

PATIENT	PRESENTING CLINICAL SIGNS
Koi Sanz	<ul style="list-style-type: none">Koi was presented on 3/17/2026 for lethargy, decreased appetite, abdomen very tense diffusely but painful cranially and with excessive borborygmi sounds, flatulence and belching. Bloodwork (3/17/26). CBC: Neutrophil 12.86 $10^9/l$ (3.000-12.000), Platelet Count (PLT) 670.0 $10^9/l$ (165.000-500.000), PCT 0.560% (0.150-0.390). Chem: Glucose 54.0 mg/dL (74.000-143.000). Total T4 (3/17/26): WNL. Supportive care with Cerenia and Vitamin B 12 was provided. CT was requested to detect a possible insulinoma or another abdominal mass.
SPECIES	
Canine	
BREED	
West Highland Terrier	Abnormal PE/Chem/CBC/UA Results: PE: T 101.7 F, HR 120, RR 32, MM Pink, CRT <2 seg. H/L: WNL. Nuclear sclerosis OU, Dental Calculus (4/4).
SEX	COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN
Male Neutered	Plain and post contrast studies are available for review.
AGE	COMPUTED TOMOGRAPHIC FINDINGS
12Y, 11M	The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.
WEIGHT	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.
16.8lbs	The adrenal glands are within normal limits for size, shape and organ architecture.
INTERPRETED BY	Multiple small hyperenhancing splenic nodules are present with morphology suggestive of benign etiology.
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.
IMAGING PERFORMED BY	A small expansile ill-defined nodule of approximately 7mm diameter is seen in the left pancreatic lobe with focal internal mineralization and early wash out enhancement pattern. No other pancreatic masses can be ascertained.
Mobile Pet Imaging	Mild enlargement of multiple regional epigastric and periportal lymph nodes is seen.
HOSPITAL NAME	The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.
Mobile Pet Imaging	COMPUTED TOMOGRAPHIC DIAGNOSIS
REFERRING VET	<ul style="list-style-type: none">Left pancreatic nodule with mineralizations suspicious for pancreatic endocrine tumor.Mild regional lymphadenopathy - likely reactive but cannot entirely exclude metastatic involvement.Splenic nodules - benign in appearance, likely incidental.
Novoa	INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS
INVOICE	The combination of the CT findings of the pancreatic nodule with documented hypoglycemia raises concern insulinoma in the left pancreatic lobe.
74296	
DATE	
3-23-26	



PATIENT

Koi Sanz

SPECIES

Canine

BREED

West Highland Terrier

SEX

Male Neutered

AGE

12Y, 11M

WEIGHT

16.8lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74296

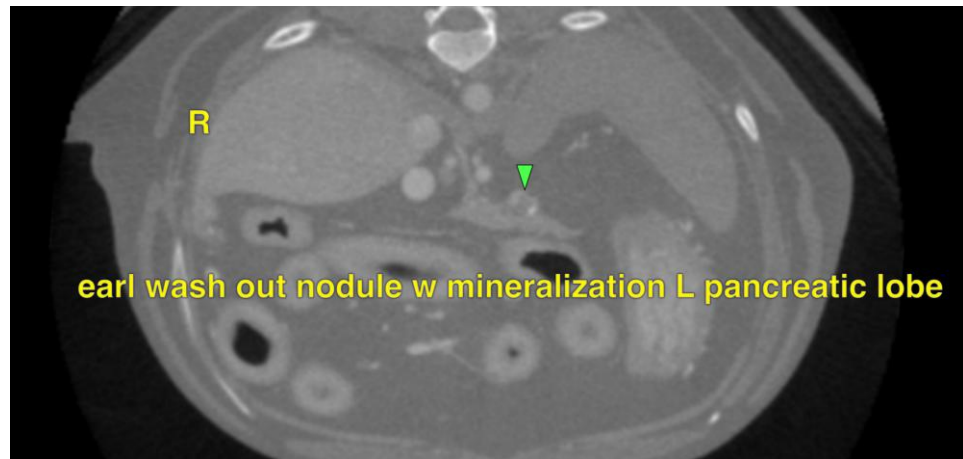
DATE

3-23-26

The mild epigastric and periportal lymph node enlargement may be reactive or related to early metastatic spread.

The splenic nodules appear benign and are likely incidental given their morphology, though metastatic disease can never be excluded completely.

Surgical exploration with possible nodulectomy can be considered given the patient's clinical signs and laboratory changes. Pancreatic nodule and lymph node removal should be followed up with histopathologic confirmation.



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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