



PATIENT

Coco Thomspou

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8

WEIGHT

11.06

INTERPRETED BY

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

IMAGING PERFORMED BY

Celia Galanti DVM

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Wylee Cooper DVM

INVOICE

16163

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Coco presents for seizure-like episodes since vaccination. Patient History: Episodes began after vaccination on 4/27/26. Four episodes total: disorientation, muscle spasms, loss of coordination lasting approximately 30 minutes each. Episodes occur every 2-3 days. During episodes: unresponsive to name, very disoriented, jerking movements. Between episodes: lethargic, quieter than usual, less energetic. Normal appetite and water consumption. No vomiting or diarrhea. Some respiratory congestion and wheezing noted. No current medications

Problem List: - Hypoglycemia - r/o insulinoma, severe infection, neoplasia - Seizure-like episodes - r/o hypoglycemia-induced, focal seizures secondary to neoplasia - Possible bladder stones (historical finding) - r/o urolithiasis - Chemistry panel: hypoglycemia 36 mg/dL, hypokalemia - Spot blood glucose: 39 mg/dL, later 56 mg/dL after dextrose

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Echogenic to particulate nondependent mild sediment was present with focal areas of suspect dependent lumen possibly adhered mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. A mild amount of nonobstructive mineral was present in the prostatic urethra.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 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 & Gallbladder



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Coco Thomspen

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.

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The gallbladder was non distended in size with minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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Gastrointestinal

The stomach presented mildly prominent wall. Intact wall layering was maintained and distinct owing to mildly prominent gastric mucosa. The gastric lumen was empty with minor retained pyloric fluid.

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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 area of the left pancreas, pancreas base and right pancreatic limb were overall sonographically normal exhibiting symmetrical contour and isoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

Mildly prominent irregular mildly nonhomogenous cranial abdomen lymphadenopathy versus small unspecified mass was present in the right cranial abdomen caudal to the right lateral to caudate liver and subjectively measuring 2.5 cm x 1.2 cm. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Normal volume liver with minor nonorganized gallbladder debris (non-mucocele).
- Normal bilateral adrenal glands.
- Overall normal gastrointestinal tract with possible mild gastritis.
- Right cranial abdomen lymphadenopathy versus small mass like lesion.
- Mild urinary bladder and proximal urethra nonobstructive lumen mineral and sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A paired insulin glucose ratio on same serum sample if blood glucose is less than 60 is recommended to assess for potential insulinoma. Assuming normal clotting status and using a 25-gauge needle, FNA cytology of right cranial abdomen lymph node versus small unspecified mass lesion could be considered for further clarification. Abdominal CT if possible, would be ideal for further clarification. Correlation with urinalysis is recommended.

