



PATIENT

Ollie Ungar

PRESENTING CLINICAL SIGNS

Persistent hypoglycemia. Marked tetraparesis without obvious neurologic deficits. Bloodwork normal other than hypoglycemia and mildly elevated ALT. Concern for insulinoma. Glucose/insulin level pending. Historic / previous diarrhea. Cortisol pending as wlel

Abnormal PE/Chem/CBC/UA Results: Hypoglycemia - marked, severe Dull, tetraparetic

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE ABDOMEN

A pre- and post-contrast CT study of the abdomen in a bone and soft tissue reconstruction is provided for review.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

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

SEX

MI

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.

AGE

11 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The hepatic volume is moderately increased, and the hepatic margins are irregular, mildly undulating. Multifocal throughout the hepatic parenchyma, pre contrast hypo- or isoattenuating, mild ill-defined, variable sized, nodular lesions, presenting a heterogeneous contrast enhancement pattern are visible (presenting as target lesions in the late post contrast phase images); measuring up to approximately up to 3 cm in size.

HOSPITAL NAME

Animal Health
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The hepatic, pancreaticoduodenal and mesenteric lymph nodes are significantly enlarged, rounded and present a heterogeneous contrast enhancement pattern. The short-to-long-axis ratio is increased >0.5.

Nodular enlargement of the caudal pole of the right lobe of the pancreas is seen, measuring 1.5 cm in diameter.

REFERRING VET

Dr. Ashley Gold

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

The intervertebral discs L6/L7 and L7/S1 are moderately protruding into the vertebral canal, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level.

INVOICE

50155

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect pancreatic nodule caudal aspect right pole of pancreas
- Multiple nodular hepatic lesions throughout the hepatic parenchyma
- Lymphadenopathy hepatic, pancreaticoduodenal and mesenteric lymph nodes
- Intervertebral disc protrusion L6/L7 and L7/S1 with possible dynamic compression of the cauda equina fibers

DATE

2-8-22



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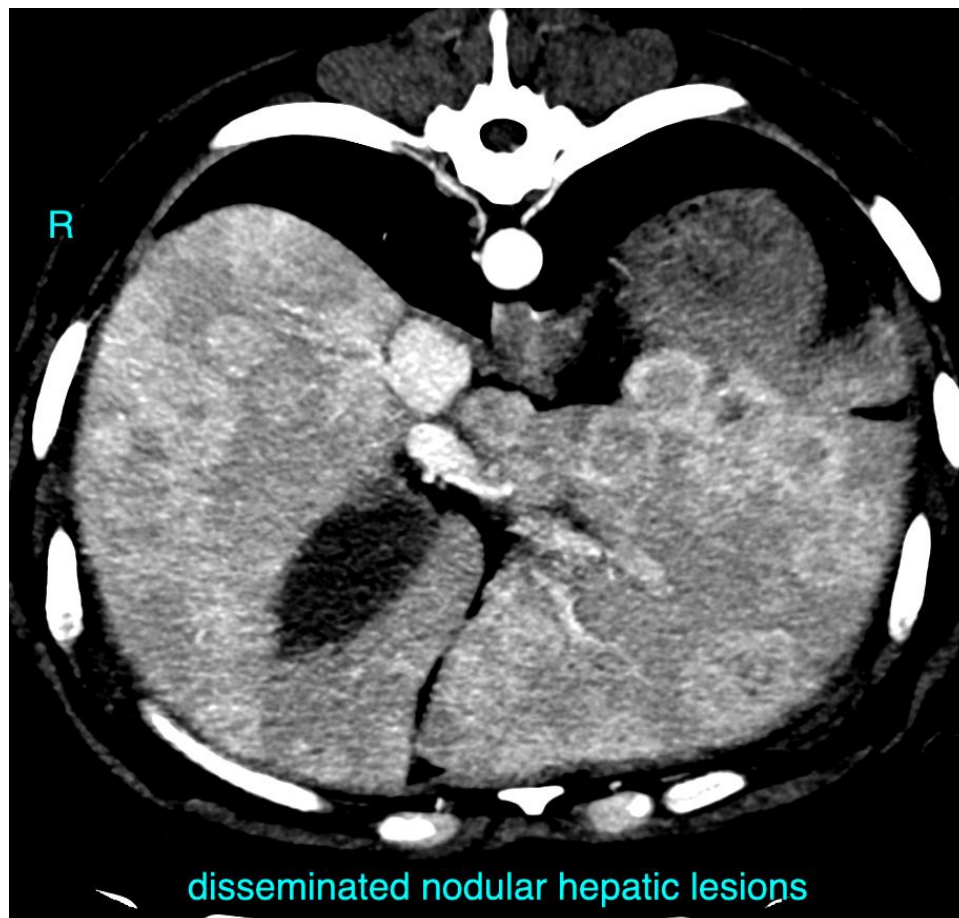
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic nodule in combination with the history of hypoglycemia is suggestive for a neuroendocrine tumor – insulinoma would be most common – and can be a plausible explanation for the described clinical signs. The hepatic changes and lymphadenomegaly of multiple lymph nodes would indicate metastatic spread. A potential is primary hepatic neoplasia – carcinoma might present with paraneoplastic hypoglycemia.

