



PATIENT

Chloe Valentine

SPECIES

Canine

BREED

Poodle X

SEX

Spayed Female

AGE

10 Years

WEIGHT

15 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bethany Coe

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Heather Brenner

INVOICE

18166

DATE

11/22/22

PRESENTING CLINICAL SIGNS

History: Acute history vomiting/diarrhea x5days. Inappetent/Anorexic x5 days.

Abnormal PE/Chem/CBC/UA Results: 11/18/2022: - PE: Quiet/Depressed mentation, Normothermic, H/L OK. Abd soft/non-painful. mm pink, moist, CRT WNL. - CBC/Chem/cPL/TT4: Mild leukocytosis (Neutrophilia). Glucose 47. Mild hypokalemia (3.4), Mild hypochloremia. Rest WRI/NSF. - Abdominal radiography: NSF DDx: Profound hypoglycemia --> Insulinoma vs Xylitol toxicosis (no hx), Liver failure, Addison's, other

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 5.16 cm. The left kidney measured 4.7 cm.

Adrenal Glands

Both **adrenal glands** were subnormal in size and flattened. The right adrenal gland measured 1.26 cm x 0.38 cm at the cranial pole and 0.34 cm at the caudal pole. The left adrenal gland measured 1.27 cm x 0.24 cm at the caudal pole and 0.22 cm at the cranial pole.

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** revealed slight increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by



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intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a minor change.

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

- Minor intestinal thickening
- Minor hepatic remodeling
- Subnormal adrenal size

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Strong concern for Addisons in this patient given the adrenal presentation and clinical profile. No evidence of insulinoma is present, however, if glucose is persistently subnormal then insulin/glucose profile is warranted. Sepsis is a potential cause of hypoglycemia if the white count elevates. Supportive care for GI upset and broad spectrum antiparasitic protocol is indicated. ACTH stimulation is indicated.