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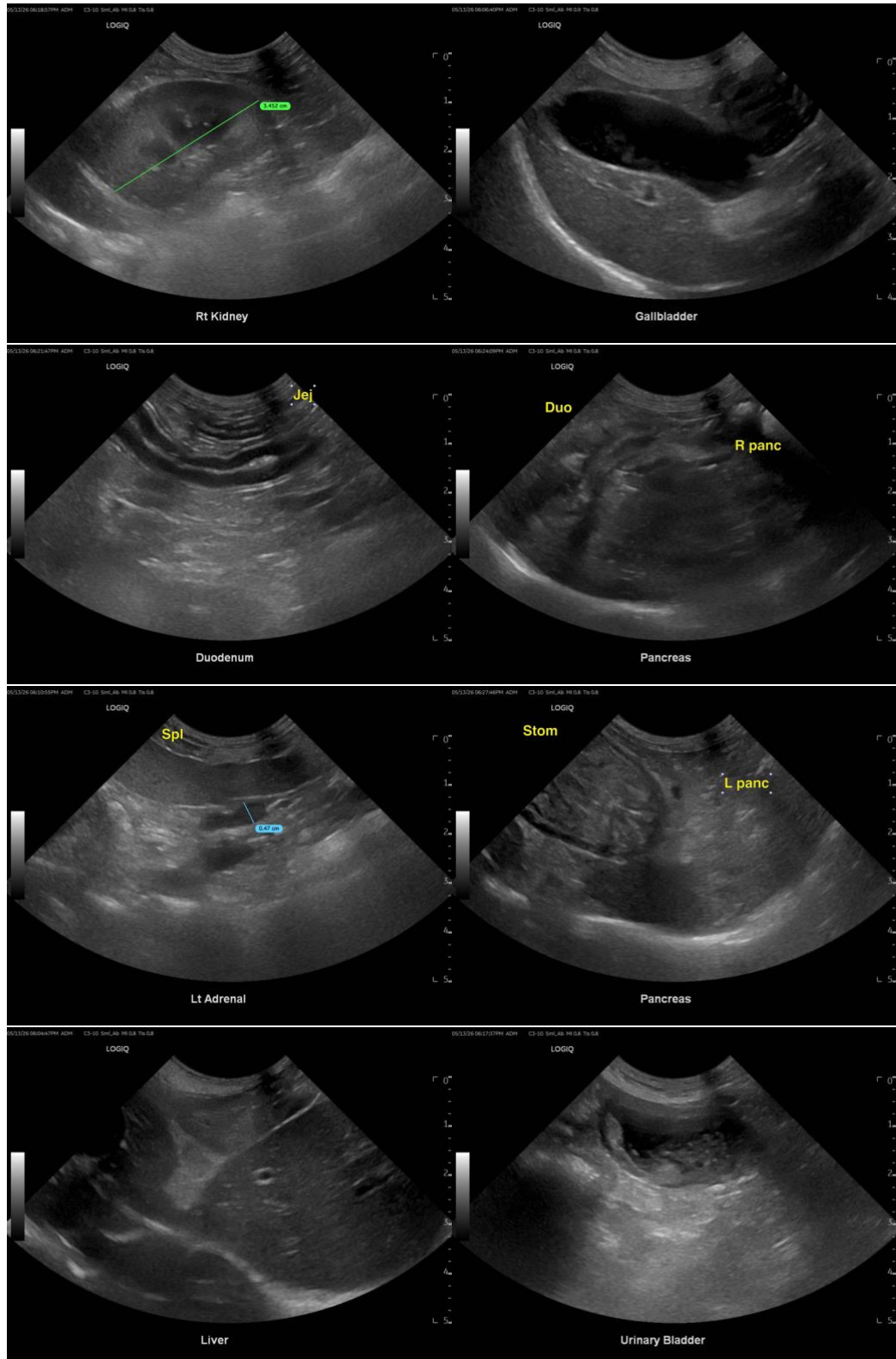
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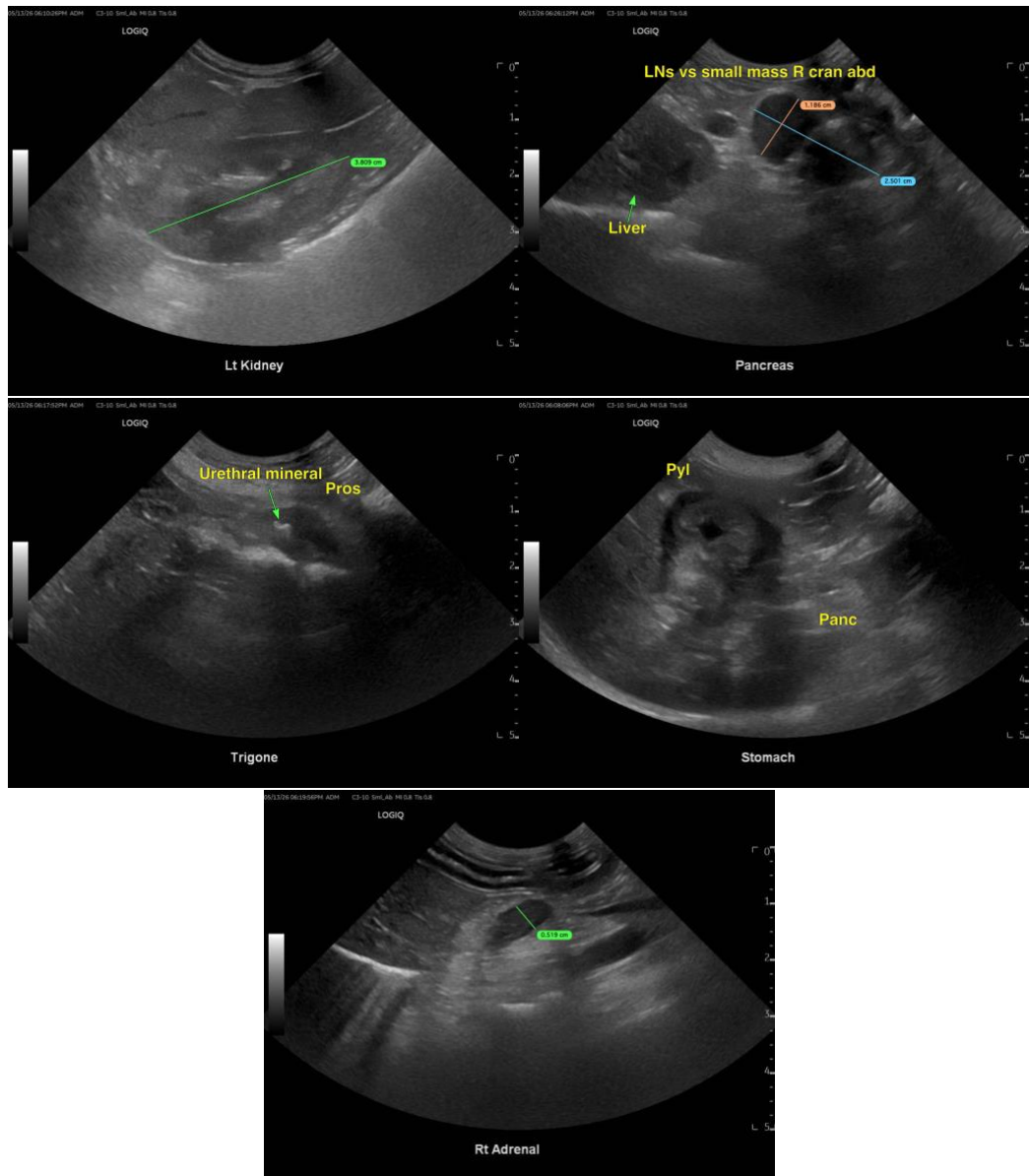
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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