



PATIENT PRESENTING CLINICAL SIGNS

Bert Blanda History: Patient presents for intermittent tremors, sleeping all the time, low BG. Blood insulin pending. No current meds.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Chihuahua

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (Up to 0.37 cm) with an irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Male, neutered

The prostate is normal in size (1.15 cm in length; 0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 Yrs.

The left kidney is normal size (3.50 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. 1-2 small cortical cysts are visualized. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

8.5 lbs.

The right kidney is normal size (xxx cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Several cortical cysts are visualized, the largest measuring 0.91 cm in diameter. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland is mildly enlarged (0.36 cm at cranial pole) (0.60 cm at caudal pole) (1.26 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 mildly enlarged (0.47 cm at cranial pole) (0.57 cm at caudal pole) (1.58 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Brenda King

The spleen is normal in size (0.92 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.

REFERRING VET

Dr. Brenda King

Liver

INVOICE

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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 portal vein: caudal vena cava ratio is approximately 1:1. The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of echogenic to mineralized gravity-dependent debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

DATE

5/23/22



PATIENT

Gastrointestinal

Bert Blanda

The gastric lumen is not distended. The gastric wall is normal to mildly thickened (up to 0.63 cm) with retention of the normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with gas and 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.

SPECIES

Canine

Pancreas

BREED

Chihuahua

The base and right limb of the pancreas are visible 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.

SEX

Male, neutered

Free Abdomen

AGE

11 Yrs.

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

WEIGHT

8.5 lbs.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

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

Secondary Findings:

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The mild gastric wall thickening may be a normal variant for this patient or may be secondary to inflammation, hypertrophy or less likely emerging neoplasia.
- Mild bilateral adrenomegaly.
- Bilateral, chronic age-related renal changes with cortical cysts.
- The urinary bladder wall changes could be consistent with cystitis. However, they may be artifactual due to lack of full repletion. Correlation with the patient's urinalysis findings is recommended.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- If the insulin: glucose ratio is not consistent with an insulinoma, consider further testing (i.e., pre and post prandial serum bile acids) to assess hepatic function, ACTH stimulation test (to assess for hypoadrenocorticism), three-view thoracic radiographs (to assess for occult neoplasia).
- In the meantime, small frequent meals are recommended to help maintain euglycemia.



PATIENT

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- Given the tremors, also consider a baseline blood pressure measurement to assess for systemic hypertension and a thorough neurological examination.

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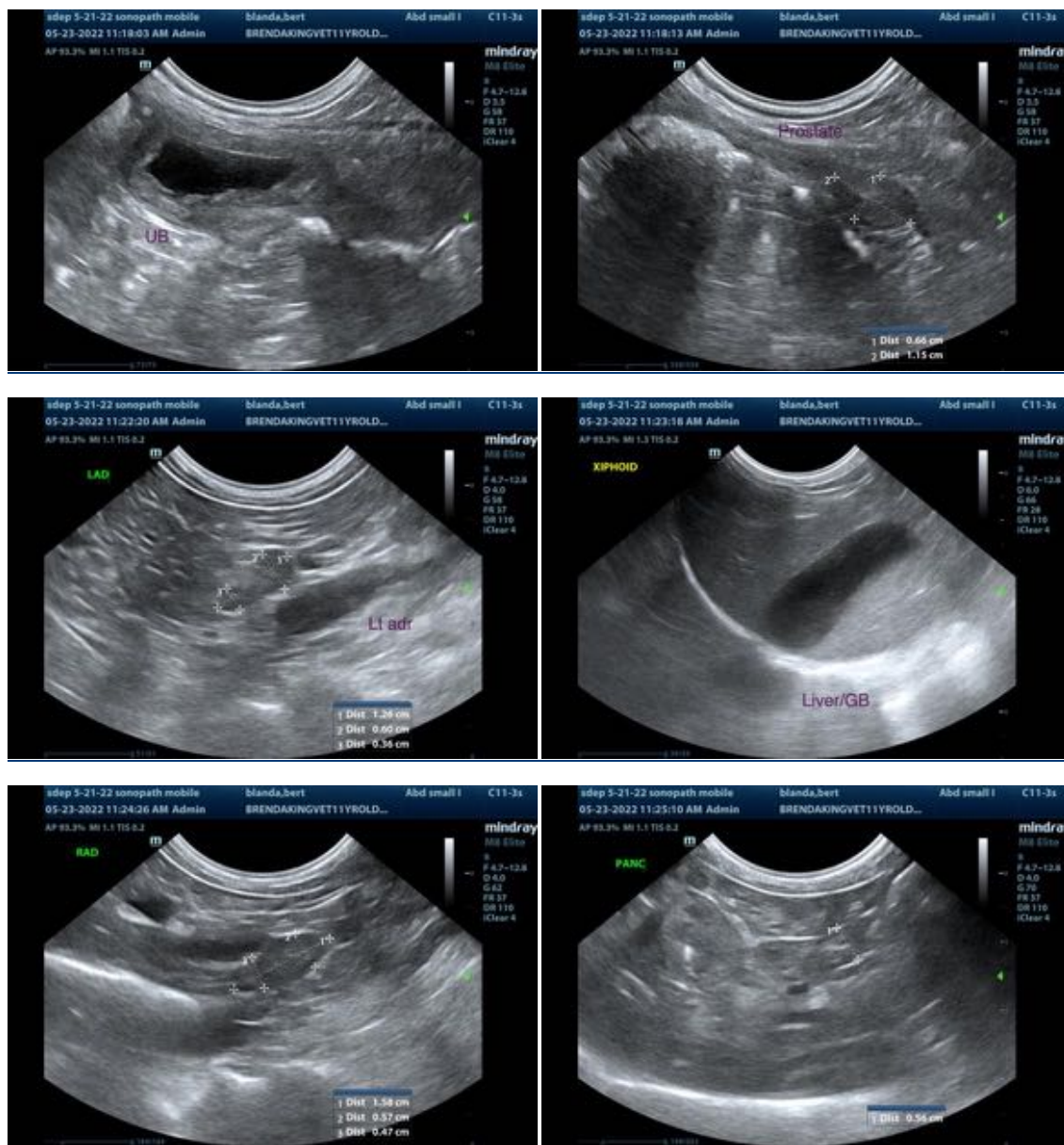
Dr. Brenda King

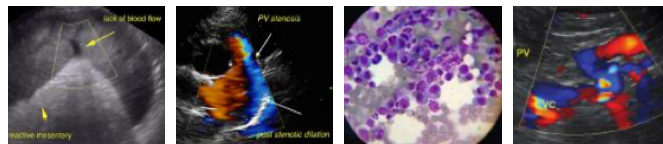
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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