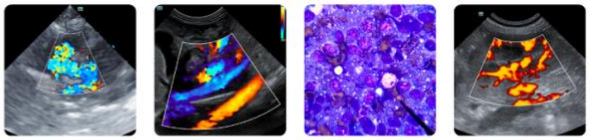

PATIENT

Griffey Dolce

SPECIES

Canine

BREED

Yorkie Mix

SEX

Neutered Male

AGE

12 Years

WEIGHT

17.9

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Carlos Abdul-Chani

INVOICE

12306

DATE

11/18/25

PRESENTING CLINICAL SIGNS

Chronic vomiting, hypoglycemia

Abnormal PE/Chem/CBC/UA Results: CBC: Normal Chem: Glucose = 32 mg/dl ; Rest is normal
Abnormal U/A Findings: Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine and subnormal size. No evidence of urinary bladder tumors or urine calculi.

The residual prostate was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was visualized. The left kidney measured 5.1 cm in length. The right kidney measured 4.8 cm in length with mild pyelectasia present.

Adrenal Glands

Bilateral symmetrical adrenal gland mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.72 cm width at the caudal pole. The right adrenal gland measured 1.1 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver presented subjective mildly enlarged, areas of capsule asymmetrical contour and variable nonhomogenous parenchyma exhibiting intermittent intraparenchymal nodules to small nonhomogenous masses with an example measuring 3.0 cm in diameter. Example of nodules measured 0.92 cm in diameter.

The gallbladder was non distended in size with moderate primarily gravity dependent hyperechoic biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact mildly thickened wall layering was visualized. The stomach was nondistended containing mild anechoic fluid and lumen gas. Ventral gastric body wall measured 0.72 cm wall width. Pylorus wall measured 0.78 cm wall width. No evidence of obstruction to pyloric outflow.

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The small intestine presented with generalized intact wall layering exhibiting segmental propensity for mildly prominent jejunal mucosa layer. The jejunum wall measured 0.49 cm wall width.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with heterogeneous remodeled parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Concurrent pancreatic nodules in the area of the hepatic lymphadenopathy.

Free Abdomen

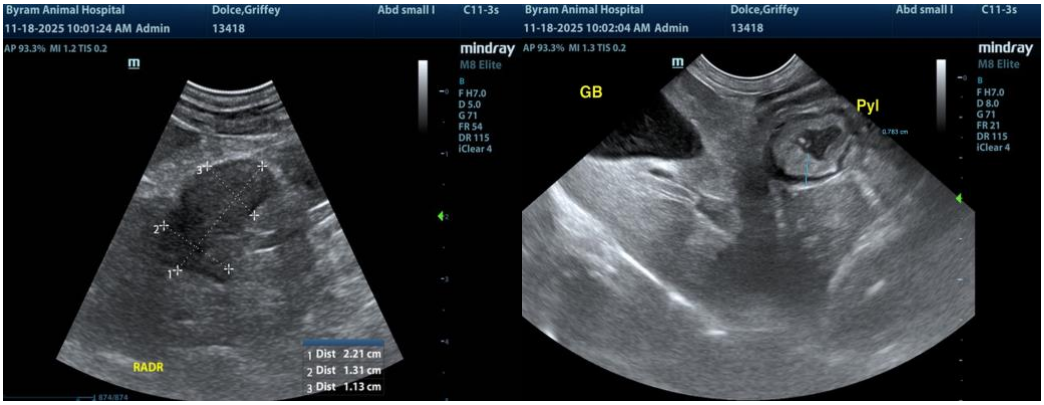
Variably enlarged nonhomogenous hepatic lymphadenopathy adjacent to the portal vein with potential for concurrent pancreatic nodules with generalized mild remodeled pancreatic parenchyma. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific bilateral mild adrenomegaly- subjective benign.
- Probable chronic hypomotile gastritis with possible concurrent enteropathy.
- Nonhomogenous liver exhibiting intraparenchymal nodules/small masses.
- Nonorganized gallbladder debris (non-mucocele).
- Variable hepatic lymphadenopathy.
- Pancreatic remodeling with potential for peripancreatic lymphadenopathy or potential pancreatic nodules.
- Mild chronic renal changes exhibiting mild medullary mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, hepatic parenchyma and accessible nodule/small mass FNA cytology is warranted for further clarification, primarily to assess for neoplastic criteria. If persistent hypoglycemia paired insulin/glucose ratio on same serum sample, if glucose less than 60, is recommended. If insulinoma is ruled out, the hypoglycemia (if persistent) may be secondary to hepatic nodule/masses or decreased intake. A GI panel to include PLI, TLI, cobalamin and folate to assess for chronic pancreatitis or underlying intestinal disease as a contributing factor is recommended. Abdominal CT may be indicated if concern for insulinoma. Pending additional diagnostics, gastrointestinal support is indicated.



