



PATIENT PRESENTING CLINICAL SIGNS

- Tillie Evans**
- Has Insulinoma on Pred
 - ALT, ALP and GGT increased
- SPECIES**
- Pancreatic enzyme elevation (Lipase, Spec cPL)
 - Some days lethargic and other ready to go for walks.
- Canine**
- Trembling is getting worse, especially in hind quarters (not associated with prednisone).

BREED

Jack Russell Terrier Mix

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Lenticular sclerosis typical for age Mouth/Teeth: Stage 1 dental disease on remaining teeth Coat/Skin: Small papilloma just to the right of the anus on her rear
CBC: Lymphocytes 0.695 K/uL, Eosinophils 0.119K/uL CHEM: Glucose 41mg/dL, Chloride 106mmol/L, ALT 217U/L, ALP 626U/L, GGT 22 U/L, Triglyceride 344mg/dL, Lipase 341U/L, Spec cPL 533ug/L

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

AGE

11 years 7 mos

The left kidney is normal in size (5.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

32.8

The right kidney is normal in size (6.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

IMAGING PERFORMED BY

Carissa Hayden

Spleen

The spleen is normal in size (1.63 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.

HOSPITAL NAME

Elizabeth AH

Liver

The liver is prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Jen Redus, DVM

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of mostly gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

22872

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

DATE

4-16-26



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Pancreas

The right limb of the pancreas is normal-in-size, with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

A brief visualization of the heart reveals no evidence of pericardial or pleural effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The hepatic changes are most consistent with a steroid hepatopathy. Other considerations include idiopathic, vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia (less likely), hepatotoxicosis (i.e., copper) (less likely), and/or other hepatopathy.
- Gallbladder debris, non-mucocele

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Minor pancreatic parenchymal remodeling in the right limb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for an underlying hepatopathy, pre- and postprandial serum bile acids +/- hepatic tissue sampling (i.e., aspirates or biopsies) can be considered. However, it is unclear whether the patient's clinical signs are associated with the elevated liver values or some other issue (i.e., hypoglycemic episodes, orthopedic or neurologic pain, other). Spot glucose checks during the episodes of shaking to assess for severe hypoglycemia are recommended. If hypoglycemia is thought to be causing the patient's clinical signs, adjustment in medications may be warranted.
- Other considerations include the following:
 - Orthopedic and neurologic are recommended to assess for occult discomfort.
 - Three-view thoracic radiographs to assess cardiopulmonary status.
 - Baseline blood pressure measurement should also be considered.
 - Depending on the results of the above diagnostics, further work-up may be indicated.



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HOSPITAL NAME

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REFERRING VET

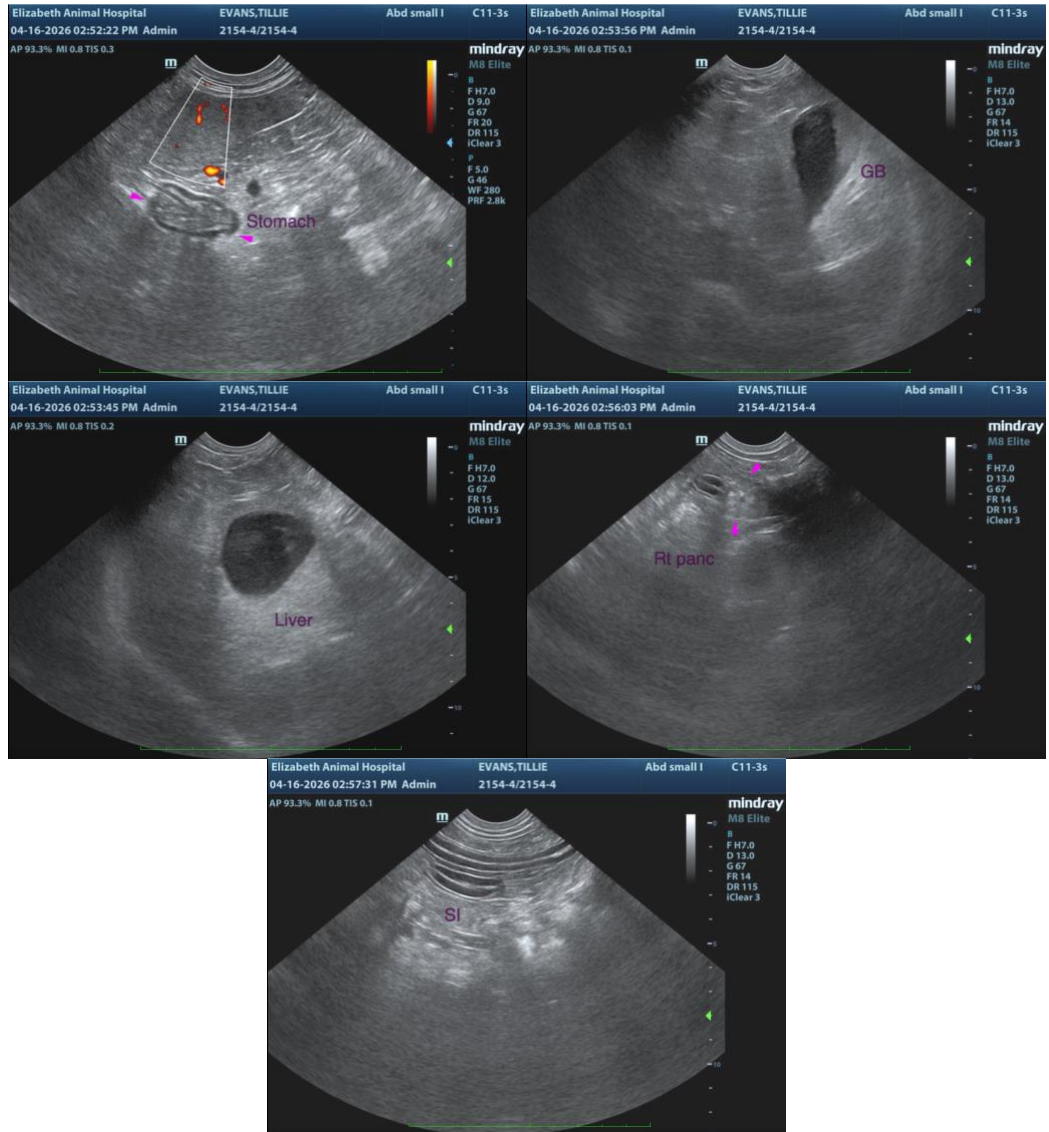
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com