



PATIENT

Archie Cronk

SPECIES

Canine

BREED

Mini Poodle

SEX

Neutered Male

AGE

3 Years

WEIGHT

3.3 kg

INTERPRETED BY

Remo Lobetti, BVSc,
 MMedVet (Med), PhD,
 Dipl. ECVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hamilton Region EC

REFERRING VET

Dr. Ho

INVOICE

35660

DATE

2/2/26

PRESENTING CLINICAL SIGNS

- Presented lateral recumbency, bradycardic, HR 80, hypotensive (could not get femoral pulses) BG less than 1.0, had hypoglycemic seizure at home.
- Blood showed hemoconcentration HCT 64, no stress leukogram, moderately elevated BUN 14, mild hypo NA 142, mild hyper K 6.2, cPLI high normal.
- Patients was stabilized at RDVM, IV dextrose, Dexamethasone and transfer to emerg
- PE Emerg HR 180, persistent hypotension, could not obtain pressures but demeanor brighter, pale pink MM. After several fluid boluses patient became normotensive and normoglycemic, baseline cortisol 21.8, cortisol post ACTH stim 27.1. Concerning for atypical Addison's given normal electrolytes. Has been on Maropitant, Dexamethasone and Prednisone Feb 1st at 7am. Insulinoma?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder, containing a scant amount of floating hyperechogenic sediment, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Small hypoechogenic prostate was noted.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 2.9 cm. The right kidney measured 3.1 cm. Normal colorflow pattern is evident in both kidneys.

Adrenal Glands

The adrenal glands were bilaterally small and dorsoventrally flattened but maintaining a normal echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.81 cm in length x 0.22 cm and 0.2 cm in width. The right adrenal gland measured 1.59 cm in length x 0.22 cm in width.

Spleen

Normal size (0.6 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

Small gallbladder, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

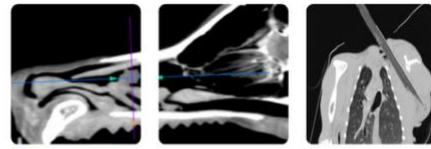
No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally small adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presenting clinical signs, ACTH test results, and the appearance of the adrenal glands on this ultrasound, are all compatible with Addison's disease, that has resulted in an Addisonian crisis. Initial management would be to continue with the current therapy, with long term management being cortisone and mineralocorticoid supplementation, and daily administration of salt on the food.



