



PATIENT

PRESENTING CLINICAL SIGNS

Lucy Kornfeld

History: insulinoma work up

SPECIES

Abnormal PE/Chem/CBC/UA Results: BG low 35-40, high insulin, r/o insulinoma

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Beagle

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.4 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

SEX

Spayed Female

Left kidney is normal is size (5.3 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

AGE

9 Years

Right kidney is normal is size (5.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

28 Pounds

Adrenal Glands

Left adrenal gland is normal in size (0.58 cm at cranial pole and 0.65 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The area of the right adrenal gland is examined without evident pathology.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.7 cm x 0.6 cm hypoechoic non-capsule-disrupting nodule was noted in the mid body. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Dr. Scott

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Ho Ho Kus VH

REFERRING VET

Dr. Eisenberg

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

INVOICE

17937

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

11/1/22

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



PATIENT

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

SPECIES

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Canine

BREED

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

Beagle

SEX

- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.

Spayed Female

AGE

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

9 Years

WEIGHT

- There is no visible ultrasonographic evidence of a pancreatic nodule or mass to fit with the suspected insulinoma. However, lack of visible pancreatic nodule definitively does not rule out an insulinoma, as they can be quite small and/or difficult to see.

28 Pounds

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Options for this patient given the suspicion of an insulinoma, based on insulin to glucose ratio include either advanced imaging in the form of an abdominal CT scan to further look for the insulinoma versus proceeding directly to an exploratory laparotomy for investigation and removal of the insulinoma, given the lack of suspicion of any metastatic disease based on these ultrasound images.

Beth Johnson, DVM
DACVIM

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Consultation with an oncologist to discuss medical management without surgical removal.

Dr. Scott

If not recently evaluated, urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

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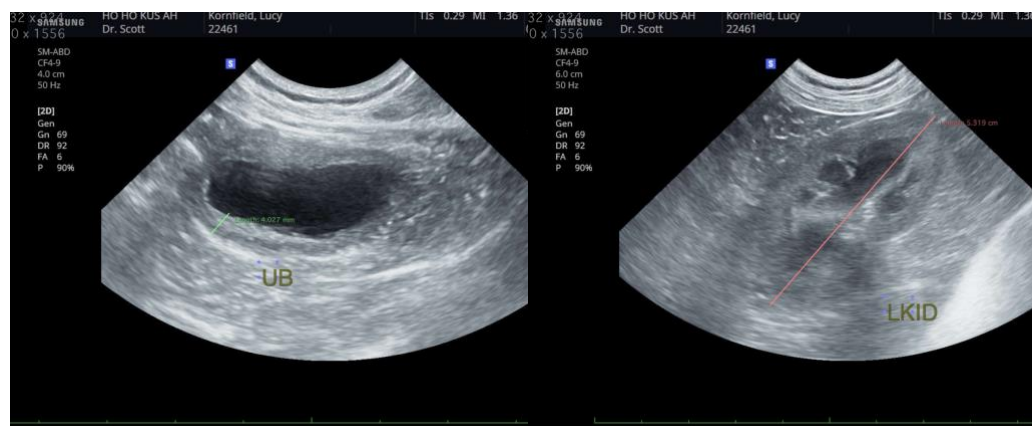
Dr. Eisenberg

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Canine

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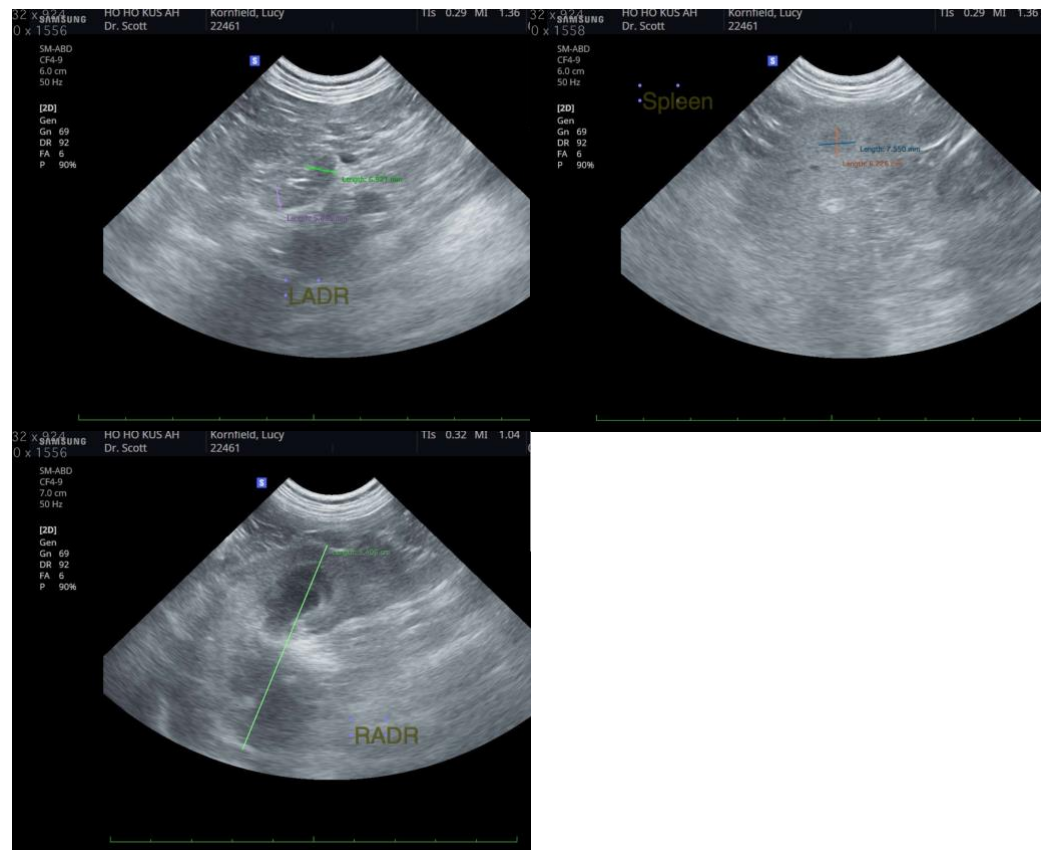
Spayed Female

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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.

Beth Johnson, DVM DACVIM

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