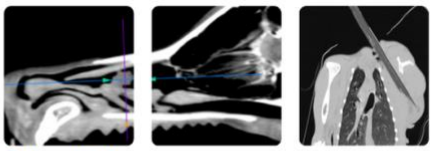


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Peanut Bonfante

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

15 Years

WEIGHT

2 kg

INTERPRETED BY

Kathleen A. Sennello DVM, MS, DACVIM (SAIM)

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Hamilton Emergency

REFERRING VET

Dr. Vercaigne

INVOICE

35957

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Findings: - presented to rDVM 12/17/2025 for acute lateral recumbency, had been normal the previous day. No known toxin or trauma. History of heart disease (currently on pimobendan). rDVM diagnosed hypoglycemia and dehydration. Treatment was started and patient was transferred to HREVC for continued treatment. Patient is mildly improved since starting dextrose CRI. He is eating in clinic. HM grade 4/6, mild tachypnea and cough. He is eating in clinic, appears comfortable, vital signs stable. Current Medications Dextrose 2.5% (started 1am), furosemide, maropitant, buprenorphine

Abnormal PE/Chem/CBC/UA Results: BG on presentation 3.4, subsequent readings q4hrs as follows = 4.2, 2.8, 5.0, 5.3, 4.0 - rDVM bloodwork 12/17/2025: - NEU 16.01 [3.0-12.0 10^9/l] - HCT 71.90 [37.0-55.0 %] - PLT 155 165.0-500.0 10^9/l] - ALP 291 * [20.0-150.0 U/L] - BUN 20.0 * [2.5-8.9 mmol/L] - PHOS 2.94 * [0.94-2.13] - GLU 2.1 * [3.3-6.1 mmol/L] - GLOB 21 * [23.0-52.0 g/L] Radiographic Findings None. Primary Question to Be Answered in This Exam r/o evidence of underlying neoplasia, sepsis, other cause of acute persistent hypoglycemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and heterogenous, measuring 1.61 cm x 2.1 cm.

The left kidney has a normal shape and size (3.56 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

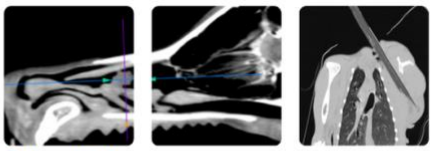
The right kidney has a normal shape and size (3.29 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the cranial pole and 0.5 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.

The right adrenal gland is normal in size measuring 0.98 cm at the cranial pole and 0.69 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.

Spleen



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The spleen is subjectively normal in size and slightly irregular in shape. The blood flow through the hilus and splenic parenchyma appears normal. There is a poorly defined iso- to slightly hypoechoic mass effect/bulge visualized in the body of the spleen, measuring approximately 0.91 cm x 1.55 cm.

Liver

The liver is subjectively normal in size, and echogenicity with 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains moderate fluid/ingesta. It measures at a normal thickness of <0.7 cm 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.

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. The duodenum measured as normal (0.38 cm in wall thickness) and the jejunum measured as normal (0.22 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The pancreas is prominent and hypoechoic in the left limb as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

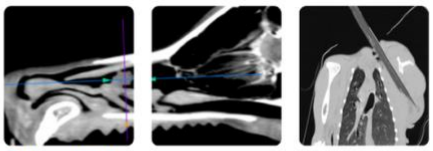
Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large heterogenous prostate- Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.



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- Poorly defined iso/hypoechoic bulge in the spleen- Findings could be consistent with a benign lesion, such as focal lymphoid hyperplasia, etc., or infiltrative neoplasia. Consider a fine needle aspirate.

- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a poorly defined iso- to hypoechoic bulge visualized in the spleen. Generally, this has a somewhat benign appearance but consider a fine needle aspirate for further evaluation. Additionally, the left limb of the pancreas is prominent and hypoechoic most consistent with chronic pancreatic remodeling +/- chronic pancreatitis. Corelate with a PLI level. If this is significantly elevated, recommend treatment for chronic pancreatitis.

