



**PATIENT**

Juliette Gilbert

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Spayed Female

**AGE**

8

**WEIGHT**

3.64

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Dr. Laura de Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

46524

**DATE**

4/9/23

**PRESENTING CLINICAL SIGNS**

-p would not eat anything solid since p has been home from the hospital -o syringe fed broth -p had 2 seizures in the past 24 hours -hypoglycemic on presentation - required multiple dextrose bolus over the past 12 hours and is now on a dextrose CRI to maintain blood glucose levels -in hospital for pancreatitis on 4/7

Abnormal PE/Chem/CBC/UA Results: Glucose - 33 prior to bolus ALP - 188 Albumin - 2.3 Phosphorus - 6.8

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm. The right kidney measured 3.7 cm.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape, with the left adrenal gland being indistinctly visualized, subjectively measuring 0.32 cm at the caudal pole. The right adrenal gland subjectively measured 0.50 cm 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.



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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**ULTRASONOGRAPHIC FINDINGS**

- Mild heterogeneous pancreas
- Subjective mild gastroduodenitis
- Normal volume liver

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no sonographic evidence of significant visceral pathology. The pancreas was not sonographically consistent with significant pancreatitis with low grade, mild or possible resolving pancreatitis possible. No hepatic or gastrointestinal masses sometimes associated with hypoglycemia. Potential for a insulinoma cannot be excluded as these tumors tend to be small and difficult to visualize sonographically. If persistent hypoglycemia BG<60, an insulin: glucose ratio on same serum sample is recommended. Resting cortisol level is warranted. No overt evidence of a portosystemic shunt although bile acids could be considered if clinically indicated.

