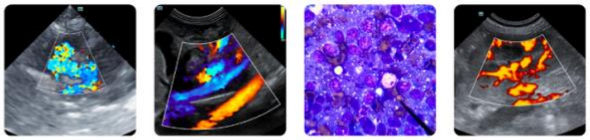


PATIENT

Ziggy Waschkowsky

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

85 pounds

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dr. Leon Anderson DVM

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Dr. Leon Anderson DVM

INVOICE

14199

DATE

03/10/26

PRESENTING CLINICAL SIGNS

- Recent increase in thirst, increase in appetite, and occasional low energy.
- Insulinoma suspect on glucose : Insulin ratio

PE: Normal for age. Labs: 3/5: Glucose 53 mg/dL, Insulin 65.2 uIU/mL, I:G ratio 160 (High) 3/3: Glucose 57 mg/dL, Normal UA (USG 1.020) 2/17: Full panel normal with Glucose 52 mg/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the bladder neck and proximal urethra. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 7.23×3.52 cm, and the thickness of the cortex is 0.57 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size: 7.12×3.62 cm, and the thickness of the cortex is 0.57 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.54 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measures 0.59 cm at the cranial pole and 0.54 cm at the caudal pole.

Spleen

Splenic thickness is 2.14 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

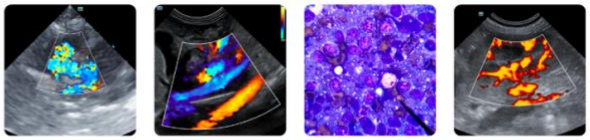
Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma appears uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness (2.36 mm) and preserved wall layering. The pylorus measures 6.31 mm.



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Duodenum: 3.86 mm.
Jejunum: 3.86 mm, with normal wall layering.

No signs of inflammation, ileus, or foreign material are identified.

Colon: 1.02 mm, with formed feces present in the descending segment.

Pancreas

Right pancreatic limb: 9.37 mm.
Left pancreatic limb: 9.52 mm.

Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The recorded pancreatic regions were carefully evaluated and no focal pancreatic mass suggestive of insulinoma is identified.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The lymph node at the iliac trifurcation appears normal.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdominal ultrasound examination is within normal limits.

The pancreas was carefully evaluated, and no focal pancreatic mass suggestive of insulinoma is identified. However, it should be noted that insulinomas in dogs are often small and may be isoechoic to the surrounding pancreatic parenchyma, making them difficult to detect with ultrasonography. Therefore, the absence of a detectable pancreatic mass does not exclude the presence of an insulinoma, particularly given the patient's documented persistent hypoglycemia with inappropriately elevated insulin concentrations.

No evidence of hepatic nodules, regional lymphadenopathy, or other abdominal metastatic disease is identified on this examination.

Overall, despite the lack of detectable pancreatic mass, the clinical and laboratory findings remain highly suspicious for insulinoma.

Recommendations

- Further diagnostic evaluation may be considered despite the absence of detectable pancreatic nodule on ultrasound.
- Advanced imaging such as contrast-enhanced CT may be helpful for identifying small pancreatic lesions and for staging disease, including evaluation for hepatic or lymph node metastasis.
- If clinical signs persist, medical management for suspected insulinoma (dietary management, glucocorticoids, or other therapies as appropriate) may be considered at the discretion of the attending clinician.

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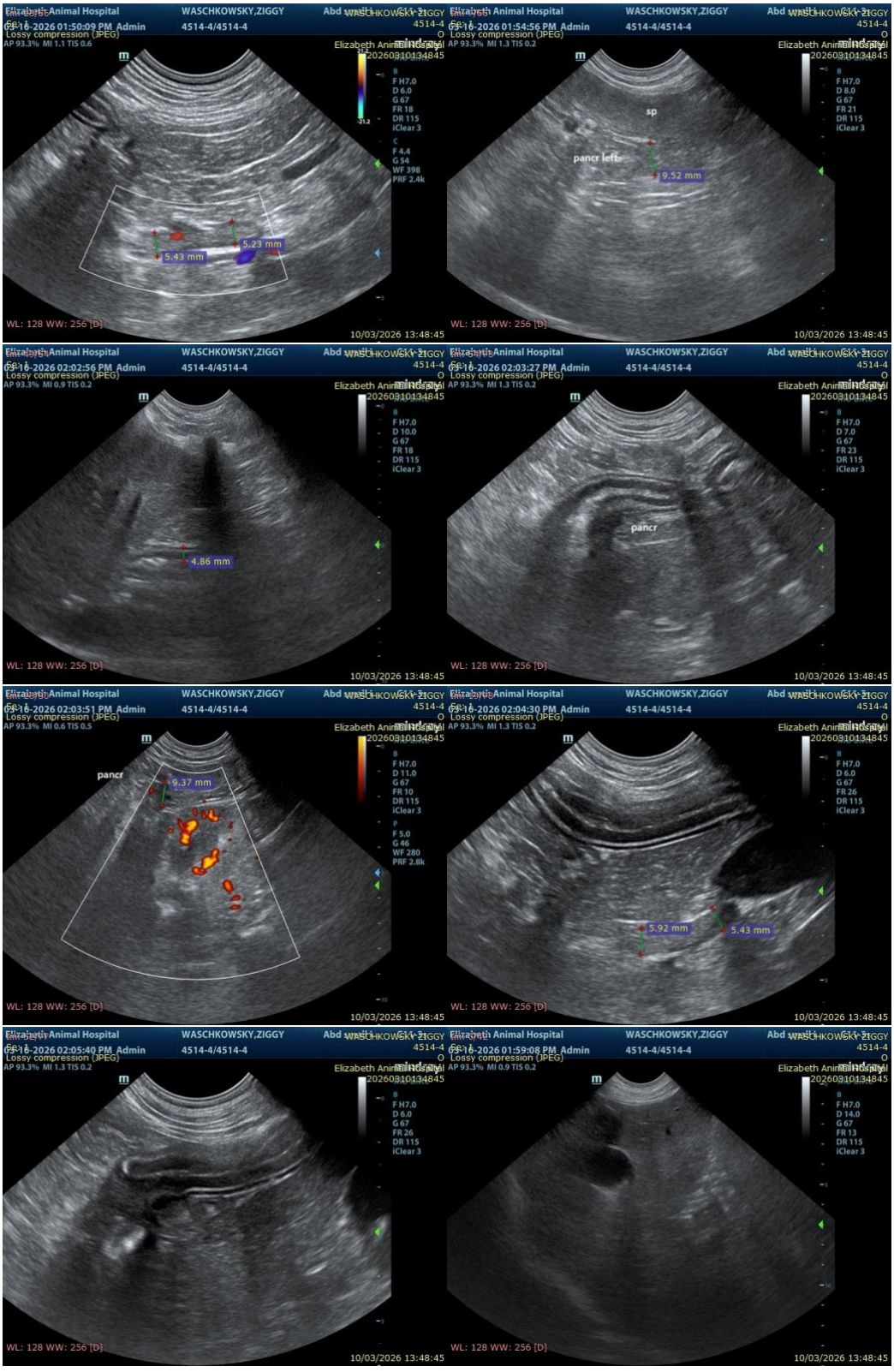

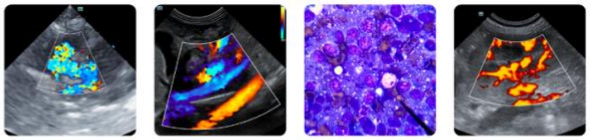

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

info@SonoPath.com