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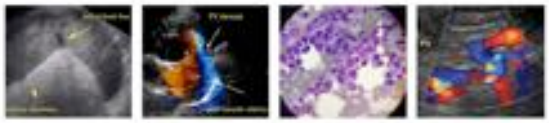


IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Rusty Slade

SPECIES

Canine

BREED

Mix

SEX

Intact Male

AGE

9 years

WEIGHT

25 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Pine Creek

REFERRING VET

Dr. Nolet

INVOICE

91361

DATE

8/19/21

PRESENTING CLINICAL SIGNS

History: increasing seizure activity since January- Started phenobarbital in March. Suspect insulinoma. In house BG today 50. Gave 0,5ml midazolam for scan
Abnormal PE/Chem/CBC/UA Results: 8/12/2021: Glucose 30 Insulin >200 Insulin/glucose ratio 870 8/10/2021: ALT 189 AL 264 Crea Kin 516 T4 0.7 RetigHg 24.4 Lymoh 947 Plat 653 Gluc 28

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large in size (4.07cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (5.44 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.83 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

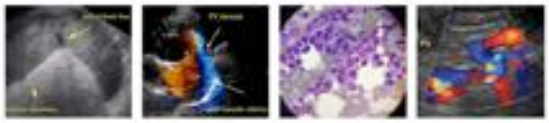
The right adrenal gland is normal in size measuring 0.57 cm at the caudal pole It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of



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the vasculature and biliary tract appear normal. There are numerous, small, hypoechoic nodules visualized throughout the parenchyma measuring 1.05 cm, 0.67 cm, 0.98 cm and 1.5 cm. There is a larger, hypoechoic, well-circumscribed mass effect that measured 3.7 x 2.2 cm and was visualized in the right side of the liver. A second hypoechoic nodule measured 1.45 x 1.33 cm towards the periphery on the left side of the liver. The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. 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

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is a 0.66 cm well-circumscribed hypoechoic nodule visualized in the area of the right limb of the pancreas. Additionally, there is a larger well circumscribed mass that measured 2.93 cm and was positioned cranial medial to the left kidney in the area of the left limb of the pancreas.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

The left and right testicles were visualized and no significant lesions are observed.

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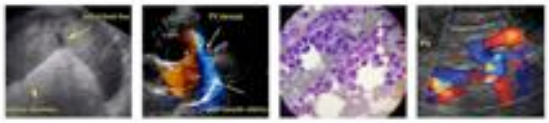

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ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Suspect, large pancreatic mass in the left side of the pancreas. Smaller nodule on the right limb. The mass lesions most likely represent a metastatic insulinoma.
- Heterogenous liver with hypoechoic discrete masses and nodules. These lesions could be benign or malignant, but concern is high for a metastatic process.

SECONDARY FINDINGS:

- Large, homogenous prostate. This is most consistent with a benign prostatic hypertrophy in an intact male dog. I recommend urinalysis and culture to allow prostatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lab work provided is consistent with a diagnosis of an insulinoma. Insulinomas can be benign or malignant, but when aggressive can have a high metastatic potential particularly to the liver. I am concerned that this represents multiple, metastatic lesions to the liver and pancreas. I recommend a FNA of hepatic mass or masses to help determine if this is the case. I recommend three view thoracic radiographs. Surgical options are good with this disease if there is an isolated mass effect, but my concern is that this may have already spread. I recommend consultation with a veterinary oncologist to discuss chemotherapeutic options, etc.

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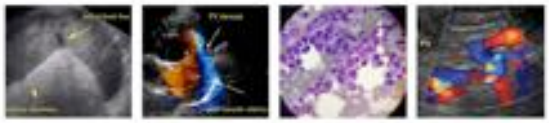

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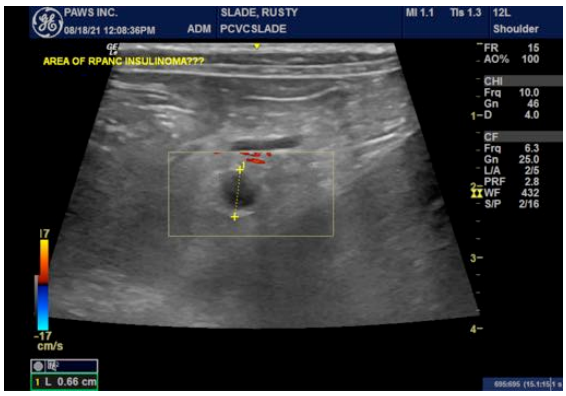

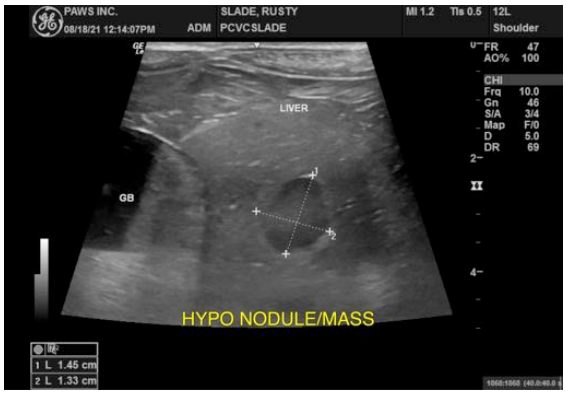

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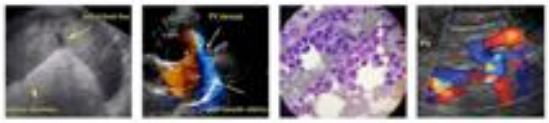

