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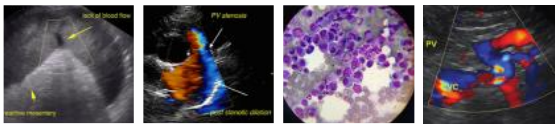


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Zeus Aumiller

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Neutered Male

AGE
10 Years

WEIGHT
9.74 Lbs.

INTERPRETED BY
Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Hills AH

REFERRING VET
Dr. Fogarty

DATE
1/6/22

INVOICE
10119

PRESENTING CLINICAL SIGNS

History: hypoglycemia noted on routine lab work in October 2021 (33 mg/dL); recheck in November showed no change (34 mg/dL). Insulin panel showed inappropriate insulin response to low-normal blood glucose.

Abnormal PE/Chem/CBC/UA Results: blood glucose 33 and 34 mg/dL in October and November. Insulin panel: glucose - 69, insulin - 59.2. Current Medications pimobendan, hydrocodone Radiographic Findings from 10/2021: Findings: The cardiac silhouette is within normal limits of size. The pulmonary vessels are unremarkable. The trachea is severely reduced in size at the level of the thoracic inlet. There is a moderate bronco-interstitial pattern diffuse in the lung fields. There is no evidence of pulmonary nodules or masses, lobar consolidation, enlargement of the esophagus, pleural effusion, or intrathoracic lymph node enlargement. The diaphragm is intact. The abdominal serosal detail is normal. The liver is reduced in size with a cranial displacement of the long axis of the stomach. There are no specific abnormalities identified in the regions of the spleen, kidneys, or urinary bladder. The gastrointestinal tract has a normal size and distribution. The skeletal structures are unremarkable. Assessment: Dynamic tracheal collapse. This test is negative for cardiomegaly, congestive heart failure, thoracic metastases, regional lymphadenopathy. The microhepatica is likely a normal variation in the absence of a chronic/prior history of liver disease.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

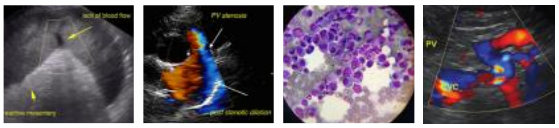
The prostate is prominent in size (1.02 cm in width) with a normal shape and smooth peripheral margins. The parenchyma is slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (3.46 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. A few tiny nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.82 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.42 cm at cranial pole) (0.47 cm at caudal pole) (1.60 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.
The right adrenal gland is normal size (0.47 cm at cranial pole) (0.42 cm at caudal pole) (1.99 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.



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Spleen
The spleen is normal in size (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is normal to slightly small in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and homogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas
The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other
A brief echocardiogram reveals no evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- An obvious pancreatic nodule is not identified in this study. However, insulinomas can be very small and difficult to visualize sonographically.

Secondary Findings

- Bilateral age-related renal changes with non-obstructive nephrolithiasis and dystrophic mineralization.
- The prostate changes could be consistent with age-related remodeling, late-in-life neutering, or emerging neoplasia. Correlation with the patient's history and clinical signs is recommended.

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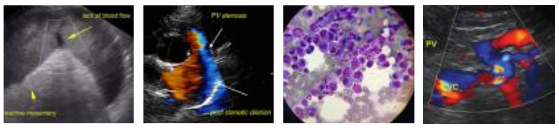

