



**PATIENT**

Sage Oylar

**SPECIES**

Canine

**BREED**

German Shepherd Mix

**SEX**

Neutered Male

**AGE**

10 years

**WEIGHT**

39 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Vet Emerg Ctr

**REFERRING VET**

Dr. Nelson

**INVOICE**

11259

**DATE**

7.22.22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for seizure activity this am, first one lasted a min or 2, and pt was dazed. Pt then had another, flailing, and urinated on self. O rubbed karo on gums before coming in. just came back in at 10am to be hospitalized

Previous Health Concerns: well-regulated diabetic, arthritis

Current Medications: 18u insulin (given at 8pm last night)

Appetite/When did they eat last: normal, 8:30pm last night

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/EPOC – BG 141 (improved from this morning), otherwise WNL

2V Abd Rads – decreased serosal detail in cranial abdomen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is 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 **prostate** is not definitively visualized due to its pelvic location.

The **left kidney** is normal size (7.93 cm in length); normal shape and architecture with 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.

The **right kidney** is normal size (7.33 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal 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 (0.44 cm at cranial pole) (0.60 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 region of the **right adrenal gland** is evaluated. No obvious pathology is seen.

**Spleen**

The **spleen** is normal in size (2.00 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.

**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** is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not



**PATIENT** seen.

Sage Oyler **Gastrointestinal**

**SPECIES** Canine  
The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 thickness is normal 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.

**BREED** German Shepherd Mix  
**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.

**SEX** Neutered Male  
**Free Abdomen**  
The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

### ULTRASONOGRAPHIC FINDINGS

#### Primary Findings

- Minor, age-related renal changes
- \*An obvious cause for the patient's seizures is not identified in this study. If the patient was substantially hypoglycemic on presentation, this may be the underlying cause. Otherwise, considerations should include primary brain tumor, cerebral vascular accident, toxin exposure, hypertension, other metabolic or neurologic disease.

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### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider three-view thoracic radiographs to assess for occult disease in the chest.

Once the patient's appetite has normalized, consider an insulin dose reduction with a follow-up glucose curve in 5-7 days.

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Ultimately, if the seizure episodes are determined NOT to be secondary to hypoglycemia, consider referral to a board-certified neurologist for a possible MRI +/- CSF Tap.

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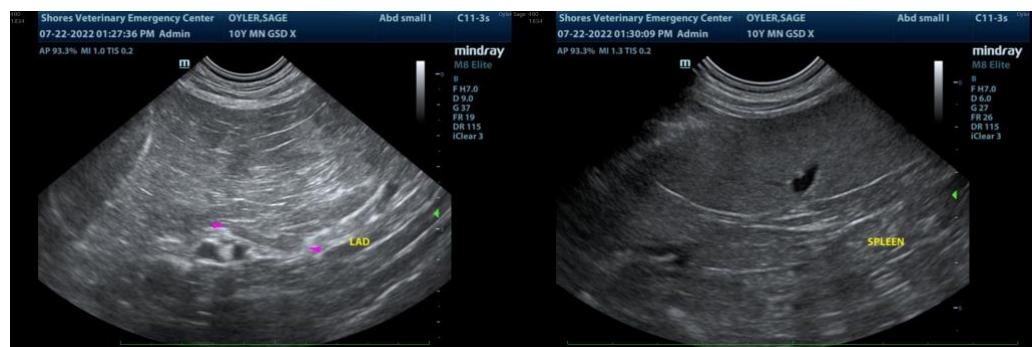
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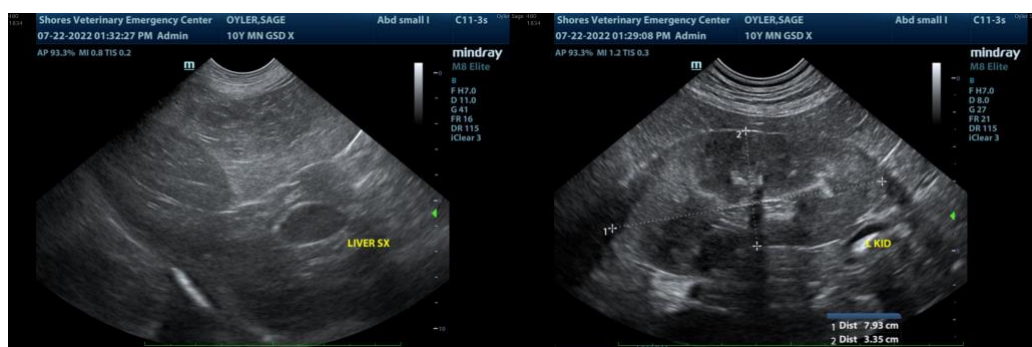
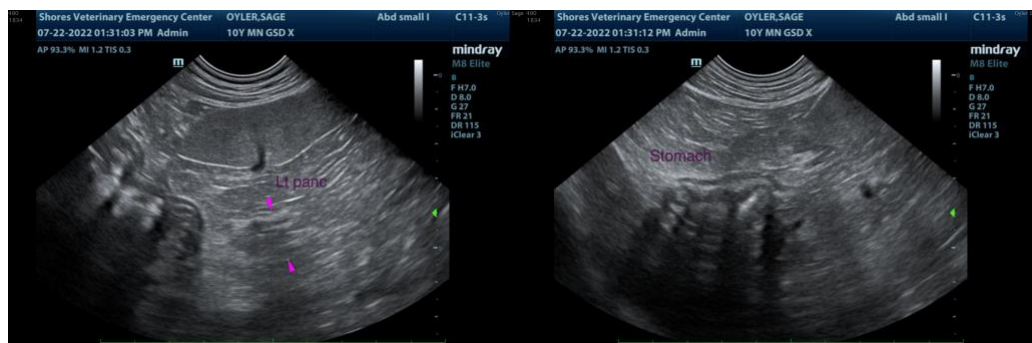
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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