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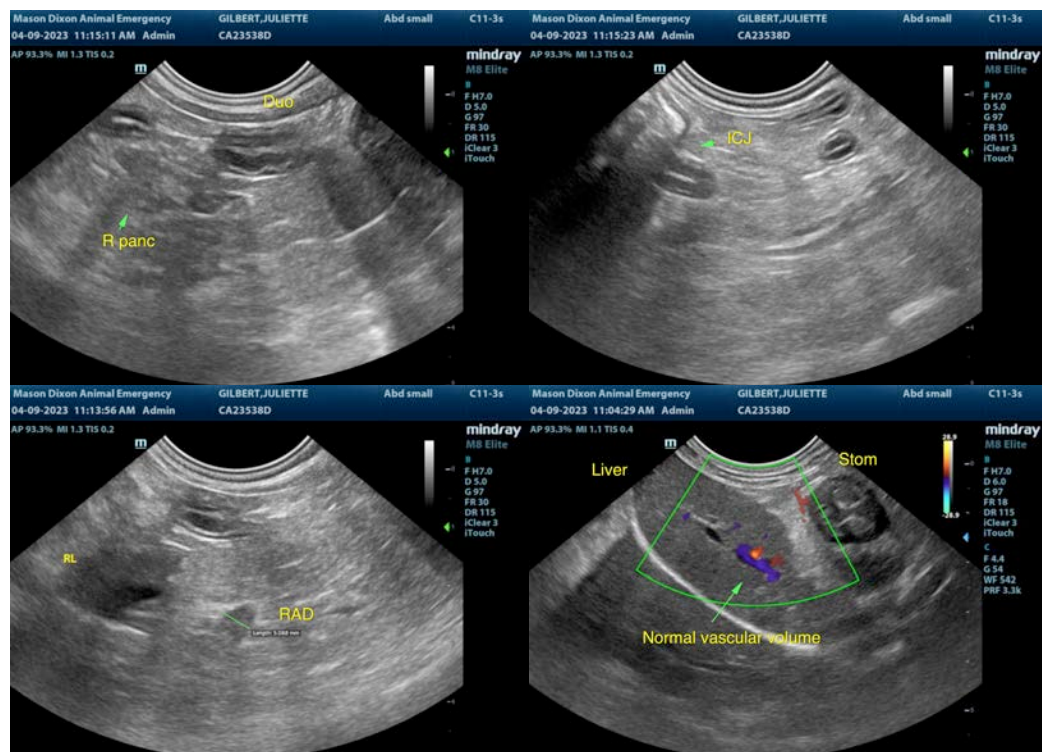
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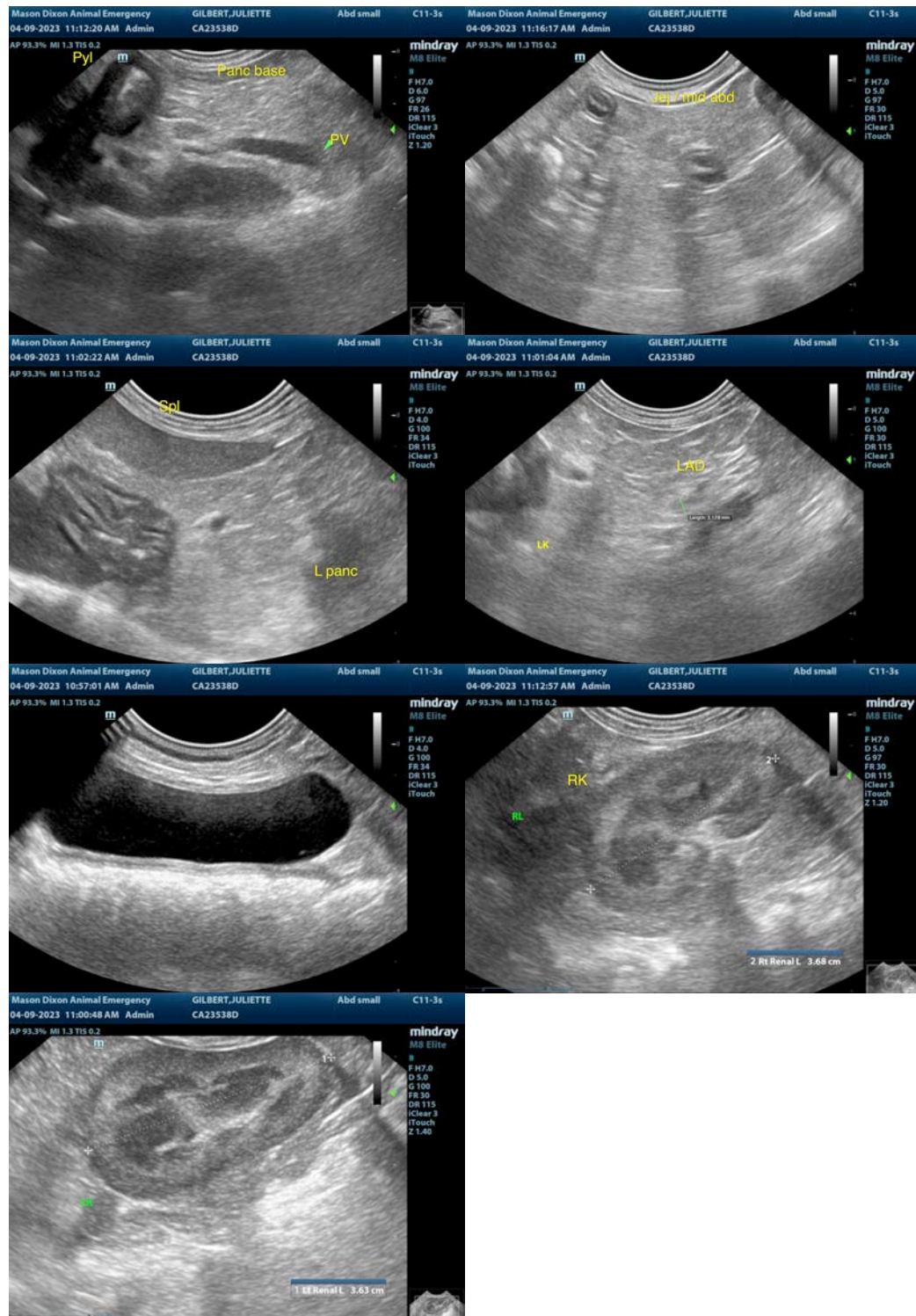
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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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Chihuahua

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info@SonoPath.com

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