



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Daisy Cook presented to SVESC on 1/17/23 as a transfer from Animal ER for continued investigation and management of hypoglycemia. She has had a decreased activity level and appetite over the last ~2 weeks. Blood work performed with the rDVM on 1/16/23 at 10:53a revealed moderate hypoglycemia (50s) but was otherwise unremarkable. IVDD was suspected to be the cause of her hind limb weakness so she was given dexamethasone SP and buprenorphine injections and was prescribed methocarbamol, gabapentin, and a tapering course of prednisone, although no oral medications were administered. She developed tremors and seizure-like activity so she was taken to Animal ER where she was noted to have a mild leukocytosis on CBC, moderate hypokalemia, mildly increased albumin, and mild hypoglycemia. She was hospitalized overnight for BG monitoring, where they were noted to fluctuate from 35 to 120 with intermittent dextrose boluses. She was also managed on IV fluids with potassium supplementation. She was transferred to Dr Ward on 1/17/23 for a potential abdominal ultrasound; however a CT scan was recommended at that time and no abdominal ultrasound was performed.

SPECIES Canine

BREED Labrador Mix

SEX FS

AGE 10 Years

Abnormal PE/Chem/CBC/UA Results: - Hypoglycemia (severe, persistent) - highly suspicious of insulinoma or other insulin-secreting neuroendocrine tumor >>>> liver failure, shunt, sepsis, toxin, other - Hypokalemia (moderate, persistent) - suspected to be secondary to intracellular shifting associated with excessive insulin secretion >>> decreased intake, other - Low-normal Mg - suspected to be due to intracellular shifting associated with increased insulin secretion - Hyperlactatemia on EPOC - r/o secondary to underlying disease (hepatic, endocrine, other) vs prolonged hold-off vs other

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

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.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

In the left lateral liver lobe, a well-defined roundish parenchymal filling defect is seen, measuring 5 mm in diameter. The liver is normal in size and shape. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

Level with the portal vein, the pancreas appears mildly prominent with a focal mild heterogeneous contrast enhancement pattern. The remainder of the pancreatic parenchyma present smooth margins and a homogeneous contrast enhancement pattern.

The left hepatic lymph node and two splenic lymph nodes are prominent and present a heterogeneous contrast enhancement pattern in the arterial phase.

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Critical Vet
Care/Suncoast
Veterinary

REFERRING VET

Dr. Young

INVOICE

56220

DATE

1-18-23



PATIENT

Daisy Cook

Multifocal moderate spondylosis formation is seen along the lumbar spine. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Possible focal mild enlargement of the pancreas, level with the portal vein
- Lymphadenopathy left hepatic lymph node and splenic lymph nodes
- Hepatic cyst
- Degenerative lumbosacral stenosis
- Spondylosis deformans

BREED

Labrador Mix

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The focal mild enlargement of the pancreas might be caused by local mild folding of the parenchyma or is the sequela to an intraparenchymal nodule – a distinct nodule cannot be identified in the CT study. The prominent regional lymph nodes are suggestive for metastatic disease, supporting the diagnosis of underlying insulinoma.

SEX

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As no pancreatic nodule can be specified by CT, diagnostic celiotomy with thorough palpation of the entire pancreas would be beneficial as next diagnostic step. Consider sampling/excision of the affected lymph nodes as well.