The prostate is large and heterogenous, as would be typical for an intact older male dog. Correlate with a urinalysis and culture to determine if concurrent prostatitis is present.

If an obvious cause for the hypoglycemia reported is not visualized, consider an insulin to glucose ratio when the blood sugar is typically <40, to evaluate for inappropriate insulin levels indicative of an insulinoma. These are not always seen on ultrasound. If insulin levels are elevated, in the face of hypoglycemia, then consider a contrast CT scan.

Additional differentials would include hepatic insufficiency (consider pre- and postprandial bile acids), Addison's disease (this seems unlikely, but you could consider a baseline cortisol), or sepsis (this seems unlikely based on the history provided). Lastly, some toxins can cause hypoglycemia, and the most common would be xylitol, as a sugar substitute.

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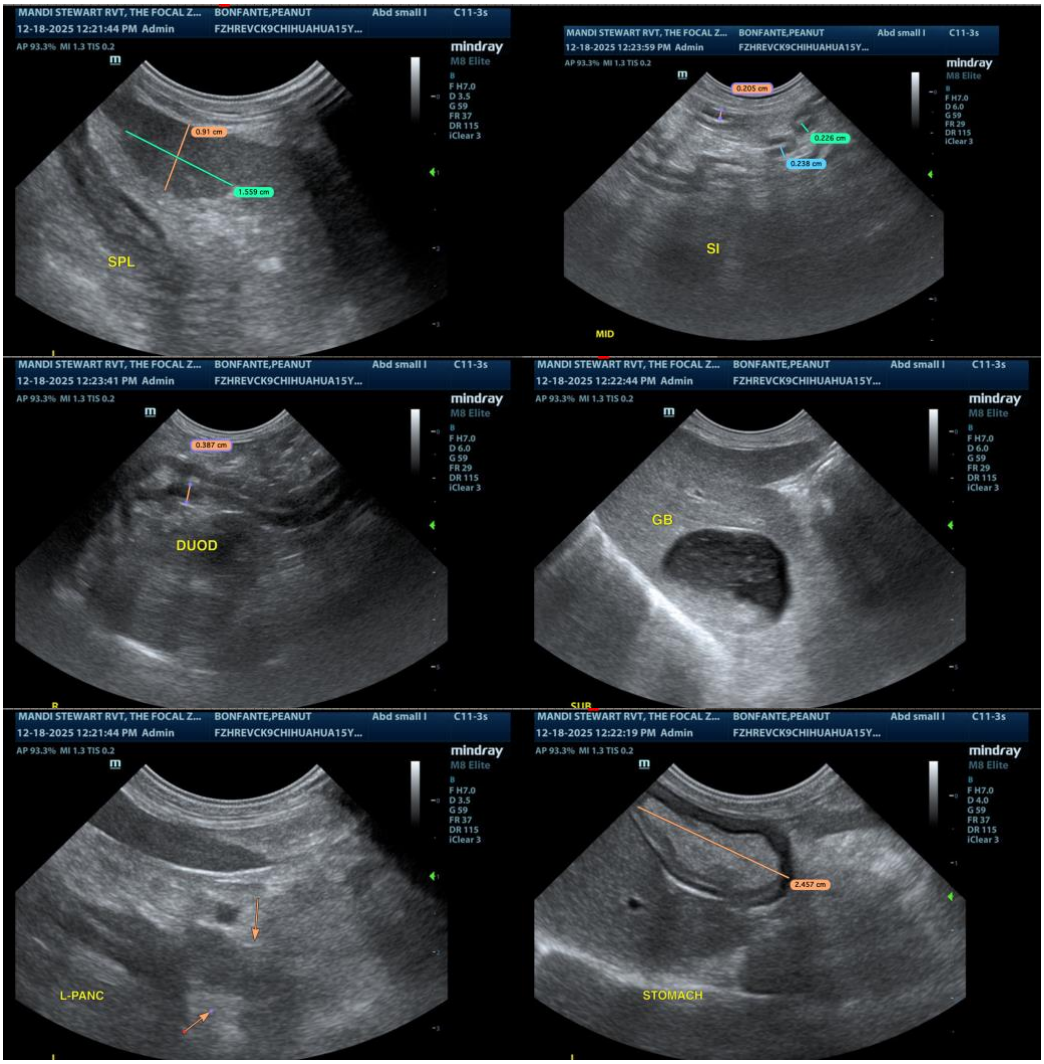
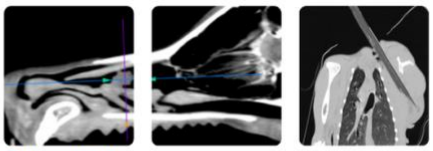


