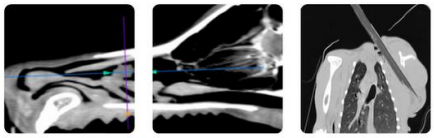

PATIENT

Lola Marin Gonzalez

SPECIES

Canine

BREED

Medium Mixed Breed

SEX

F

AGE

13Y

WEIGHT

33.6lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

José A. Vientos, DVM

INVOICE

75123

DATE

5-25-26

PRESENTING CLINICAL SIGNS

Patient was referred for CT for confirm or rule out an insulinoma.
Abnormal PE/Chem/CBC/UA Results: CBC --- HCT mild decreased (36.9), HGB mild decreased (12.9), RETIC mild decreased (8.4), thrombocytosis (638) CHEM --- GLU moderate decreased (38), AMYL mild to moderate decreased (322) Insulin Test: 56.9 uIU/mL (Reference Range: 5.2-41.5) Glucose Test: <10mg/mL (Reference Range: 63.0-114.0)

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 urinary bladder presents an irregular epithelial lining.

Both ovaries present multiple well-defined, variable sized, thin walled cavitary lesions that are protruding beyond the ovarian surface. The uterine horns are segmentally mildly distended by fluid attenuating material. The body of the uterus presents multiple intramural, well-defined, roundish hypoattenuating lesions (<4 mm).

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 irregular contrast enhancement, unremarkable.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma is uniform soft tissue attenuating and contrast enhancing.

The hepatic lymph nodes are significantly enlarged – measuring up to 6.6 cm – rounded, uniform soft tissue attenuating and present a heterogeneous contrast enhancement pattern.

Evaluation of the pancreas is limited to the streak and motion artefacts and the mass effect of the enlarged hepatic lymph nodes – the pancreas presents a uniform soft tissue attenuating and contrast enhancing parenchyma with smooth margins.

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

The periarticular bones of the right coxofemoral joint present moderate osteophyte new bone formation.

Between the left mammary complex #4 & #5, a complex cavitated swelling of the glandular tissue is appreciated; measuring 3.4 cm in diameter. The glandular tissue of the right mammary complex #4 presents a diffuse multicameral swelling with interspersed shell like mineralization.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lymphadenopathy hepatic lymph nodes
- Hepatomegaly
- Irregular contrast uptake splenic parenchyma

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- Multicameral mammary masses/swelling left mammary complex #4/5 and right mammary complex #4 with metaplasia
- Ovarian cysts
- Mild glandular cystic endometrial hyperplasia
- Possible cystitis
- No overt abnormalities of the pancreas

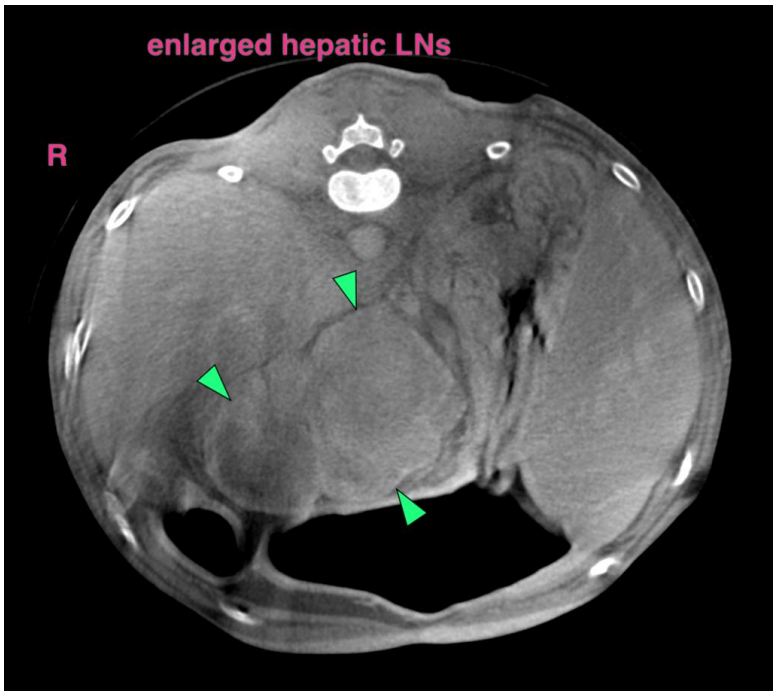
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged hepatic lymph nodes are highly concerning for neoplastic transformation – such as round cell tumor or metastasis. If not done so yet FNA sampling of the enlarged hepatic lymph nodes is advised for specification. The pancreas reveals no overt abnormalities, but evaluation is limited by the enlarged hepatic lymph nodes.

Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. Ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive method as well.

The mammary masses can present benign cysts/cystic adenoma (prioritized) or cystic malignant neoplasia (e.g. carcinoma). The enlargement of the mammary complexes may be triggered by the estrous cycle.

