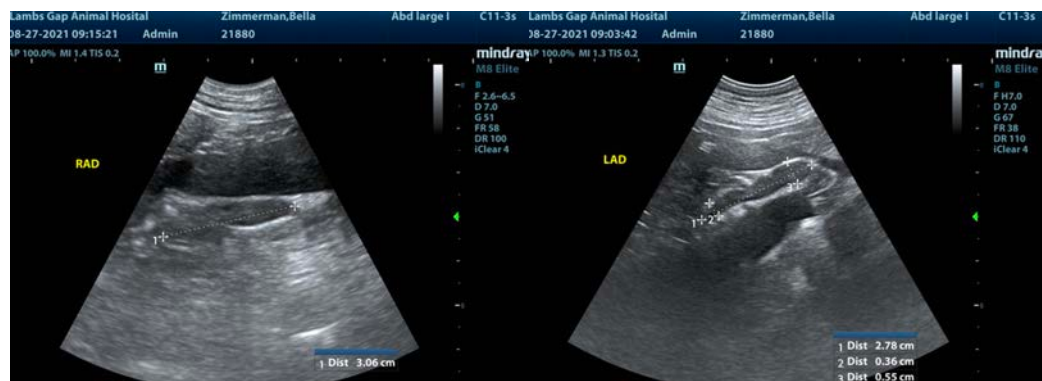


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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