

**DATE**

1/27/22

**PRESENTING CLINICAL SIGNS**

History: presented for annual- BW hx hypoglycemia. O reported at annual that P has hypoglycemic like events- given him honey and that helps.

**PATIENT**

Jinx Sowden

Lab Results: Glu 42, Amylase 1984, PSL 281.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**SPECIES**

Canine

**BREED**

Cairn Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Neutered Male

The prostate is normal in size (0.66 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

3/27/10

The left kidney presented normal size (5.17 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

23.3 Lbs.

The right kidney presented normal size (4.57 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastro, DMV,  
Diplomate DACVIM  
(Small Animal  
Internal Medicine)

**Adrenal Glands**

The left adrenal gland is upper limits of normal size (0.59 cm at cranial pole) (0.67 cm at caudal pole) (1.60 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.

**HOSPITAL NAME**

Eastern AH

The right adrenal gland is upper limits of normal size (0.73 cm at cranial pole) (0.64 cm at caudal pole) (1.89 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.

**REFERRING VET**

Dr. Haviland

**INVOICE**

13656

**Spleen**

The spleen is normal in size (1.35 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 curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A mild to moderate amount of aggregated echogenic partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

### ***Gastrointestinal***

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 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 or overt infiltrative disease is noted.

### ***Pancreas***

The right limb of the pancreas is enlarged with irregular peripheral contours. A 2.16 cm x 1.31 cm irregular, hypoechoic, vascular nodule/mass is observed in the right limb. The mesentery effacing the serosal surface of the lesion is hyperechoic. The remaining parenchyma in the right limb is mottled in appearance. The pancreatic duct is not overtly dilated. The left limb is largely isoechoic relative to surrounding omental fat.

### ***Free Abdomen***

There is no evidence of free fluid. A 1.36 cm x 1.24 cm hypoechoic, cystic rounded lymph node is observed in the right cranial quadrant.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Pancreatic nodules/mass in the right limb with regional peritonitis. Neoplasia (i.e., insulinoma) is suspected. Concurrent low-grade pancreatitis with age-related remodeling is likely present.
- The enlarged lymph node in the right cranial quadrant is concerning for infiltrative neoplasia. However, reactive lymphadenitis or lymphoid hyperplasia cannot be completely excluded.