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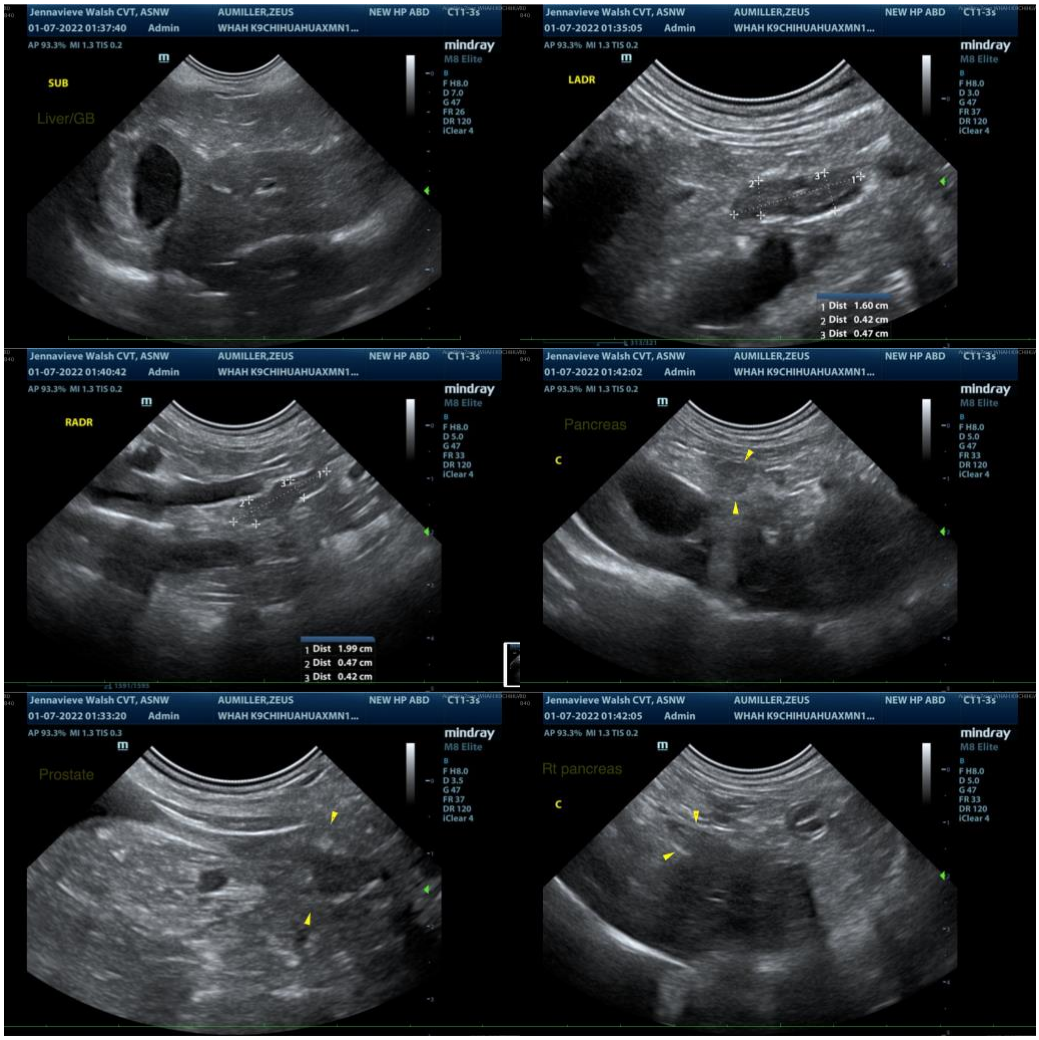
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider medical therapy for insulinoma or an abdominal exploratory to evaluate for and removed any pancreatic nodules. An abdominal CT scan would be useful in pre-surgical planning



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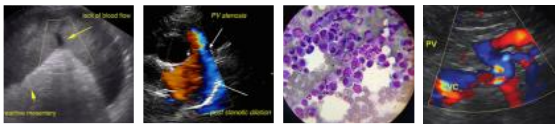

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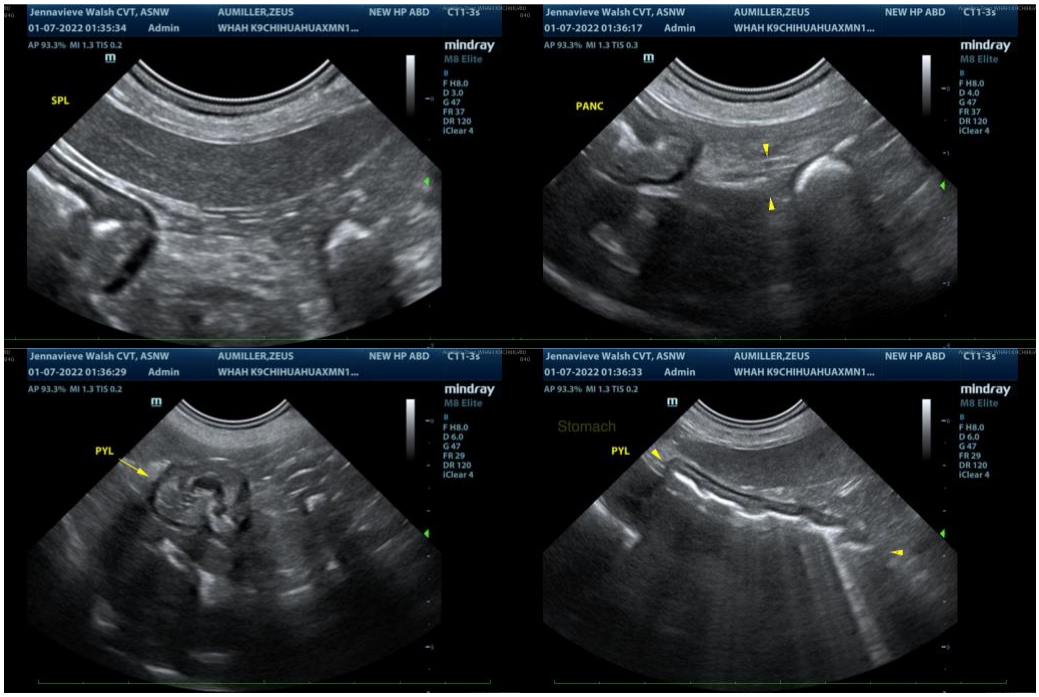

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)

andrea_nicastro2@hotmail.com