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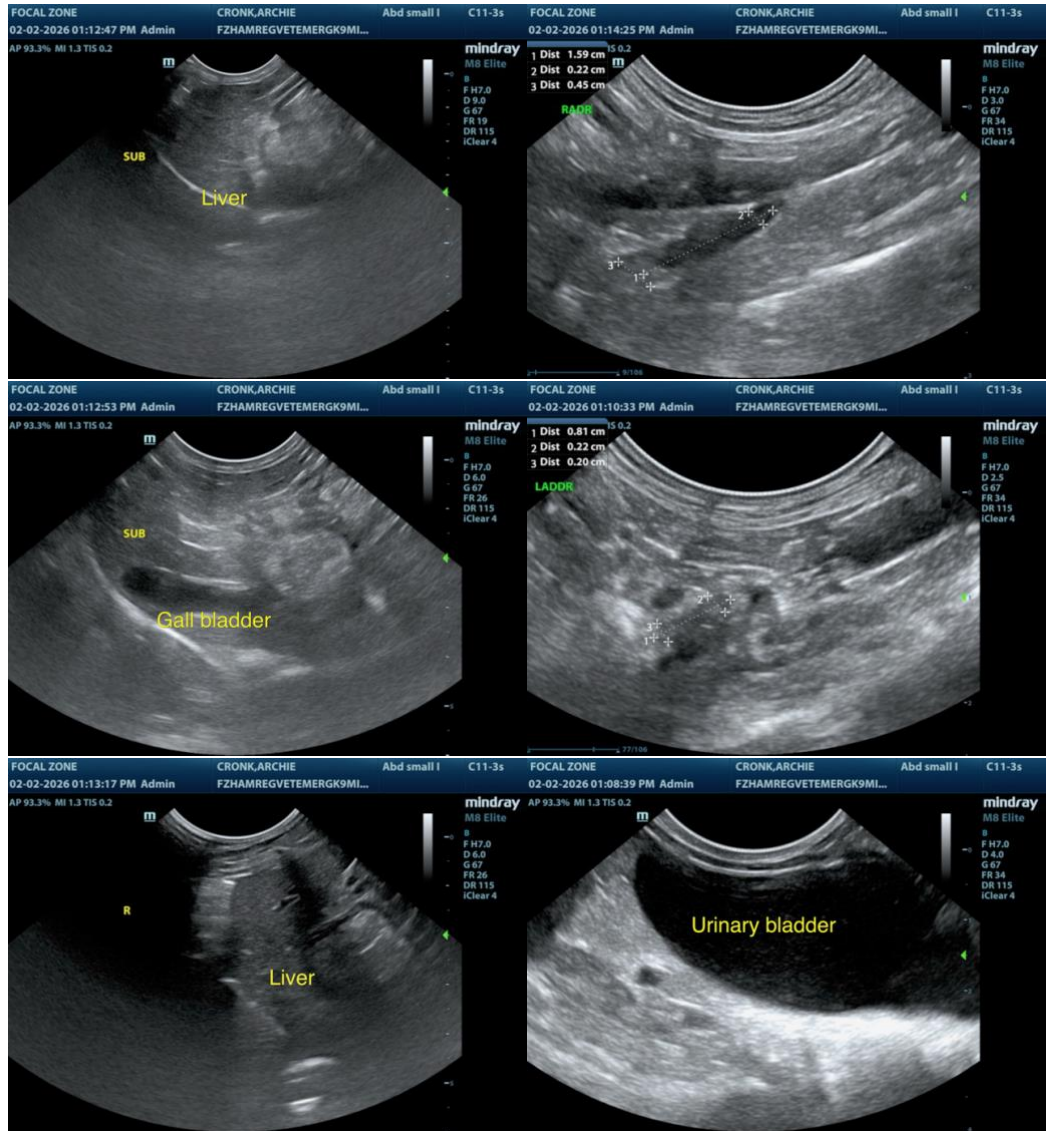
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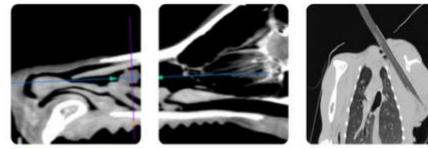
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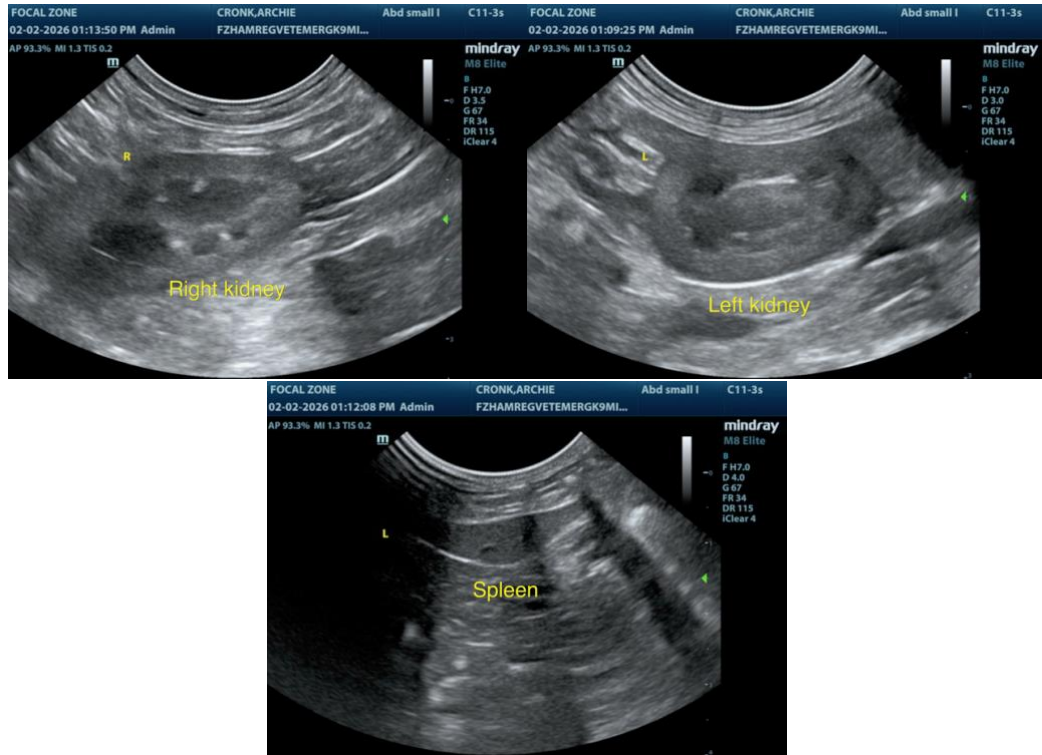
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com