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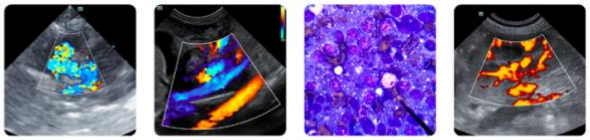

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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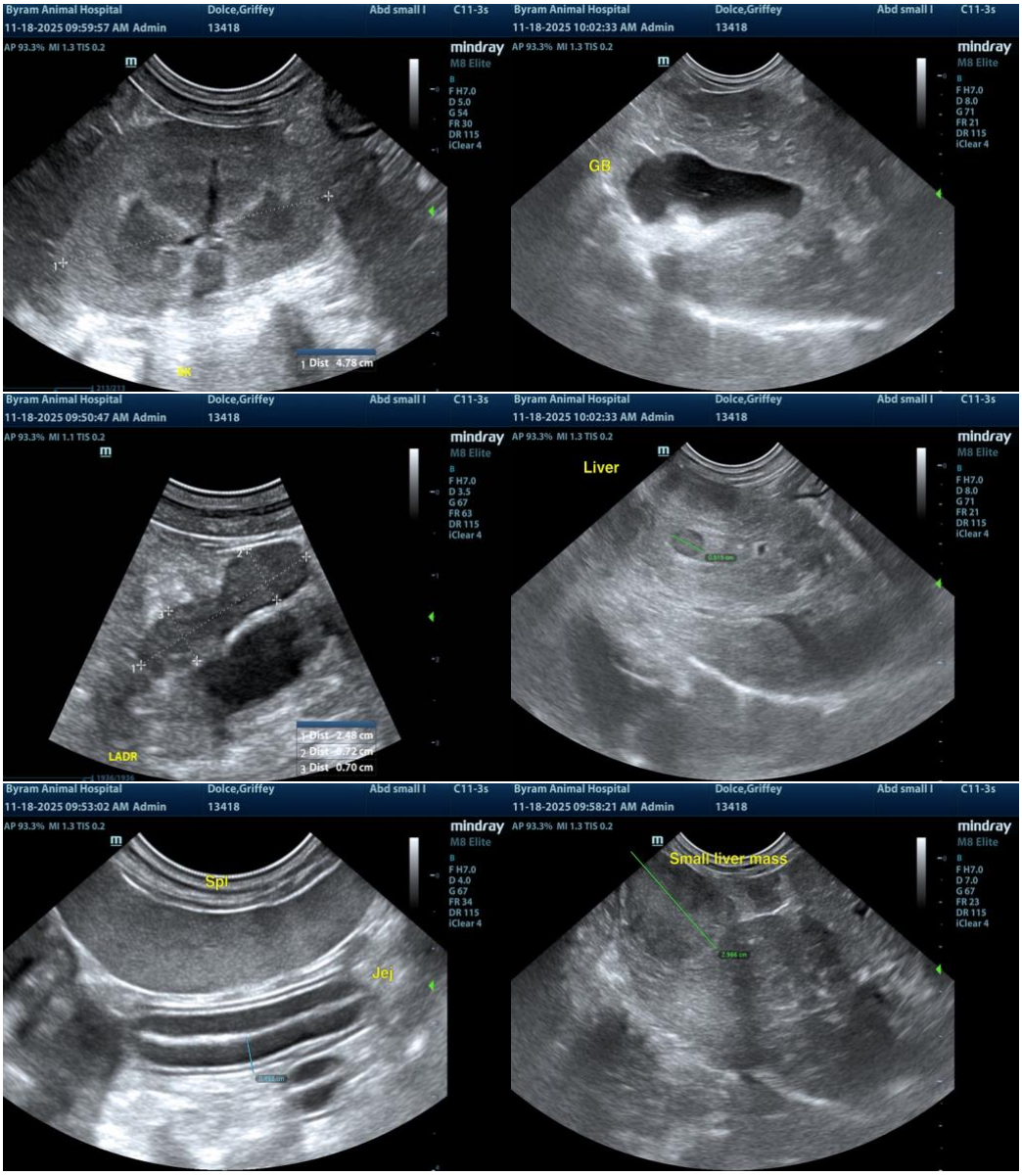

