

## PATIENT

Natasha Fairchild

## SPECIES

Canine

## BREED

Chihuahua Mix

## SEX

Spayed Female

## AGE

11/09/2013

## WEIGHT

70.50 lbs

## 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

Flowertown AH

## REFERRING VET

Dr. Pignatello

## INVOICE

11027

## DATE

6/7/22

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: suspect focal seizure activity and persistent hypoglycemia.

Abnormal lab-work values: BG 34 mg/dL

Current Medications: Keppra 500mg 2 TPO BID

## 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 left kidney is normal size (7.25 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal size (6.84 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 hydronephrosis. Renal vasculature is normal.

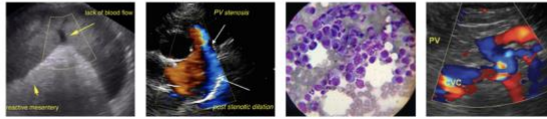
### Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.62 cm at caudal pole) (2.75 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 (0.88 cm at cranial pole) (0.52 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.

### Spleen

The spleen is normal in size (2.30 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.



**PATIENT**

**Liver**

Natasha Fairchild

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. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**SPECIES**

Canine

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/not seen.

**BREED**

Chihuahua Mix

**Gastrointestinal**

**SEX**

Spayed Female

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. The colonic lumen contains shadowing fecal material. There is no evidence of an obstructive pattern.

**AGE**

11/09/2013

**Pancreas**

**WEIGHT**

70.50 lbs

A portion of the pancreas is obscured by the gastric distention. In the region of the left limb, a 1.40 x 0.88 cm irregular, hypoechoic nodule is visualized. A questionable, smaller hypoechoic nodule is observed just caudal to the previously mentioned nodule.

**INTERPRETED BY**

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

**Free Abdomen**

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

**IMAGING PERFORMED BY**

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

**Other**

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

**HOSPITAL NAME**

Flowertown AH

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Nodule(s) in the left pancreatic region. Given the patient's history of hypoglycemia, insulinoma is a consideration.

