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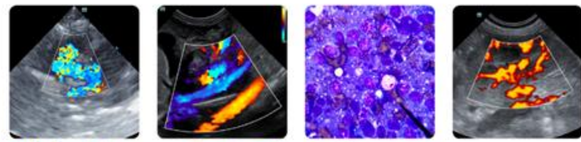
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Aquilles Hanserd

SPECIES
Canine

BREED
Boxer Mix

SEX
MN

AGE
12

WEIGHT
28.8kg

INTERPRETED BY
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY
Jordyn Walters

HOSPITAL NAME
Viking Veterinary Hospital

REFERRING VET
Jordan Bateman

INVOICE
23549

DATE
01/13/2026

PRESENTING CLINICAL SIGNS

P presents for abdominal ultrasound by rDVM. P presented to rDVM 12/30 for wobbly and lethargic. rDVM ran bloodwork and suspected insulinoma and recommend ultrasound. On presentation, P unsteady and slow. On Amoxicillin for suspected cysts on back.

Abnormal PE/Chem/CBC/UA Results: 12/30/25 CBC - WBC 4.95 (L), Lym 0.71 (L) Chem 10/Lytes - Glucose 39 1/13/26 Spot BG - 41

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.4 cm in length. The right kidney measured 6.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

The area of the residual prostate appeared normal and free of pathology

Adrenal Glands

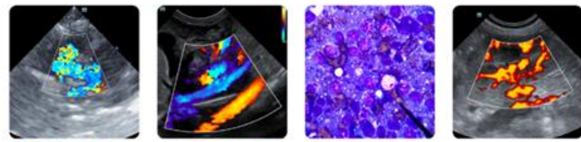
The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.56 cm width at the caudal pole. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was subnormal in size likely owing to the presence of gastric ingesta. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic primarily non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.

The visualized segments of small intestine presented intact wall layering with normal muscularis/mucosa ratio. The lumen of the small intestine was empty to the level of the colon.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

A solitary mildly expansive primarily homogenous to mildly hypoechoic nodule was visualized in the area of the left pancreatic limb caudal to the stomach measuring 1.8 cm in diameter. Potential for peripancreatic overlaying cranial omental lymph node not definitively excluded. The visualized area of the right pancreas was free of obvious pathology.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

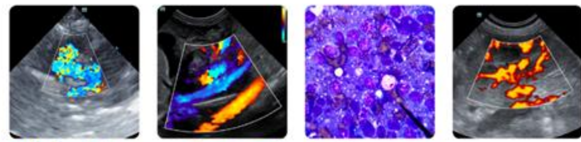
Primary

- Suspect left pancreatic limb nodule/small mass
- Normal gastrointestinal tract with gastric ingesta
- Sonographically normal liver/spleen
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Insulinomas may be difficult to visualized sonographically as they typically are microscopic to small in size. in conjunction with the patient history and assuming hypoglycemia < 60, a left pancreatic limb insulinoma is highly suspected. Potential for peripancreatic or overlaying cranial mesenteric lymph node is not definitively excluded yet no visualized evidence of omental lymphadenopathy.

A paired insulin GLU ratio on same serum sample if BG is < 60 for further clarification and assessment is recommended. No obvious evidence of macrometastasis, micrometastasis may be sonographically non-evident. Consideration for advanced imaging for further clarification as well as internal medicine or surgical consult is recommended.



