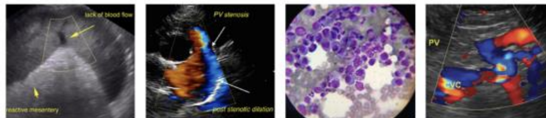


PATIENT

Sadie Ogburn

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed Female

AGE

4/7/2014

WEIGHT

25.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Blue Pearl Mt. Pleasant

REFERRING VET

Dr. Shannon Graham

INVOICE

10698

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Sadie presents for weak hind legs
O states, due to storm, P had not eaten or drank much water since yesterday afternoon. Around 5am this morning, P woke owner up with leg stuck in-between mattress (O has a king bed that is split down the middle).
P urinated the bed and tried to bite the owner. As of late, O has noted P having difficulty jumping on couch or bed. O has also noted, weakness in hind legs that her legs will give under x 6 months. O said, rDVM thinks P does no have enough muscle mass on hind legs.
P is current on vaccines and monthly prevention. No V/D/C/S.

PE: unremarkable
Abnormal labwork values: CBC, Chem: wnl, except BG = 41
Recheck poc BG on new sample: 43
Current Medications: Past 24 hours: Cerenia

Fine Needle Aspirates: Client did not approve sedation nor FNA

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 is moderately distended. A small to moderate amount of suspended echogenic debris is observed within the lumen. 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.

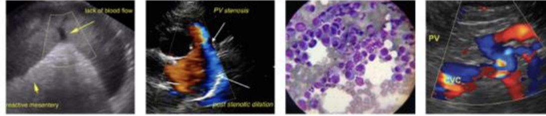
The left kidney presented normal size (6.21 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney presented normal size (6.05 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.48 cm at cranial pole) (0.57 cm at caudal pole); 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 (1.38 cm at cranial pole) (0.68 cm at caudal pole) (3.05 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 with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly fluid-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 region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional 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

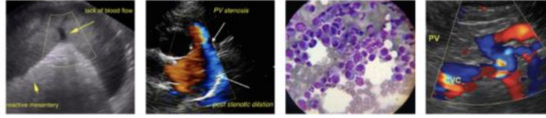
A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Minor age-related renal changes. The remainder of the abdomen is unremarkable.

  **An obvious cause for the patient's hypoglycemia is not identified in this study. Considerations include a small insulinoma, hypoadrenocorticism, occult hepatic dysfunction, paraneoplastic syndrome, sepsis (unlikely), other.



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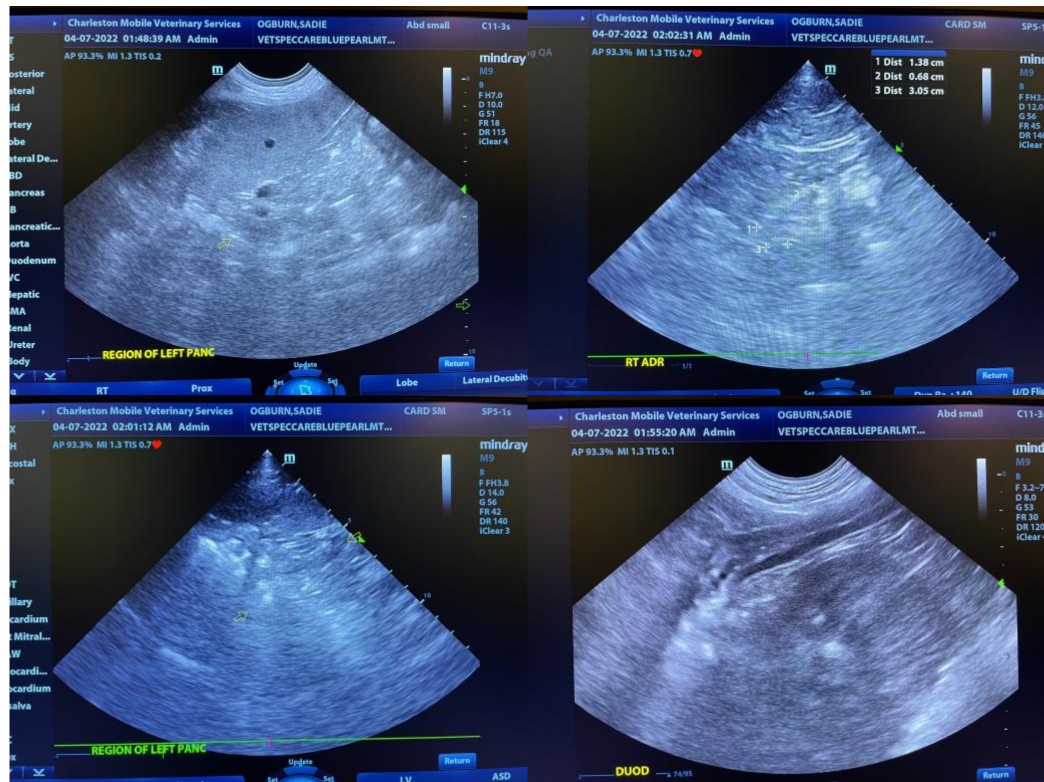
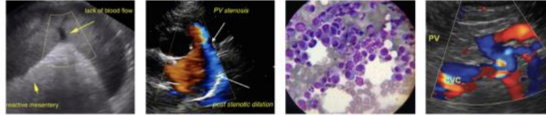
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider the following diagnostics:

1. Insulin:glucose ratio
2. A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
3. Pre-and postprandial serum bile acids
4. Thoracic radiographs (Three-view) to assess for occult neoplasia in the chest

Depending on the results of the above diagnostics (i.e., if an insulinoma is suspected) an abdominal CT scan may be necessary to further identify a small pancreatic lesion. While awaiting test reaults, consider initiation of low-dose prednisone (i.e., 0.25 mg/kg q 12-24 hours) and small frequent meals. Dextrose boluses (oral or IV) and/or or a glucagon CRI can be used as needed to control signs of hypoglycemia.





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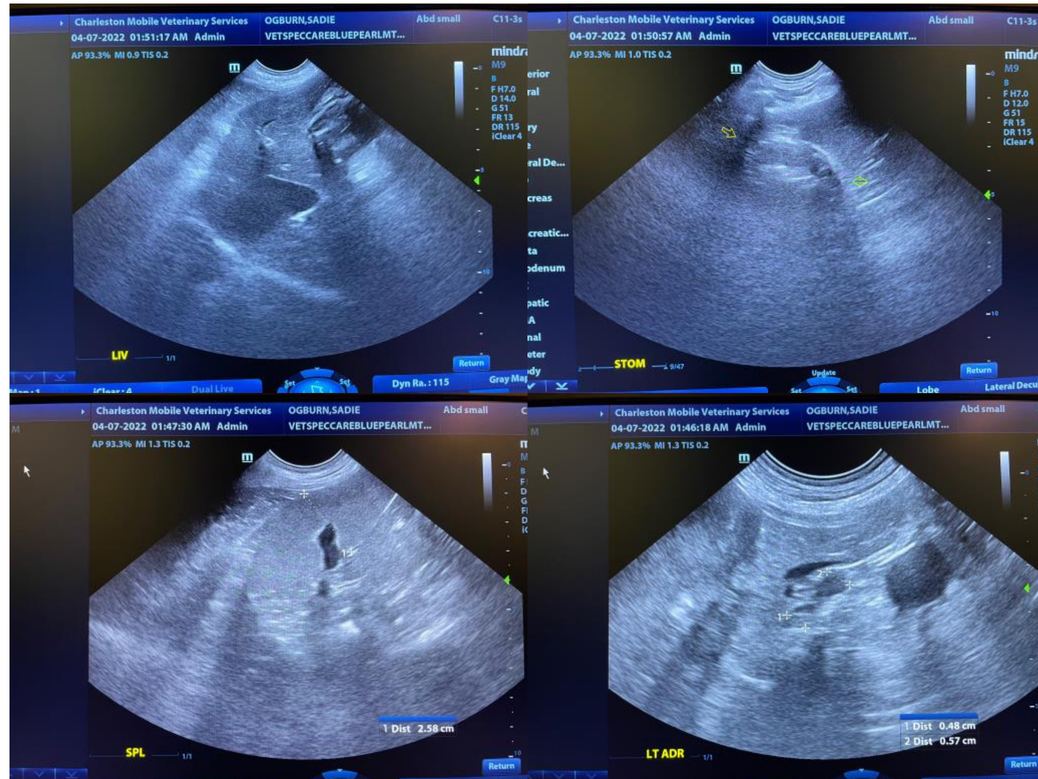

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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