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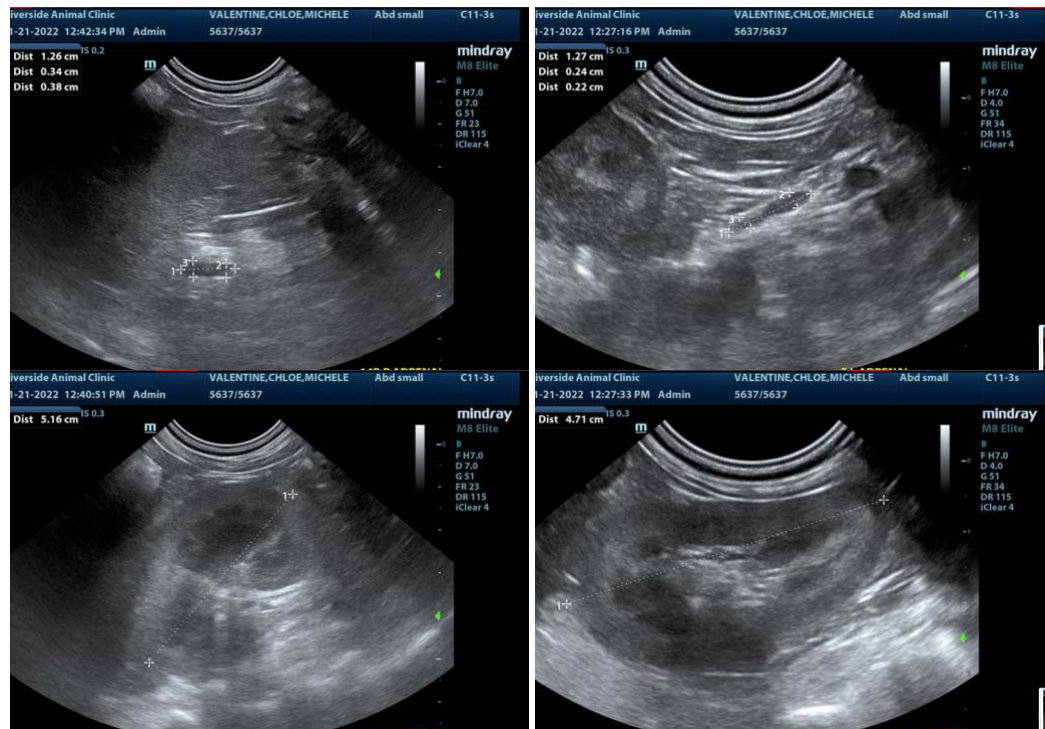
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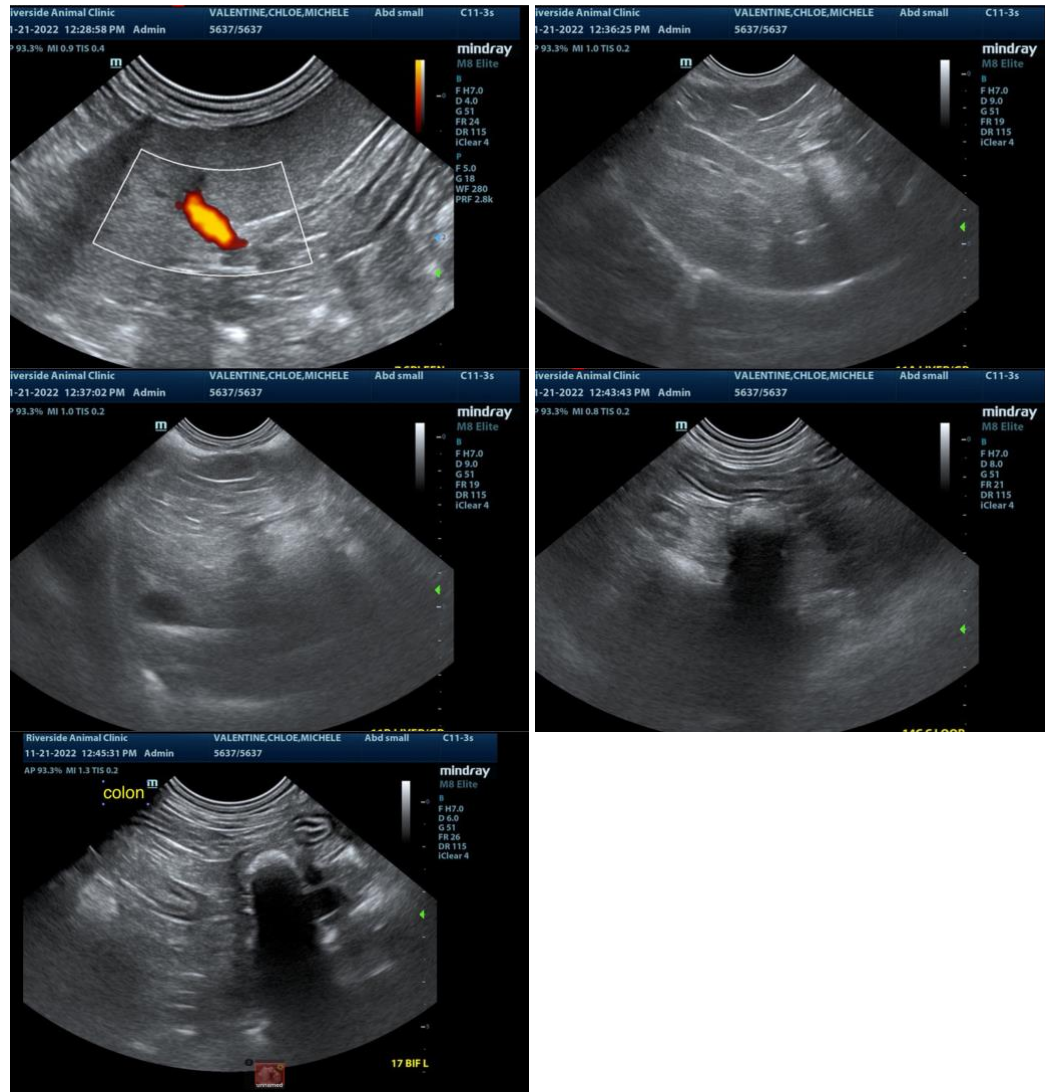
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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