

PATIENT PRESENTING CLINICAL SIGNS

Rosie Anchor O also said PT has low energy levels. E/d ok and normal. Bathroom habits normal. did test for Addison's previously on this PT and that was negative

SPECIES Abnormal PE/Chem/CBC/UA Results: BG @ 1:05pm = 74 today in house glucometer. Insulin 29 (7.5-20 is normal range). Glucose was 90 when that test was run at Idexx- A spot check in house 9/28 was 54 glucometer. BG runs low and insulinoma is a concern. All else IABs are WNL
BREED Canine Cortisol pre and post WNL. Idexx full labs sent out and BG was 60.

Dachshund ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Spayed Female The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

AGE

6 Years 5 Months The left kidney has a normal shape and size (3.96 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

15.2 Pounds The right kidney has a normal shape and size (4.2 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING BY

Loetitia Saint-Jacques, LVT

The right adrenal gland is normal in size measuring 0.48 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

HOSPITAL NAME

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Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

Dr. Denny Nolet

Liver

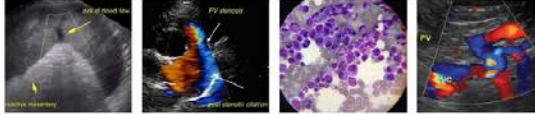
The liver is normal/borderline small in size with normal echogenicity and smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

INVOICE

43081

DATE

11/30/22



PATIENT

Rosie Anchor

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

BREED

Dachshund

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.43 cm. Jejunum wall measures 0.37 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

AGE

6 Years 5 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

WEIGHT

15.2 Pounds

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of regional mesenteric inflammation or fluid. No overt nodules or cystic lesions are visualized. There is what I suspect is a lymph node in the region of the left limb of the pancreas measuring 0.56 cm. This cannot be definitively differentiated from a nodule. There is some mild mottling towards the tail of the spleen but no discrete nodule is visualized.

INTERPRETED BY

Kathleen Sennello DVM,
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(Small Animal Internal
Medicine)

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a questionable lymph node in the region of the left limb of the pancreas, measuring 0.56 cm. The omentum is of normal echogenicity.

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Questionable lymph node medial to the spleen – This has the appearance of a lymph node, but I cannot definitively rule out the possibility of a pancreatic nodule.
- Subjectively borderline small liver – Recommend liver function testing.

HOSPITAL NAME

Pine Creek VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Denny Nolet

No definitive nodules are visualized in the region of the pancreas. There is what I suspect is a lymph node medial to the spleen. This cannot be definitively differentiated from a nodule, but a lymph node is the primary differential. Additionally, there is some mild mottling towards the tail of the spleen but no definitive nodule.

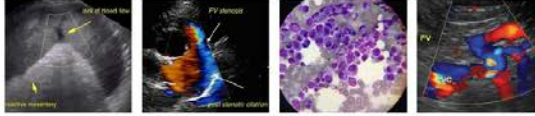
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This is a borderline case of hypoglycemia. You've done a nice job ruling out Addison's as a differential. Consider a liver function test as well. If liver function is normal, then insulinoma

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REFERRING VET

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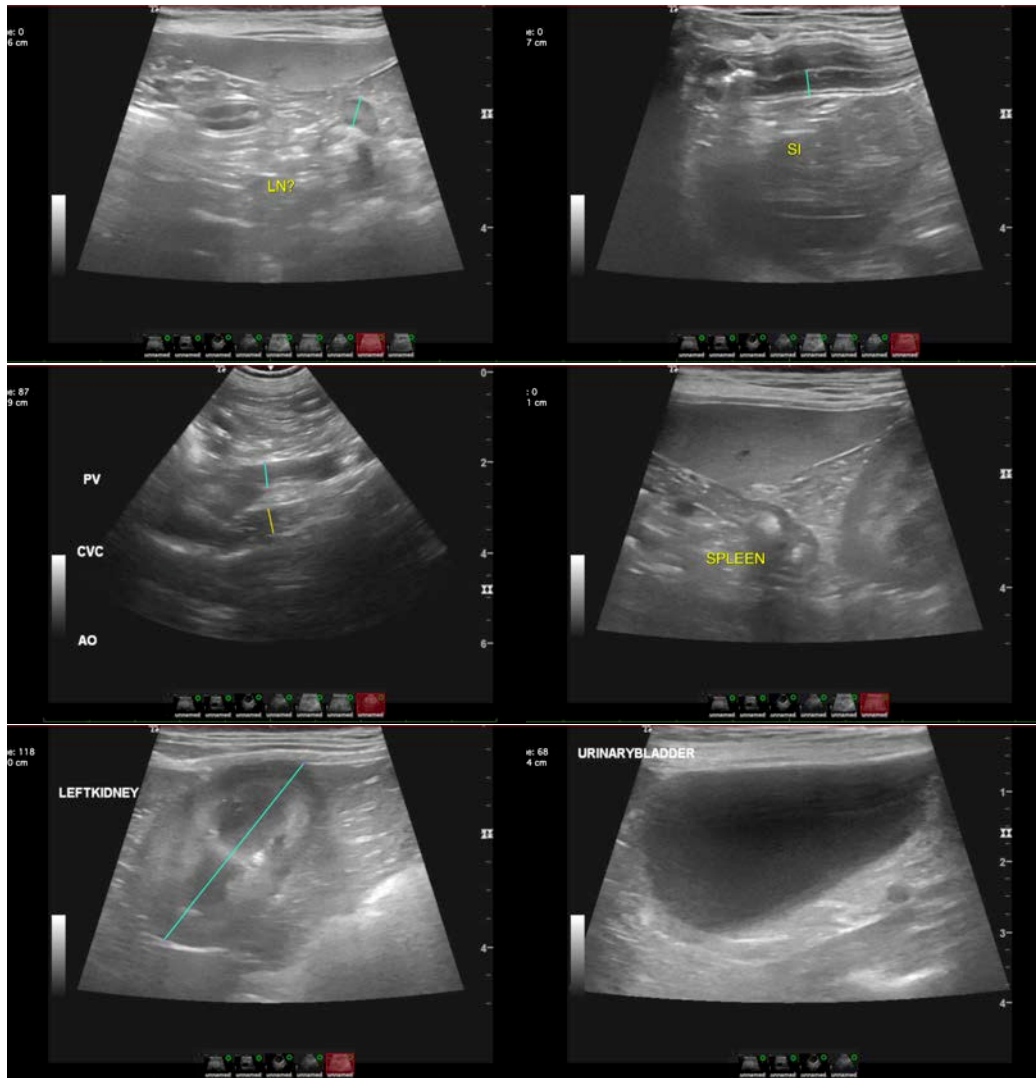
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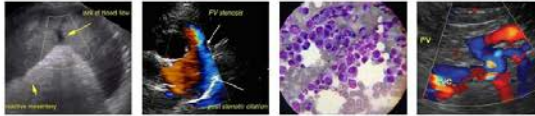
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would be even higher on my list. Ideally, I like to see an insulin to glucose ratio with the glucose level in the 40s, definitely less than 60 in order to be diagnostic. I will often have the patient come in fasted in the morning and monitor blood glucose levels through the day in the hospital, trying to catch a low level. Additionally, if the hypoglycemia is somewhat questionable, you could consider a Fructosamine level, which could demonstrate persistent average hypoglycemia. If an insulinoma is strongly suspected, consider a contrast CT scan, which can potentially pick up smaller more questionable nodules with greater resolution.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.





Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

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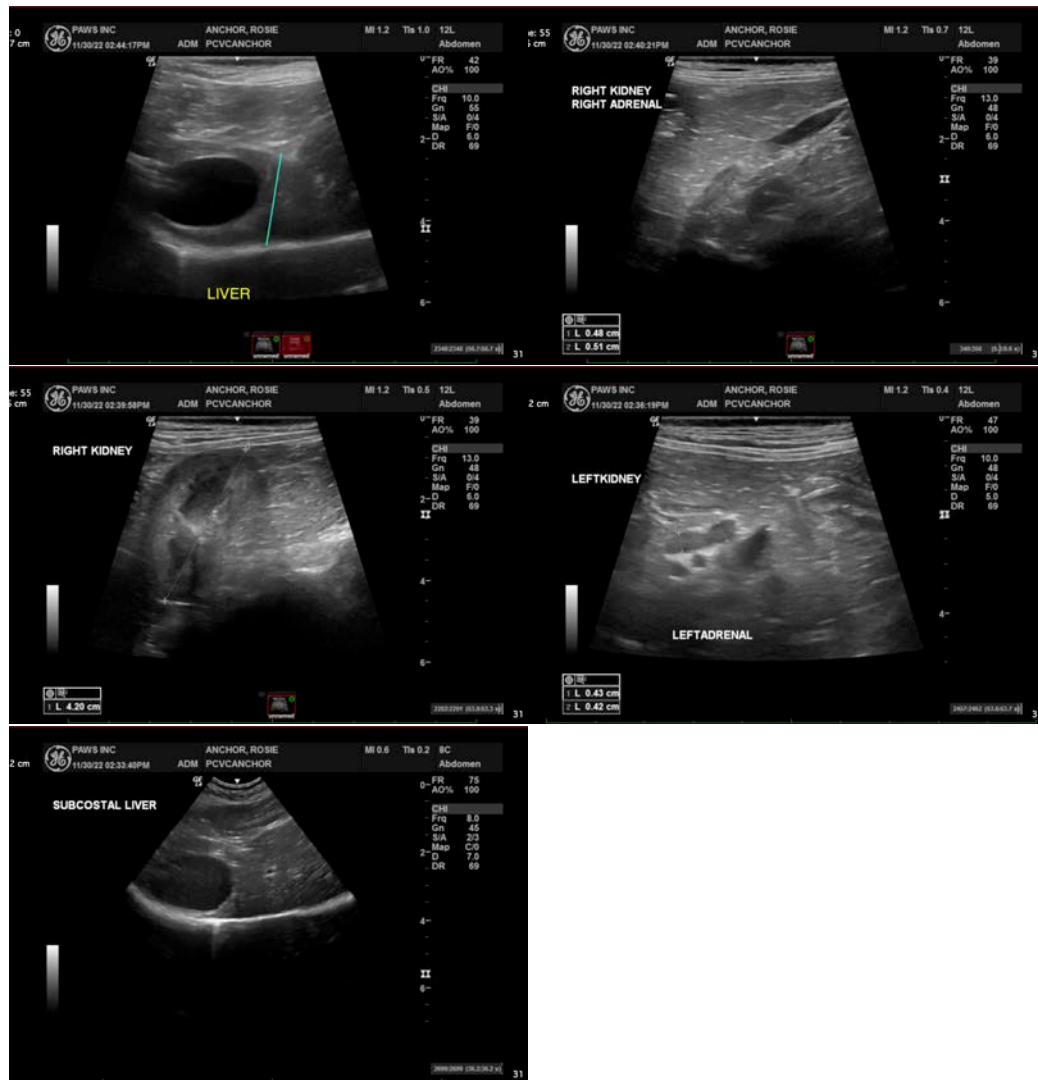
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com