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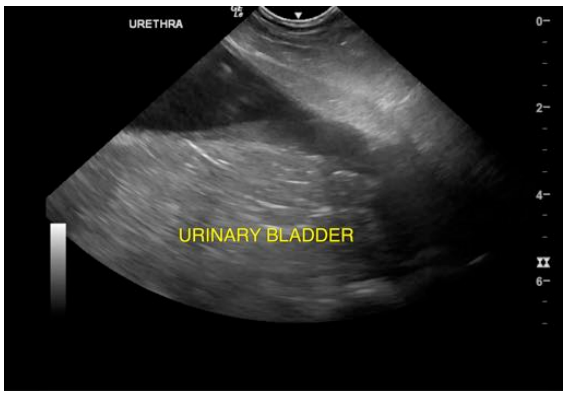

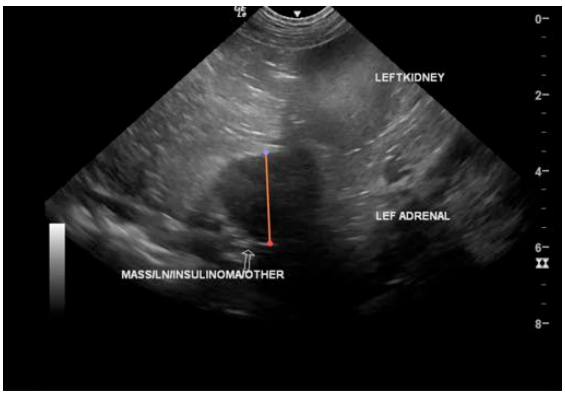

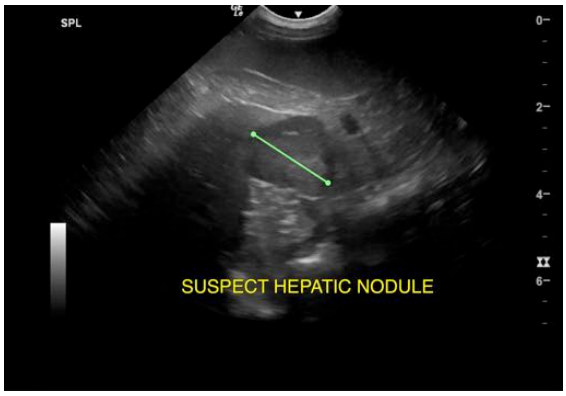

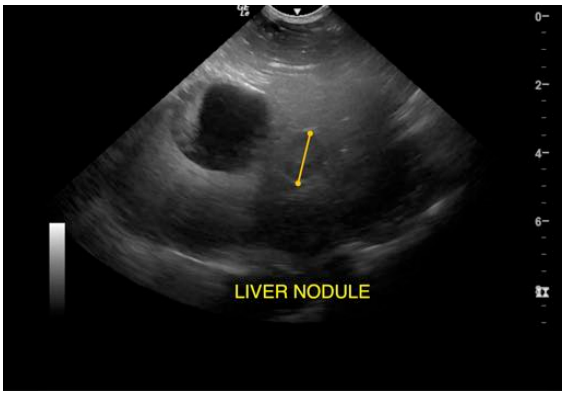

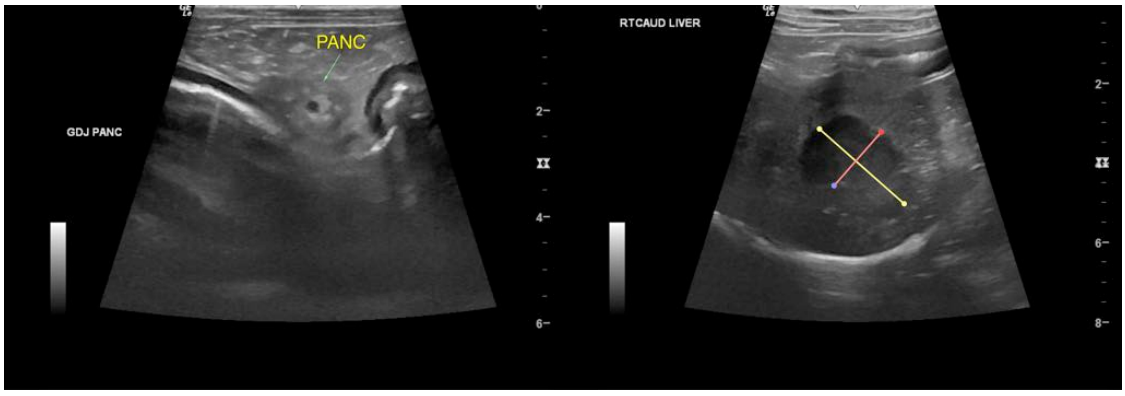

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

kathleen.sennello@sonopath.com