

PATIENT PRESENTING CLINICAL SIGNS

Tallie Robards
Brought in for intermittent hind end weakness. Started happening about 2-3 weeks ago. Happens in episodes. Usually last only about 30 minutes or so. Happened this morning, was normal after rest. Does not cry in pain. Seems restless during episodes. E/D well. No V/D/C/S. Owners tried giving Rimadyl during last episode- cannot tell if it worked. Owner think she has been walking a little off recently. Not reluctant to jump onto/ off furniture. Is a high energy trial dog, not reluctant to do trials when not having episodes.
Diet: Raw Diet

Canine
Indoor / Outdoor : Both
HTW Prevention: Ivomec
F/T Prevention: none

BREED
Vizsla

SEX
03/17/2021- Glucose low- 58, Retic High- 196; Eosin H- 1680
12/27/2021- Glucose low- 51, Crea High- 621- all else WNL
01/04/22 - In house BG - 33

Female, spayed
Rimadyl prn

AGE
7 Yrs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

***Image information indicate patient is intact. However patient is spayed.

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 (6.00 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.

The right kidney is 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 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 (0.54 cm at cranial pole) (0.55 cm at caudal pole) (2.22 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 (0.65 cm at cranial pole) (0.54 cm at caudal pole) (1.63 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

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Diplomate ACVIM
(Small Animal Internal
Medicine)

HOSPITAL NAME

Southside Animal
Hospital

REFERRING VET

Dr. Jaimie Wright
Caroll

INVOICE

12794

DATE
1/5/2022



PATIENT *Spleen*

Tallie Robards The spleen is normal in size (1.99 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.

SPECIES

Canine *Liver*

BREED

Vizsla 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/not seen.

SEX

Female, spayed *Gastrointestinal*

AGE

7 Yrs. 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. No obstructive disease is noted.

WEIGHT

46.1 lbs. *Pancreas*

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

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Free Abdomen

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

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Other

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

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. There is no obvious evidence of a pancreatic nodule/mass. However, this does not rule out the possibility of an insulinoma. Diagnosis should be based on the insulin: glucose ratio results.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an insulinoma is confirmed on an insulin: glucose ratio, considerations include abdominal exploratory to evaluate for and remove a pancreatic lesion, if found (a pre-operative CT scan may be beneficial in presurgical planning) versus medical management with frequent meals,



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corticosteroids +/- Octreotide.

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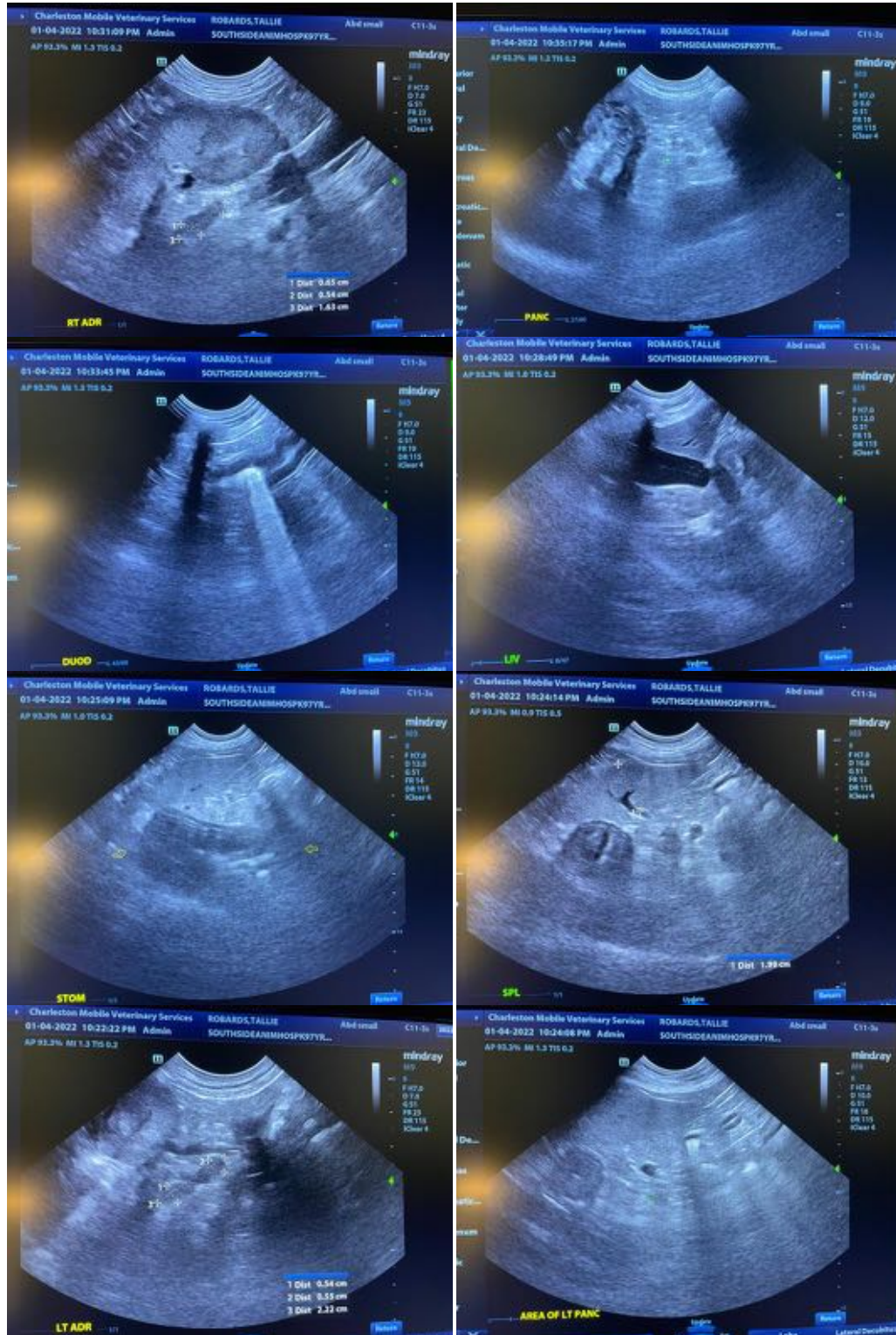
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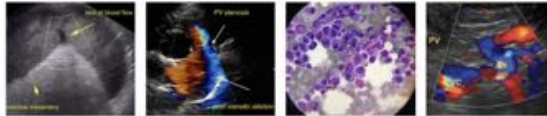
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



PATIENT

image/video clips provided.

Tallie Robards

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.

SPECIES

Canine

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

Andrea.Nicastro@CharlestonMobile.net

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Vizsla

SEX

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AGE

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