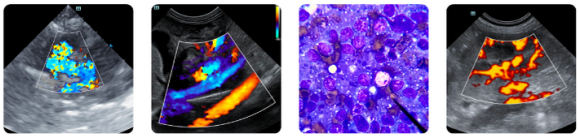

PATIENT

Wynston Shantz

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

6 years

WEIGHT

19 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Eldale VC

REFERRING VET

Dr. Mann

INVOICE

11383

DATE

2/27/2026

PRESENTING CLINICAL SIGNS

- Presented for routine glucose curve in hospital.
- First glucose value obtained was 1.1mmol/L. Rechecked and value was 2.3. Gave GI fiber diet and honey orally.
- Rechecked levels every 30min and highest glucose level was 4mmol/L.
- Current Medications
- Caninsulin 13IU BID SQ

Abnormal PE/Chem/CBC/UA Results: Hypoglycemia as above. Primary Question to Be Answered in This Exam Concern for neoplasia or insulinoma or other abnormality that could be causing this hypoglycemia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present.

Left kidney measures 5.53 cm in length. Right kidney measures 6.34 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable.

Left adrenal measures 1.94 cm in length, 0.82 cm at the caudal pole and 0.96 cm at the cranial pole.

Right adrenal measures 2.28 cm in length, 0.45 cm at the caudal pole and 0.54 cm at the cranial pole.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with sharp margins. In the central liver there are multiple coalescing hypoechoic nodules with a few other distant hypoechoic nodules noted throughout the parenchyma.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

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The stomach contains some ingesta and gas. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with gas throughout with no overt distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

In the region of the left pancreas there is a spherical mass effect which is generally hypoechoic with areas of non-shadowing hyper echogenicity and surrounding hyperechoic mesentery. The mass effect measures approximately 2.2 cm x 2.2 cm.

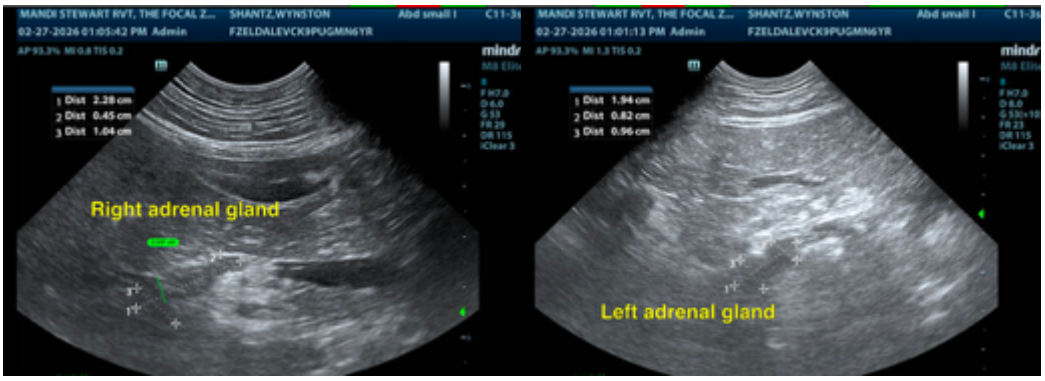
ULTRASONOGRAPHIC FINDINGS

- Mass effect in the area of the left limb of the pancreas.
- Coalescing nodules in the liver with multifocal nodules throughout the liver.
- Mild degenerative renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass effect in the area of the left limb of the pancreas is concerning for a pancreatic abscess or pancreatic mass. FNA of the structure is recommended to further define. Insulinoma is a very uncommon finding in a diabetic dog. Testing for insulinoma involves comparison of simultaneous serum glucose with insulin. I would recommend checking with your local lab about required withdraw times for exogenous insulin administration as this will potentially provide a false negative insulin reading on this test.

The area of coalescing liver nodules may be a developing mass. It appears to be in an area that may be challenging to aspirate but FNA could be attempted to further define this area. It may also represent reactive regenerative change or a focal area of nodular hyperplasia among other things. Given the severity of reported hypoglycemia, glucagon may be required to stabilize the patient's glucose levels, especially if inadvertent exogenous insulin overdose is a possibility.



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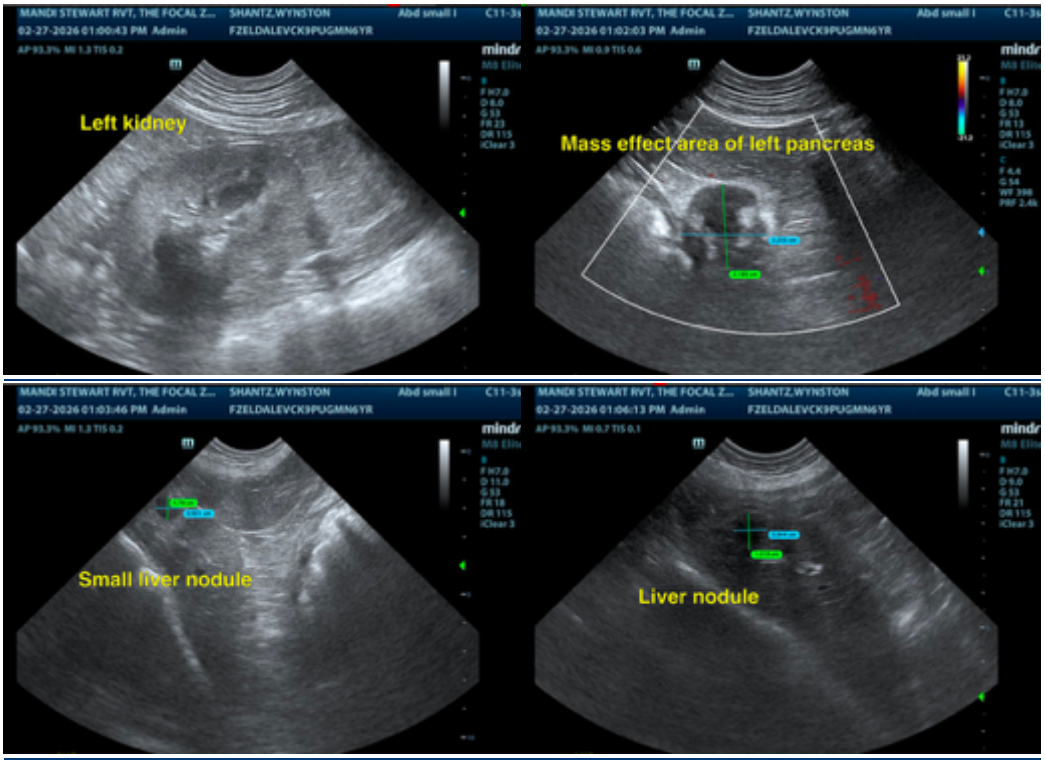

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com