The Focal Zone
FUELED BY SONOPATH VETERINARY ULTRASOUND



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Educational Teleconsultation Services™

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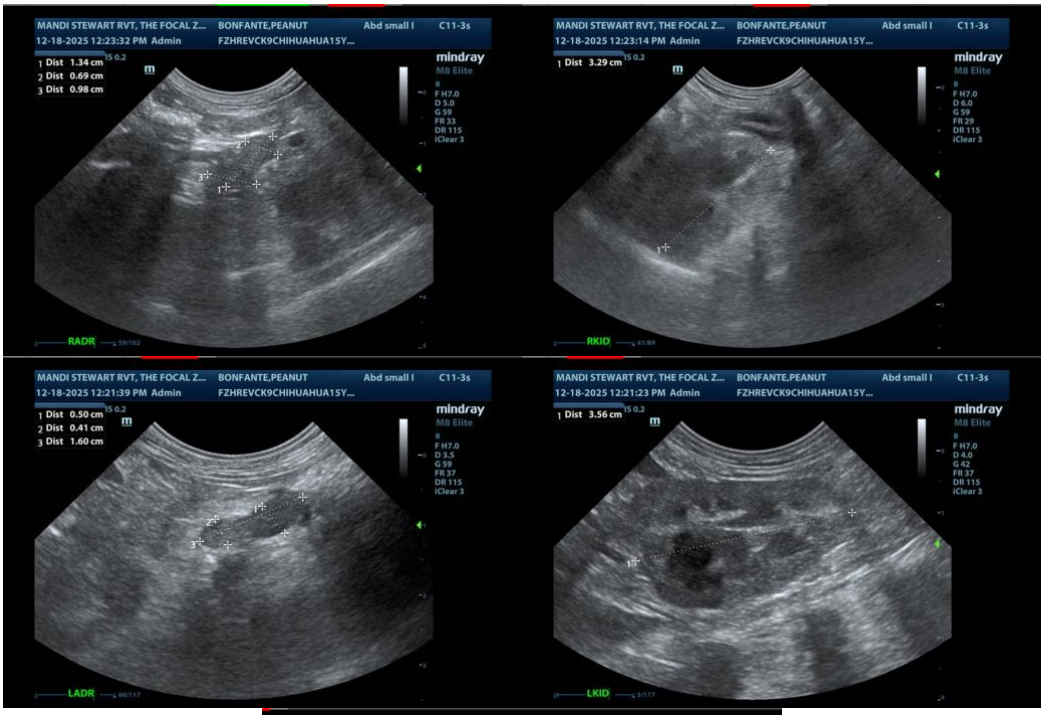

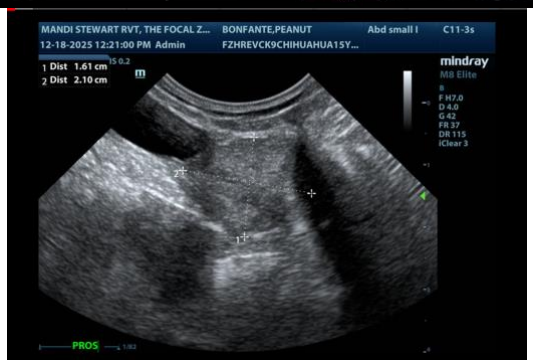

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com