FNA sampling of the hepatic lesions can be used as an advanced diagnostic test as well. Due to the disseminated changes, there are no feasible surgical treatment options. A palliative clinical trial with prednisone and empirical management for possible insulinoma might be tried. The prognosis is considered infaust.





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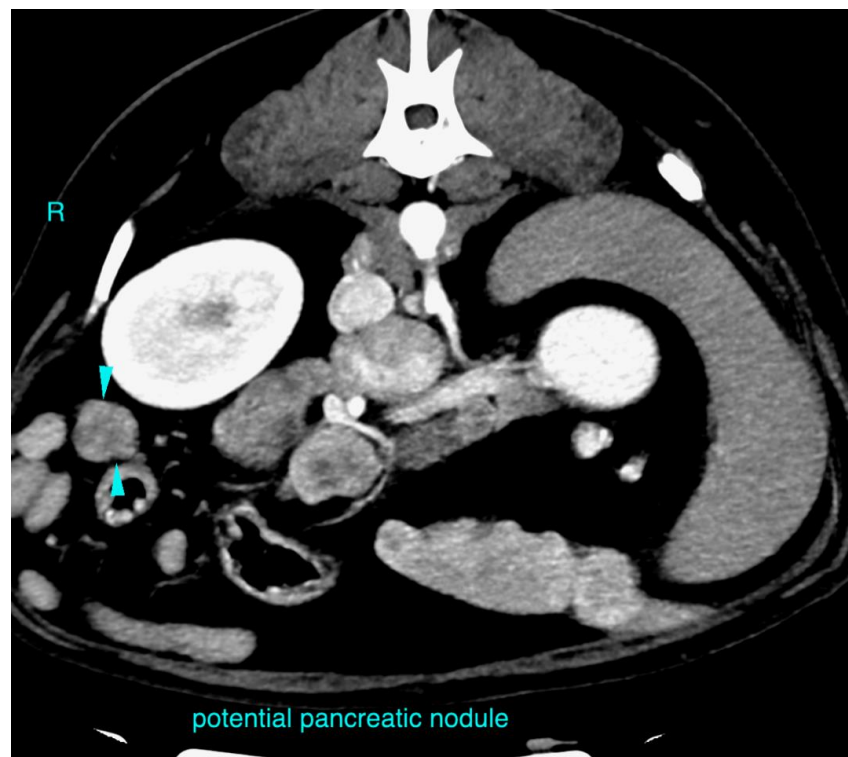
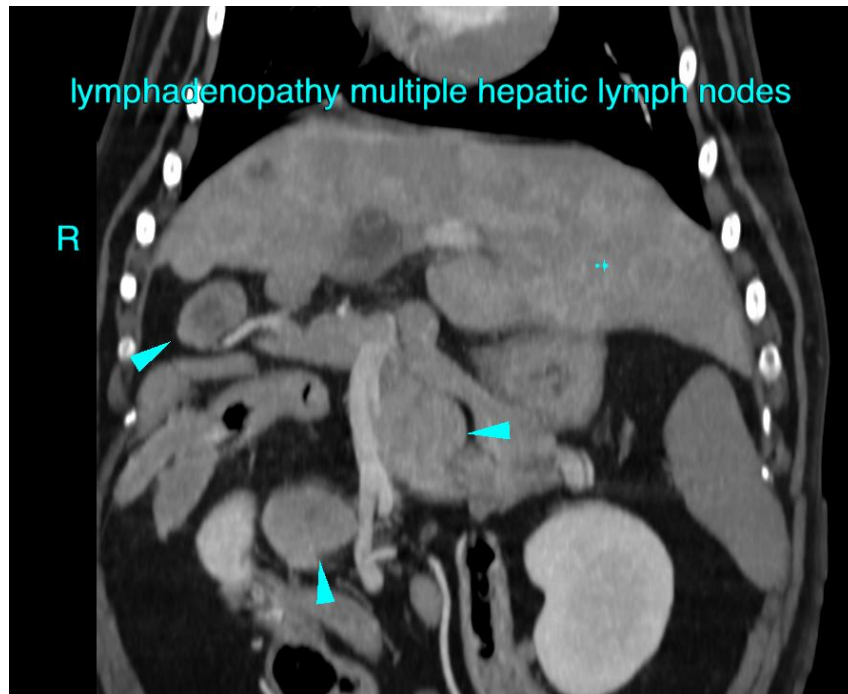
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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