



**PATIENT**

Tootsie Taylor

**SPECIES**

Canine

**BREED**

Cocker spaniel mix

**SEX**

Female, spayed

**AGE**

11 Yrs.

**WEIGHT**

10.4 kg.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Woodside

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**REFERRING VET**

Dr. Woodside

**INVOICE**

13394

**DATE**

5/17/22

**PRESENTING CLINICAL SIGNS**

**History:** Presented May 2nd, 2022 for weakness seen when walking and a decreased appetite. Bloodwork from Feb 26, 2022 was normal other than hypoglycemia and normal cortisol. We instituted frequent meals at home. This resolved the weakness episodes and she is eating regularly. Ultrasound exam performed today to look for possible explanation for development of hypoglycemia.  
**Abnormal PE/Chem/CBC/UA Results:** Overweight (6-7/9); OS prolapse of gland of nictans membrane, partial alopecia over caudal dorsum; remainder normal amount of shedding; skin looks normal; hair coat in good condition; from 2/26/2022: GLUCOSE (blood) 61 mg/dL 63 - 114; TP 5.4 g/dL 5.5 - 7.5; USG 1.026; CORTISOL 2.7 ug/dL 2.0 - 6.0 (CBC, T4, UA normal)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (4.59 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

The right kidney is normal size (4.81 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

*Adrenal Glands*

The left adrenal gland is normal size (0.63 cm at cranial pole) (0.69 cm at caudal pole) (2.02 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 (1.13 cm at cranial pole) (0.64 cm at caudal pole) (1.95 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.

*Spleen*

The spleen is normal in size with a normal capsular contour. There is appropriate echogenicity and echotexture. 1-2 small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

*Liver*

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate to large



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amount of aggregated, echogenic partially dependent to suspended debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

**SPECIES**

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The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. 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 disease is noted.

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**Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portions, no obvious pathology is seen.

**SEX**

Female, spayed

**Free Abdomen**

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

**AGE**

11 Yrs.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

10.4 kg.

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The gallbladder changes could be consistent with fasting cholestasis or early mucocele formation.
- Bilateral, non-specific age-related renal changes with minor dystrophic mineralization.

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\*An obvious cause for the patient's hypoglycemia is not identified in this study. Considerations include insulinoma, hepatic disease, paraneoplastic syndrome, other.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Thoracic radiographs are recommended to assess for occult neoplasia in the chest.
- A repeat blood glucose, preferably on a glucometer, is recommended to determine if the hypoglycemia is persistent. If hypoglycemia is repeatable, an insulin: glucose ratio should be considered to further assess for insulinoma. If an insulinoma is confirmed, consider a repeat ultrasound when the patient is fasted to better assess the pancreatic region. Alternatively, a contrast abdominal CT scan can be considered.

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- If the above diagnostics are inconclusive, consider pre -and post-prandial serum bile acids to assess hepatic function.

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## REFERRING VET

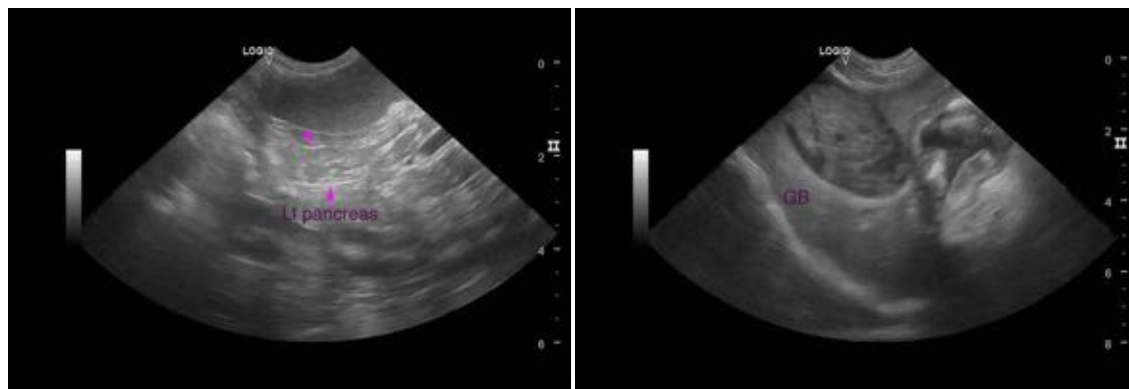
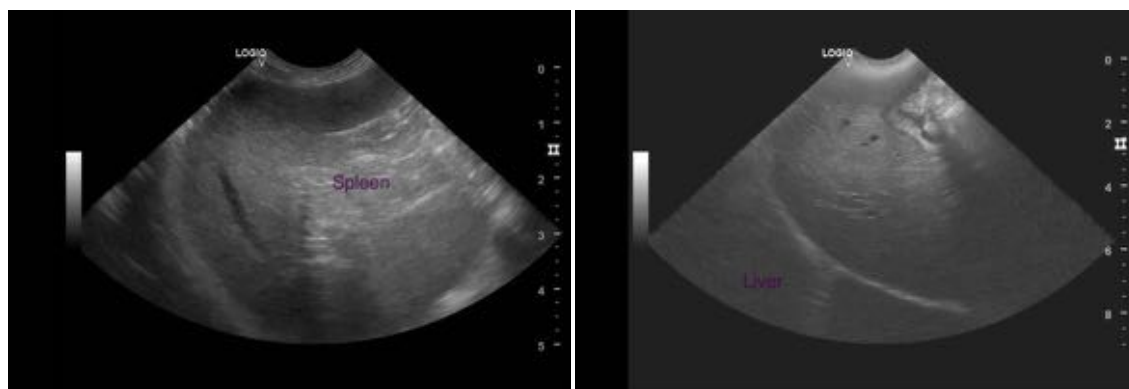
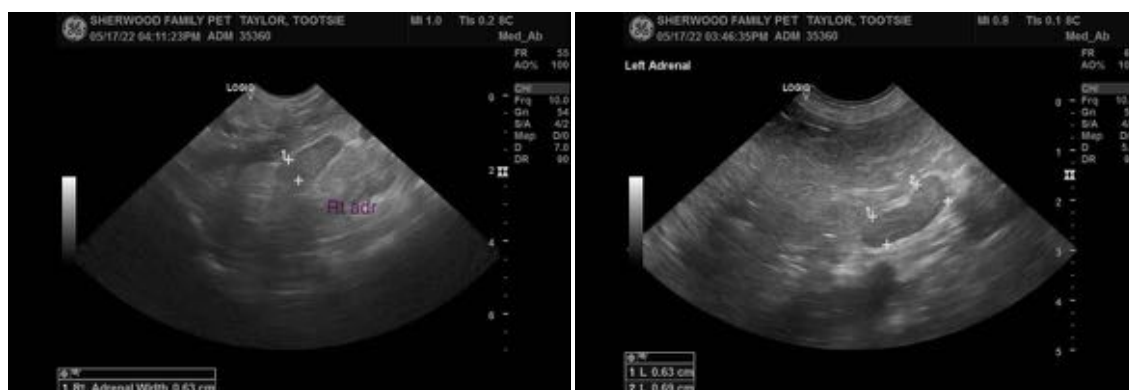
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Andrea.nicastro@sonopath.com