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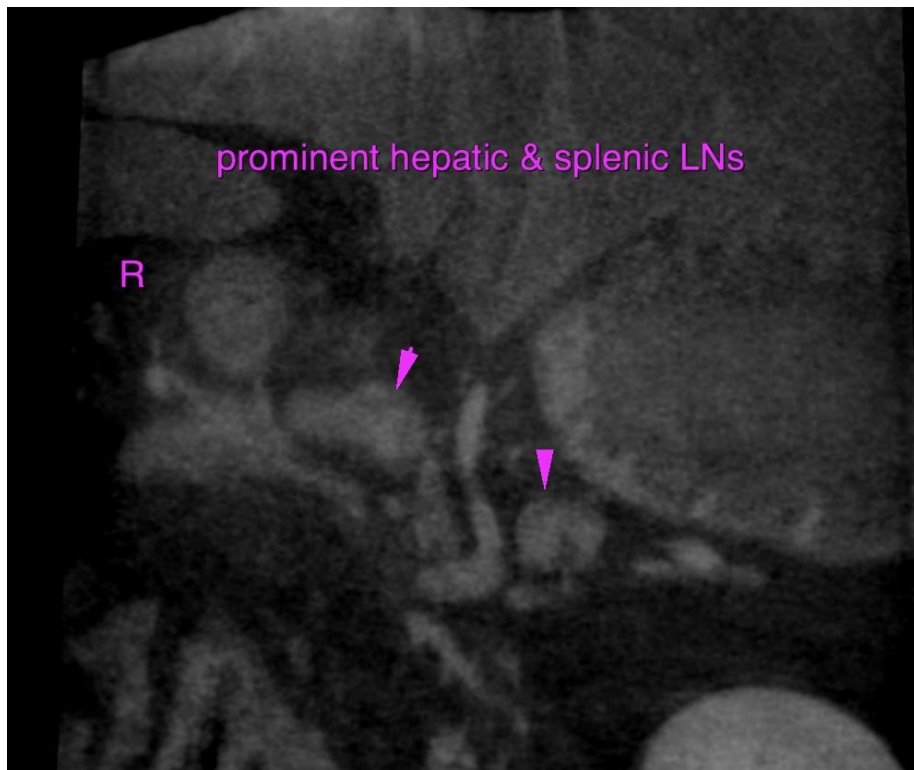
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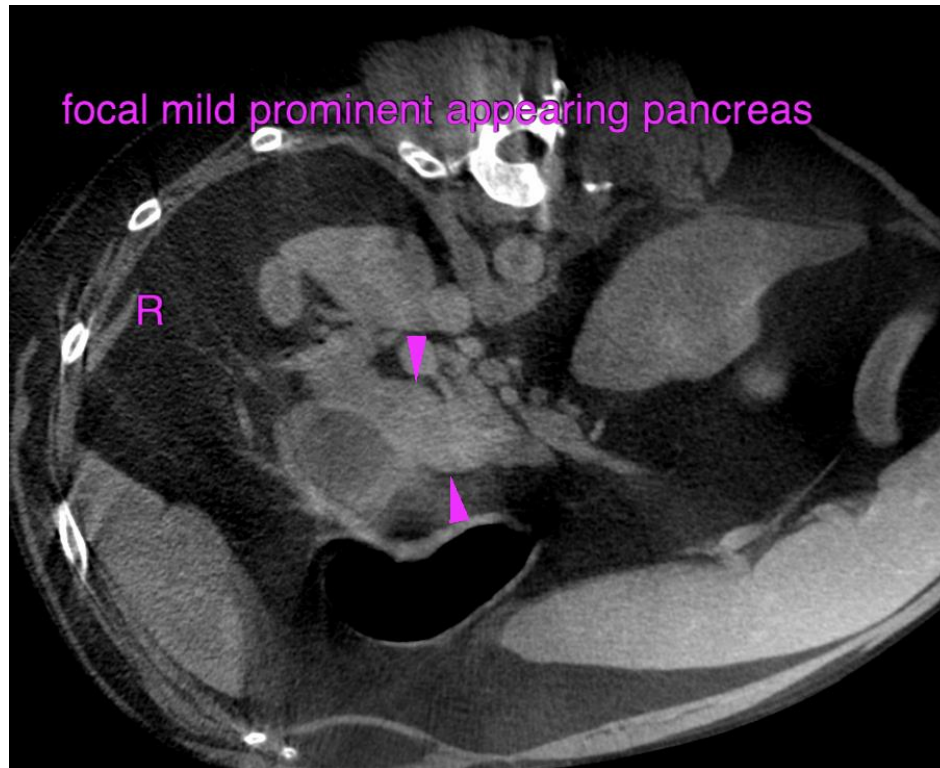
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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