



**PATIENT PRESENTING CLINICAL SIGNS**

Lucas Torano History: Seizure activity past month – treated as epilepsy.

**SPECIES** Physical Examination: N/A

Canine Urinalysis: N/A.

CBC: Lymphopenia.

**BREED** Serum Biochemistry: hypoglycemia, hypophosphatemia, hypokalemia.

Labrador Mix Radiographic Findings: N/A

**SEX**

MN

**AGE**

8 years

**WEIGHT**

76 #

**INTERPRETED BY**

Remo Lobetti, BVSc,  
MMedVet (Med), PhD,  
Dipl. ECVIM

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Full urinary bladder with a normal thickness (0.14 cm) and appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes (0.25 cm). Ureters not visualized.

Normal renal size (both 6.8 cm), echogenic appearance, cortico-medullary differentiation, normal capsule, and pelvis.

**Reproductive System**

Small hypoechoic prostate gland (1.2 cm).

**Adrenal Glands**

Normal shape, echogenic appearance, size, and position. Left 0.8 cm, right 0.56 cm.

**Spleen**

Normal size (1.8 cm) and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

**Liver**

Normal size, echogenic appearance, and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and appearance of the gall bladder wall. Normal bile duct.

**Gastrointestinal**

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.31 cm, duodenum 0.6 cm, ileum 0.2 cm, colon 0.17 cm) and peristaltic activity, and no distension of the lumen.

**IMAGING PERFORMED BY**

Dr Ferrer, DVM

**HOSPITAL NAME**

Paseos Veterinary Center

**REFERRING VET**

Dr Maria Martes

**INVOICE**

302783

**DATE**

2/25/22



**PATIENT** *Pancreas*

Lucas Torano Normal size (right 1.4 cm, left 1 cm) and echogenic appearance. Regular capsule. Well circumscribed non-vascularized parenchymal mass (1.2 x 1.5 cm) in the left lobe. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

**SPECIES**

Canine *Free Abdomen*

**BREED**

No mesenteric lymphadenomegaly.  
No ascites.

Labrador Mix

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**ULTRASONOGRAPHIC FINDINGS**

Primary Findings:

- Pancreatic nodule.

Secondary Findings:

- None.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

With the presenting clinical signs and hypoglycemia, the most likely etiology for the pancreatic nodule would be an insulinoma.

Further assessment would be serum insulin assay, 3-view thoracic radiographs, and FNA cytology of the pancreatic nodule.

As the nodule appears to be localized and single, surgical resection should be considered. Medical therapy would be feeding small frequent meals of a high protein, fat and complex carbohydrate food, limiting simple sugars, and prednisone, diazoxide, or octreotide (long-acting synthetic somatostatin). Correction of the hypophosphatemia and hypokalemia would also be required.

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**PATIENT**

Lucas Torano

**IMAGES**

**Pancreas**

**SPECIES**

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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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