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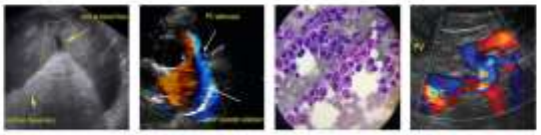

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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PATIENT

Buster McVey

SPECIES

Canine

BREED

Pitbull

SEX

Neutered Male

AGE

11 years

WEIGHT

61 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

Catoctin VC

REFERRING VET

Dr. Ridinger

INVOICE

50072

DATE

2.4.2022

PRESENTING CLINICAL SIGNS

History: Seizure episodes, concern for insulinoma, possible hepatic metastasis

Glucose 52, Total Protein 8.4, Globulin 4.8, ALP 348, ALT 194

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

No overt pathology in the area of the residual prostate.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.6 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.63 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width at the caudal pole and 0.75 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

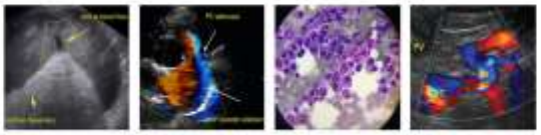
Liver / Gallbladder

The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The visible gastric walls were sonographically normal. The stomach contained mild to moderate ingesta along with luminal gas and without overt evidence of obstruction to pyloric outflow. The presence of gastric ingesta is likely consistent with post-prandial presentation. If documented NPO, some degree of possible mild metabolic gastric stasis or nonobstructive delayed gastric emptying could be possible.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The visualized pancreas exhibited subtle prominent size with asymmetrical contour and heterogeneous parenchyma. Potential for focal to intermittent discreetly hypoechoic pancreatic parenchymal nodules noted with an example measuring 0.83 cm diameter. The visible pancreatic duct was normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy exhibiting generalized parenchymal remodeling.
- Heterogeneous pancreas with possible intermittent discreet parenchymal nodules.
- Bilateral mild chronic renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive pancreatic tumor was not overtly evident in this study however an insulinoma can be very small and difficult to sonographically detect or visualize. If persistent hypoglycemia (less than 60), serum, glucose, and insulin measurement on same serum sample for further clarification is recommended. If this test is diagnostic for insulinoma, abdominal CT likely indicated for further assessment.

The hepatic presentation may indicate age related parenchymal remodeling, vacuolar hepatitis, nonspecific chronic active hepatitis/cholangiohepatitis, early fibrosis, cirrhosis, or other hepatopathy. If insulinoma is confirmed with additional recommended diagnostics, the possibility of potential discreet hepatic metastasis cannot be definitively excluded.

Adrenal screening with resting cortisol to rule out unlikely potential for occult Addison's disease as an additional workup for hypoglycemia may be considered.

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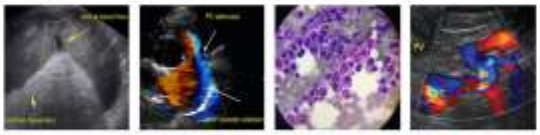

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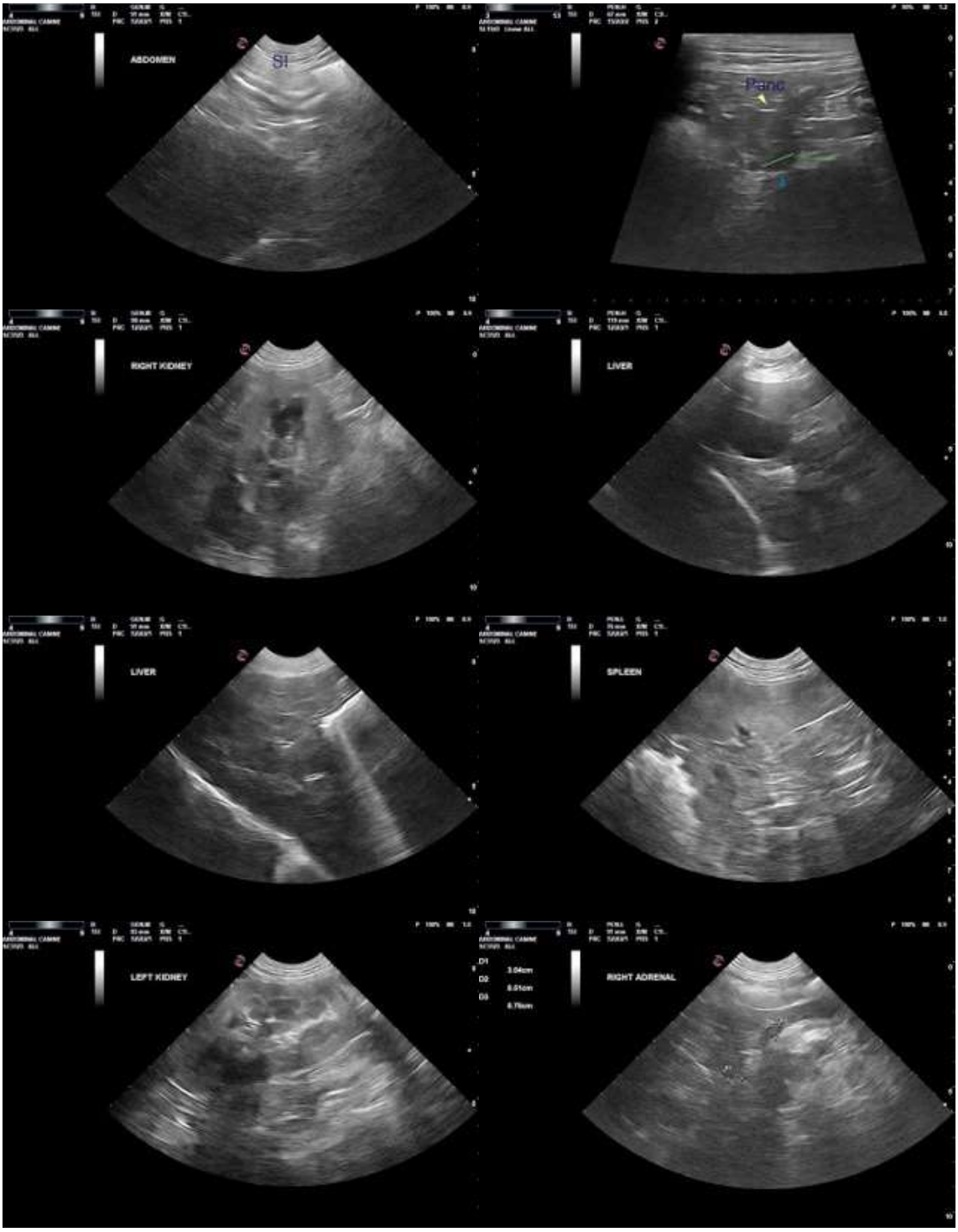

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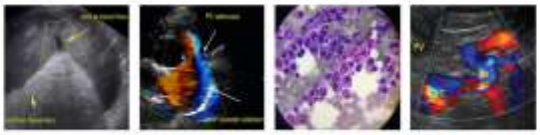

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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