



PATIENT

Rudy Noon

SPECIES

Canine

BREED

Shepherd Mix

SEX

MN

AGE

5Y

WEIGHT

24.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Nicole Tippie

HOSPITAL NAME

Pet Emergency &
Referral Center - NVA

REFERRING VET

Bushra Zaidi

INVOICE

73565

DATE

2-2-26

PRESENTING CLINICAL SIGNS

- Metastatic islet cell carcinoma, partial pancreatectomy 9/28/25 (9 mm, R limb), M1 2, marginal excision. Metastatic pre-pancreatic lymph node resection, liver biopsy (mild hepatocellular vacuolation). Presents today for restaging while on Palladia.
- Concern for 3 nodules within the pancreatic parenchyma, and 1 nodule adjacent to the left lobe of the pancreas, which may possibly represent an insulinoma with metastatic disease. For the nodule adjacent to the left lobe of the pancreas, splenic lymphadenopathy (metastatic, reactive) cannot be excluded.
- Small nodular protrusion of the left medial liver lobe, most likely representing a benign regenerative nodule, or small hematoma; metastatic disease is considered unlikely.
- The high-density material in the gallbladder and duodenum could represent a secondary route of excretion of the MRI contrast medium, given the hypodensity stranding within the centre and right side of the gallbladder. Biliary mucocele/biliary mucosal hyperplasia cannot be fully excluded but is considered less likely.
- Prior splenectomy is presumed.
- Right caudal adrenal nodule DDx adenoma, carcinoma, pheochromocytoma, metastatic disease, cannot exclude PDH. Non-specific scant amount of peritoneal effusion.
- Non-specific scant amount of peritoneal effusion
- Minimal jejunal lymphadenopathy, likely reactive.
- Overconditioned body habitus

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The patient has a history of metastasizing pancreatic islet cell carcinoma and partial pancreatectomy in September 2025.

Abdomen

The residual pancreas is unremarkable with no evidence of nodules or masses.

Mild multiple epigastric lymphadenomegaly is noted.

The abdominal lymph nodes are otherwise normal.

The liver and adrenal glands appear stable compared to prior study with no evidence of additional nodules or progression of the noted nodules.

No free peritoneal fluid is detected.

The patient appears to have a history of prior splenectomy.

Thorax

The lungs present within age related normal limits. No evidence of pulmonary nodules, masses, or infiltrates is seen.

The mediastinal lymph nodes are within normal limits.



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The heart is normal in size and morphology.

Thymic tissue of 2 x 2.5 cm size is observed – likely physiologic or activated with normal appearance.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Stable post-surgical changes after partial pancreatectomy and lymph node removal because of a metastasizing pancreatic islet cell carcinoma is September 2025.
- No evidence of recurrent pancreatic or hepatic masses.
- Mild epigastric lymphadenomegaly likely reactive. Metastatic considered unlikely.
- Unremarkable thorax.
- Incidental thymic tissue noted.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Overall, the findings are stable compared to previous CT and consistent with current post-surgical status. There is no imaging evidence of recurrent or metastatic disease within the abdomen or thorax at this time.

The mild epigastric lymphadenomegaly may reflect post-surgical or reactive changes rather than active metastasis, even though this can never be completely excluded.

The thymic tissue in the cranial thorax is an incidental, likely, benign finding.

The appearance of the liver and adrenal glands is stable which further supports current absence of metastatic progression.

Continued medical management as per oncology protocol is recommended as well as routine restaging.



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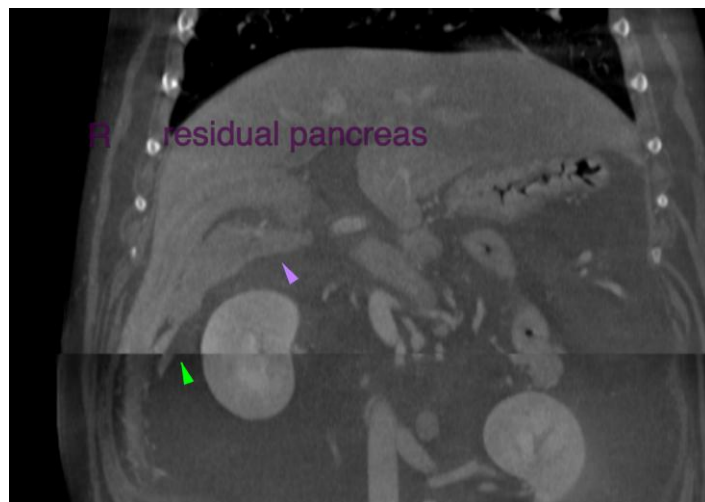
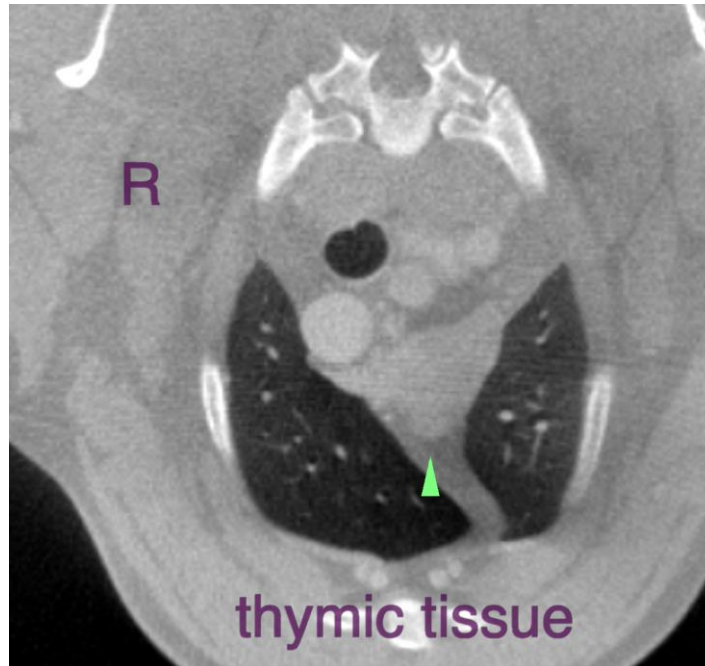
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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