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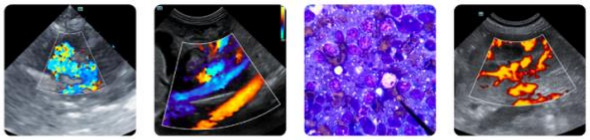

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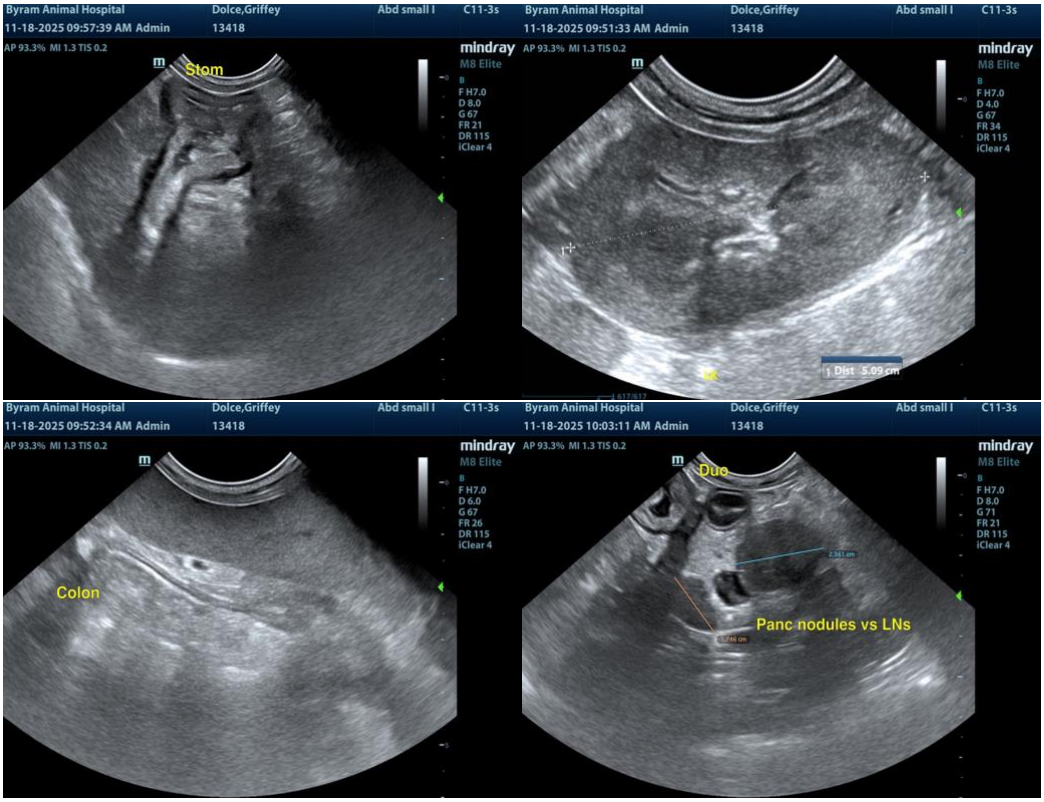

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com