



## PATIENT

Tiana Bongioanni

## SPECIES

Canine

## BREED

Mixed

## SEX

FS

## AGE

10Y

## WEIGHT

48.6lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Mobile Pet Imaging

## HOSPITAL NAME

Mobile Pet Imaging

## REFERRING VET

Armstrong

## INVOICE

73125

## DATE

12-29-25

## PRESENTING CLINICAL SIGNS

pet has been presenting sudden hypoglycemic episode. Therapy has not work and continues to be unregulated. DVM suspect an insulinoma.

## COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review including early and late post-contrast studies.

## COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is normal in size, shape, and attenuation. No focal nodules, masses, or areas of abnormal enhancement are identified. The surrounding mesentery appears normal.

The regional lymph nodes are within normal limits.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of pancreatic mass or nodule.
- Normal CT presentation of the pancreatic morphology.
- Normal abdominal lymph nodes and other abdominal organs.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Despite the clinical/laboratory suspicion of insulinoma, no discrete pancreatic lesion was identified on CT.

Possible explanations include small insulinoma or microadenoma below the resolution of CT which is typically 2-3mm and common in early disease, diffuse pancreatic beta cell hyperplasia, or other functional disorder without a focal mass, or intermittent functional insulin release from a tumor that is occult.

Alternative causes of hypoglycemia include hepatic dysfunction and sepsis. Neurologic or endocrine disorders should also be considered.



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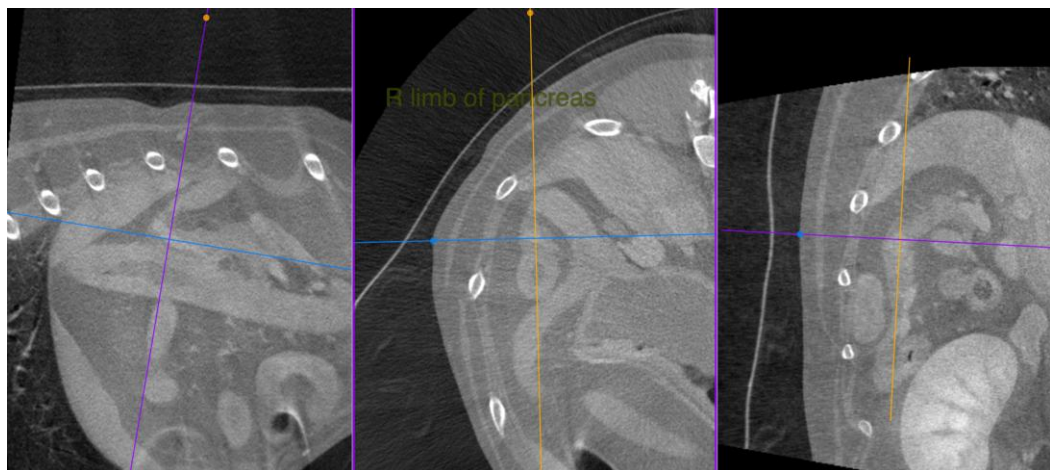
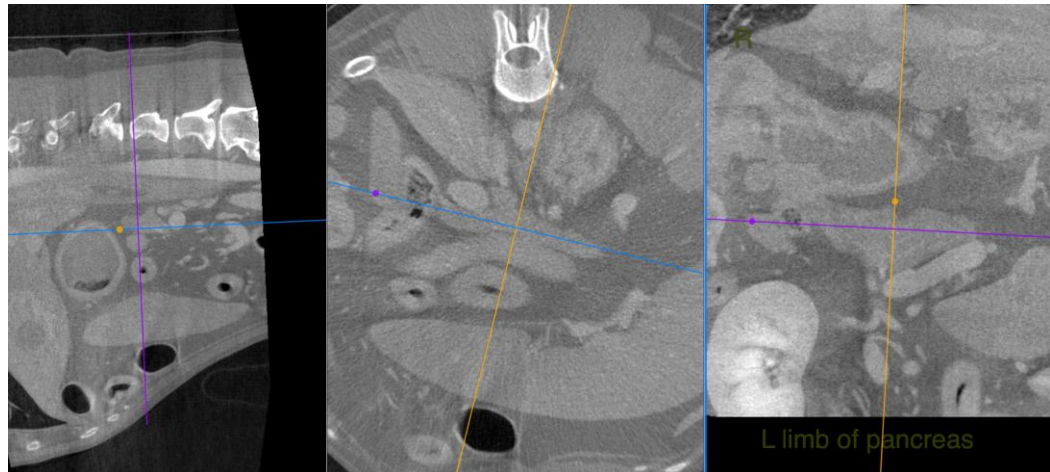
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
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