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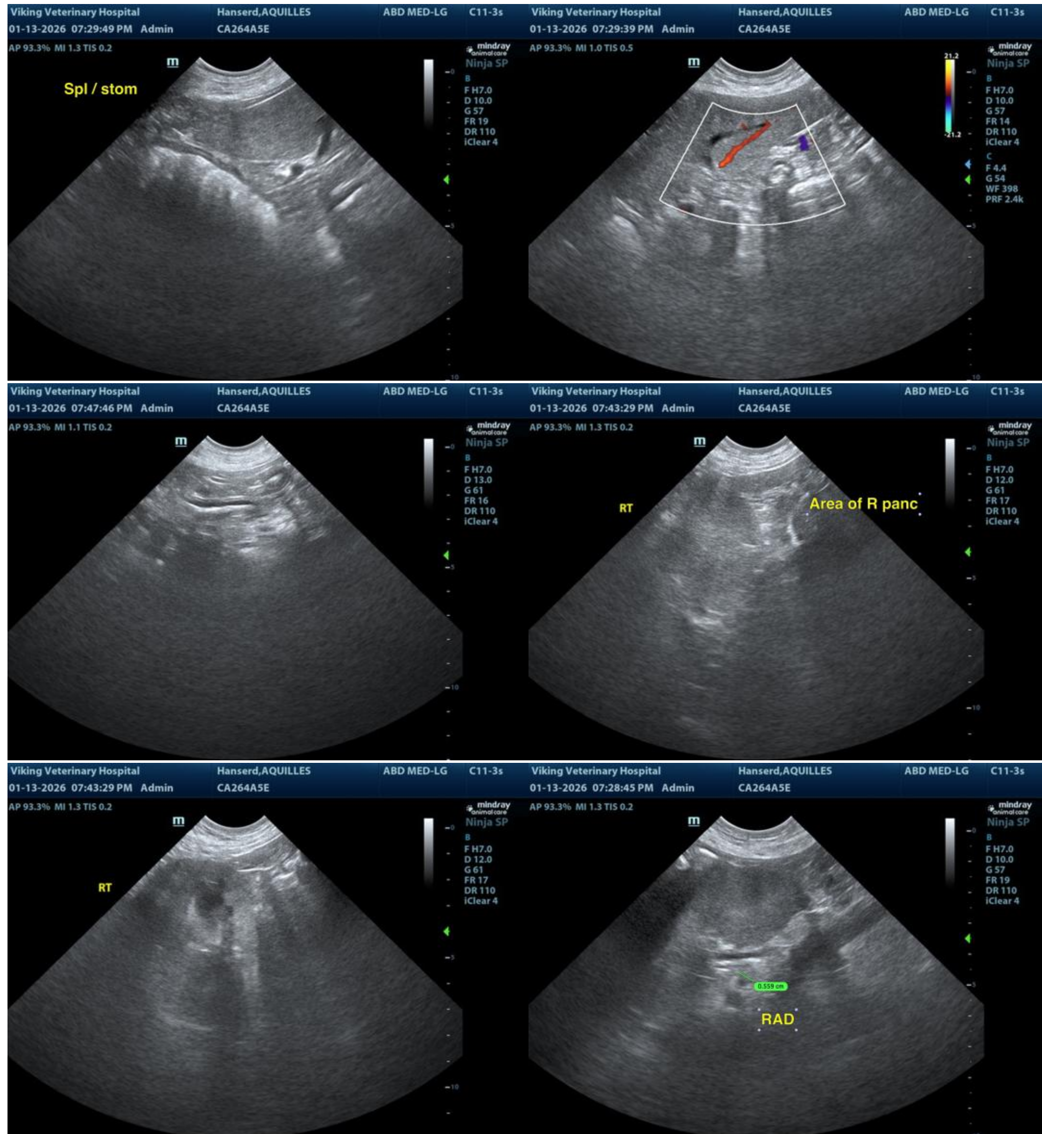

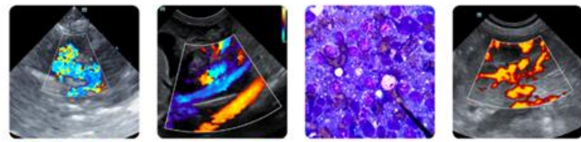

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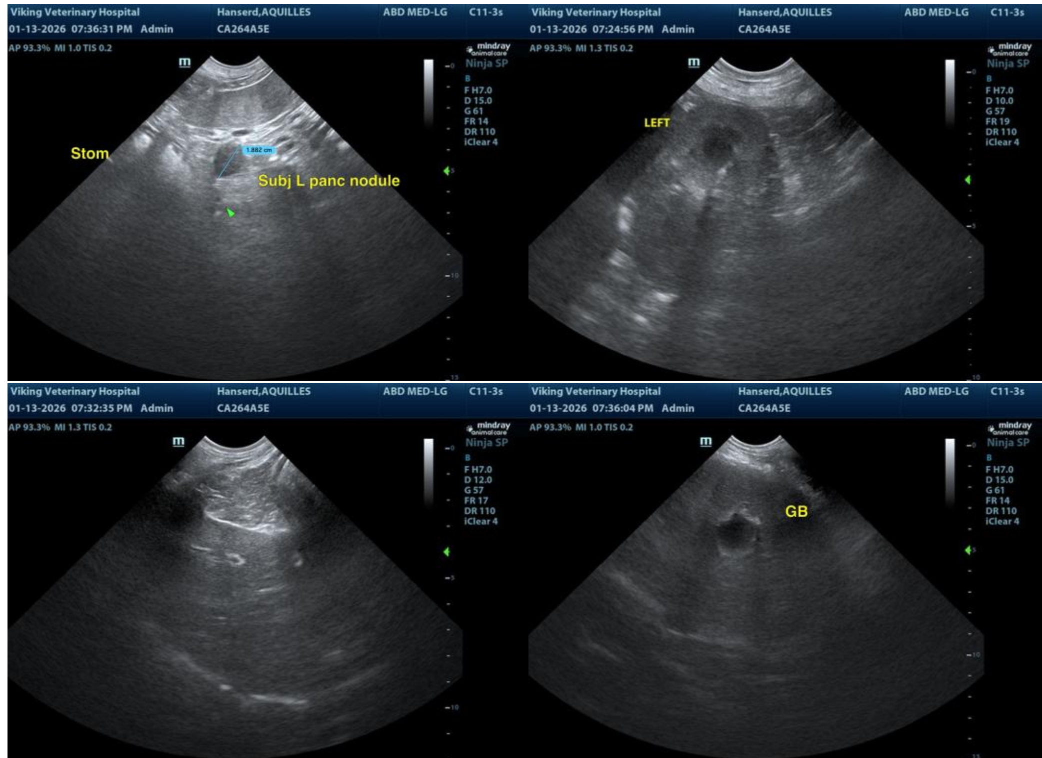

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com