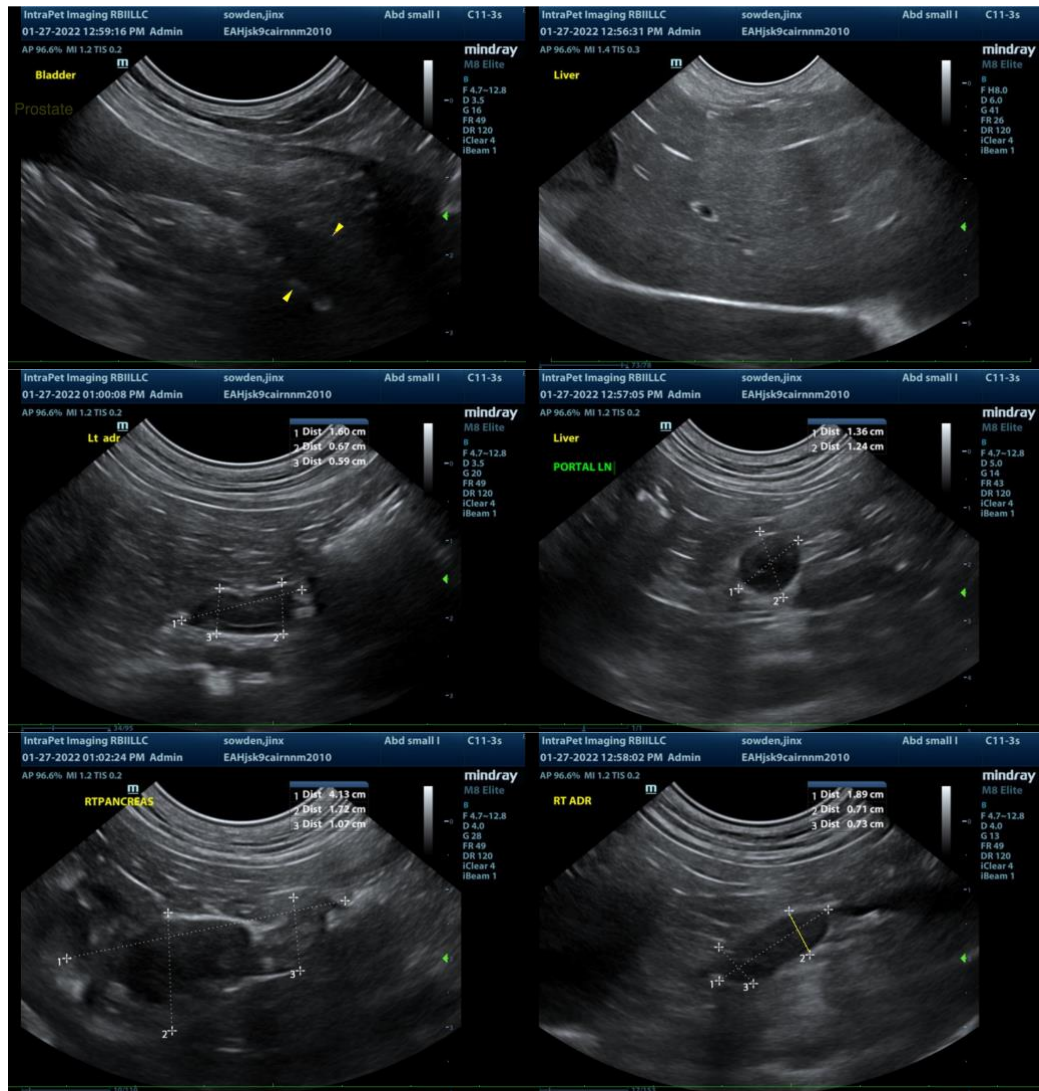
### **Secondary Findings**

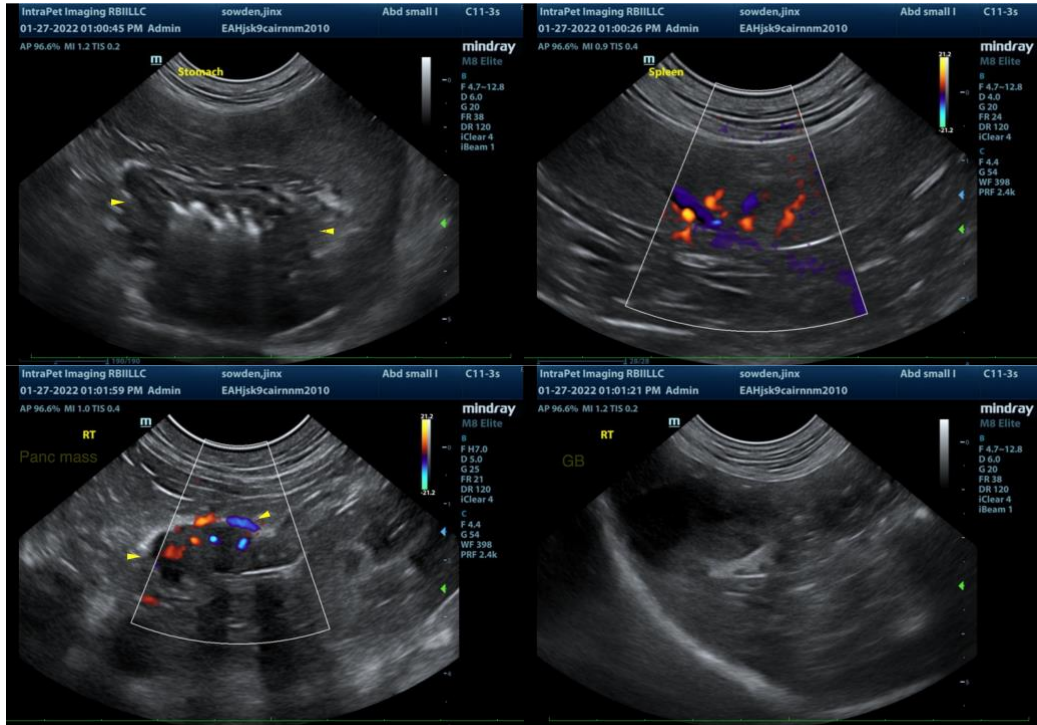
- The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.
- Gallbladder sludge

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An insulin/glucose ratio is recommended to confirm insulinoma. If confirmed, consider consultation with a board-certified surgeon to discuss removal of the pancreatic mass and enlarged cranial

abdominal lymph node. If surgery is not pursued, consider medical management of insulinoma (i.e., small frequent meals, corticosteroids).





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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