



PATIENT PRESENTING CLINICAL SIGNS

Calvin Svensen History: Acute onset lethargy, shaking then unable to get up, single episode of vomiting.

SPECIES Physical Examination: Dull, depressed, dehydrated.

Canine Urinalysis: Normal.

CBC: Consumptive inflammatory leukogram.

BREED Serum Biochemistry: Significant hypoglycaemia, hypokalemia, elevated SDMA, mild elevation in ALP activity, normal basal cortisol.

Australian shepherd Radiographic Findings: N/A.

SEX

MN

AGE

11 years

WEIGHT

7.5 kg

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med), PhD,
Dipl. ECVIM

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness (0.18 cm) and appearance of the wall. Normal echogenic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (0.9 cm). Ureters not visualized.

Normal renal size (left 3.8 cm, right 4 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal blood flow, capsule and pelvis.

Reproductive System

N/A.

Adrenal Glands

Normal shape, echogenic appearance, and position but flattened in width. Left 1.16 x 0.29/0.21 cm; right 1.5 x 0.21/0.31 cm.

Spleen

Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct (0.19 cm)

Gastrointestinal

Normal appearance of the pylorus, stomach, duodenum, small intestine, ileo-cecal junction, and colon with normal thickness (stomach 0.32 cm, duodenum 0.42 cm, colon 0.23 cm), layering and peristaltic activity and no distension of the lumen. Large amount of ingesta within the stomach.

IMAGING PERFORMED BY

Dr Alastair Westcott,
DVM

HOSPITAL NAME

REFERRING VET

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INVOICE

302611

DATE

10 /25/21



PATIENT *Pancreas*

Calvin Svensen Normal size (left 0.8 cm, right 0.7 cm) and echogenic appearance. Focal hypoechogenic parenchymal nodule (1 cm) in the left lobe. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES

Canine *Free Abdomen*

BREED

No mesenteric lymphadenomegaly.
No ascites.

Australian shepherd

Visible pancreatic lymph node (1.5 cm) with normal shape and echogenic appearance.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pancreatic nodule.
- Pancreatic lymphadenomegaly.
- Small adrenal glands.

Secondary Findings:

- Age-related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the pancreatic nodule may be an incidental finding, with the presenting signs and hypoglycemia, an insulinoma would be an important consideration.

Etiologies for the pancreatic lymph node would be reactive, lymphadenitis, and infiltrative neoplasia.

Although the basal cortisol is within reference range, with the flattened appearance of the adrenal glands, emerging Addison's needs to be considered.

Further assessment would be 3-view thoracic radiographs, serum insulin assay, FNA cytology of the pancreatic nodule and lymph node, and possibly an ACTH stimulation test.

Specific therapy would be dependent on an etiological diagnosis.

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PATIENT IMAGES

Calvin Svensen **Pancreas**

SPECIES

Canine

BREED

Australian shepherd

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Pancreatic lymph node

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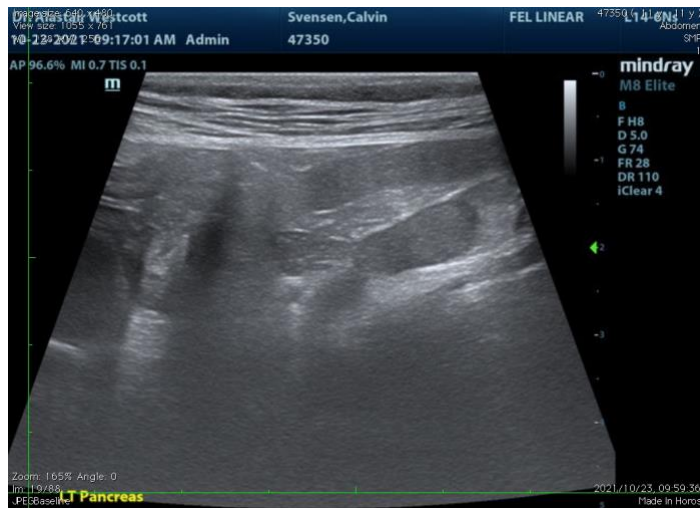
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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