**REFERRING VET**

Dr. Pignatello

**INVOICE**

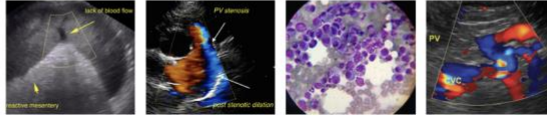
11027

**DATE**

6/7/22

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



**PATIENT**

Natasha Fairchild

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Spayed Female

**AGE**

11/09/2013

**WEIGHT**

70.50 lbs

**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**

Flowertown AH

**REFERRING VET**

Dr. Pignatello

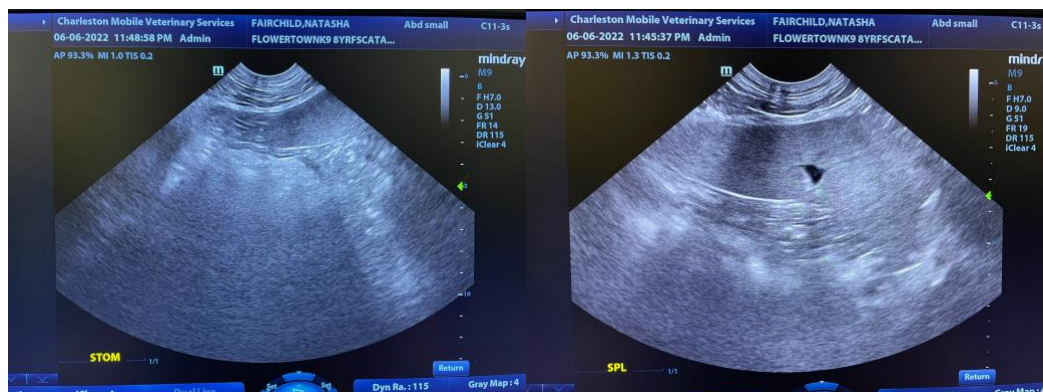
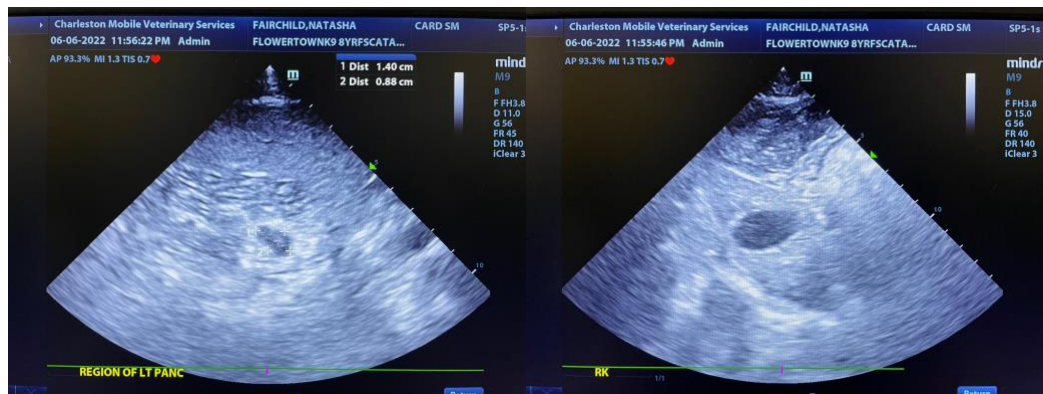
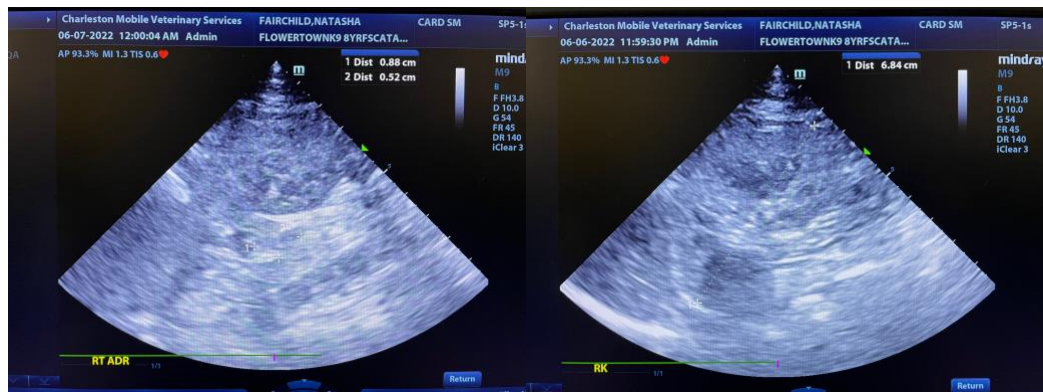
**INVOICE**

11027

**DATE**

6/7/22

- An insulin:glucose ratio is recommended. If normal, consider further workup for hypoglycemia (i.e., ACTH stimulation test (to screen for hypoadrenocorticism) and pre-and postprandial serum bile acids).
- While awaiting test results, initiation of small, frequent meals is recommended. Also consider a low dose of prednisone (i.e., 0.25 mg/kg every 12-24 hours) to help improve the patient's blood glucose level. If clinical signs related to hypoglycemia persist, referral for a glucagon constant rate infusion may be warranted.





**PATIENT**

Natasha Fairchild

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

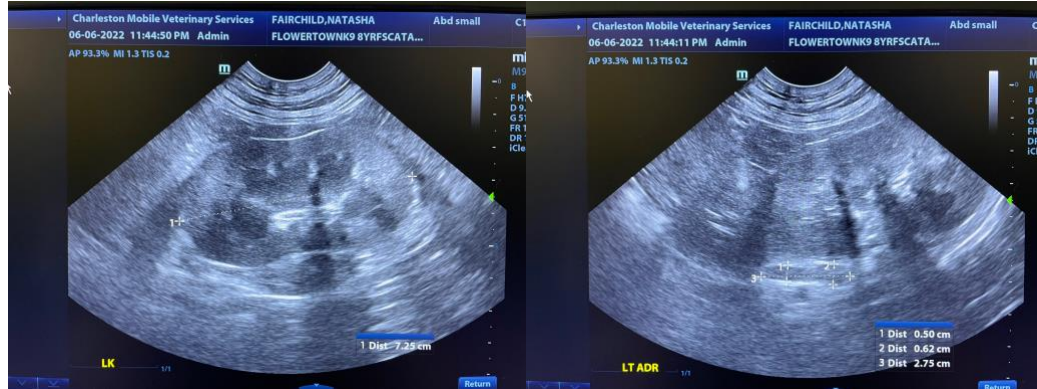
Spayed Female

**AGE**

11/09/2013

**WEIGHT**

70.50 lbs



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

**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**

Flowertown AH

**REFERRING VET**

Dr. Pignatello

**INVOICE**

11027

**DATE**

6/7/22