The irregular contrast uptake of the splenic parenchyma can be caused by nodular hyperplasia, extramedullary hematopoiesis, splenitis or neoplastic transformation.



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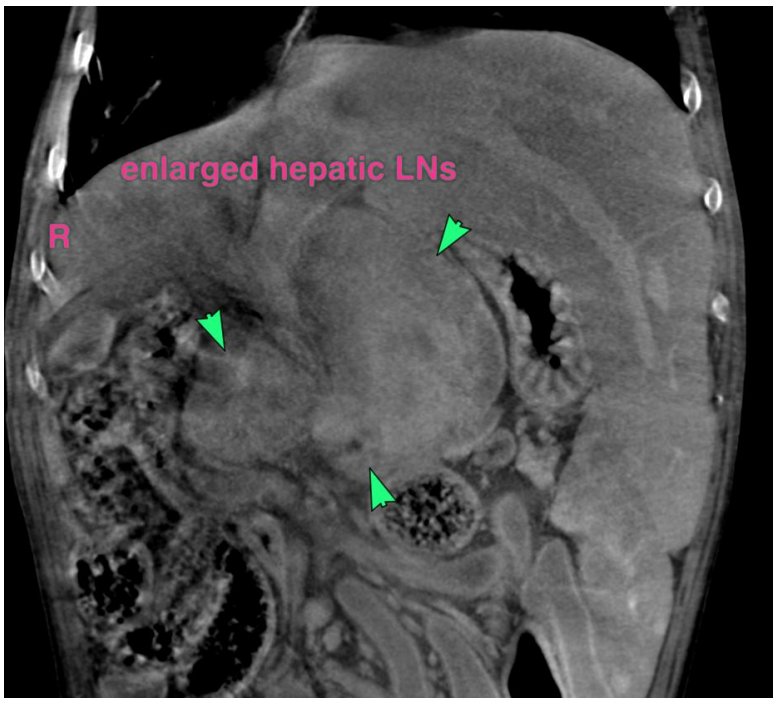

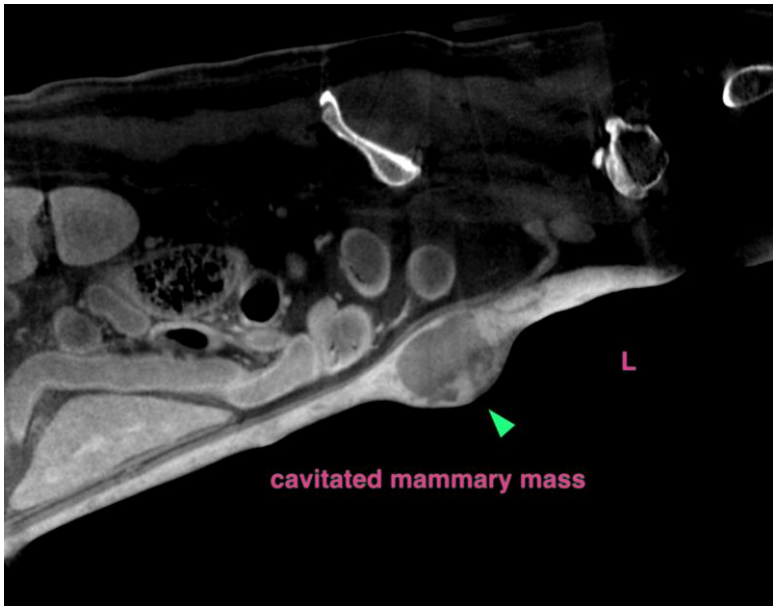

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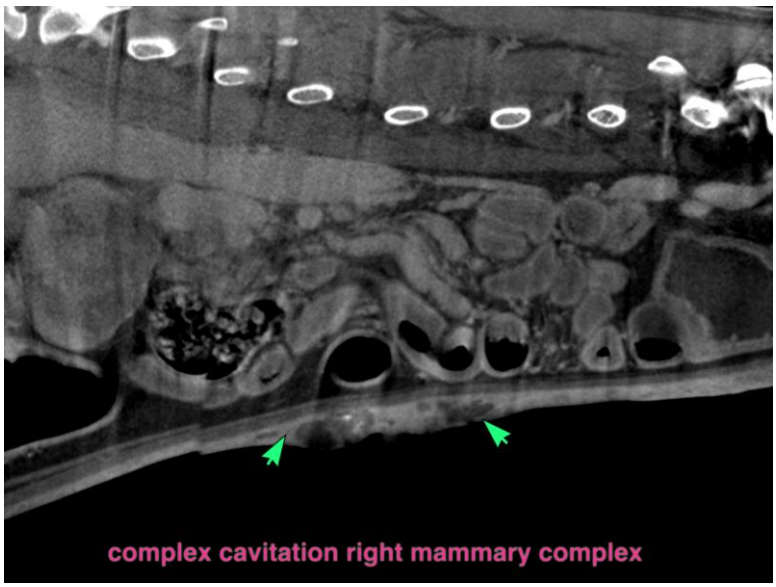

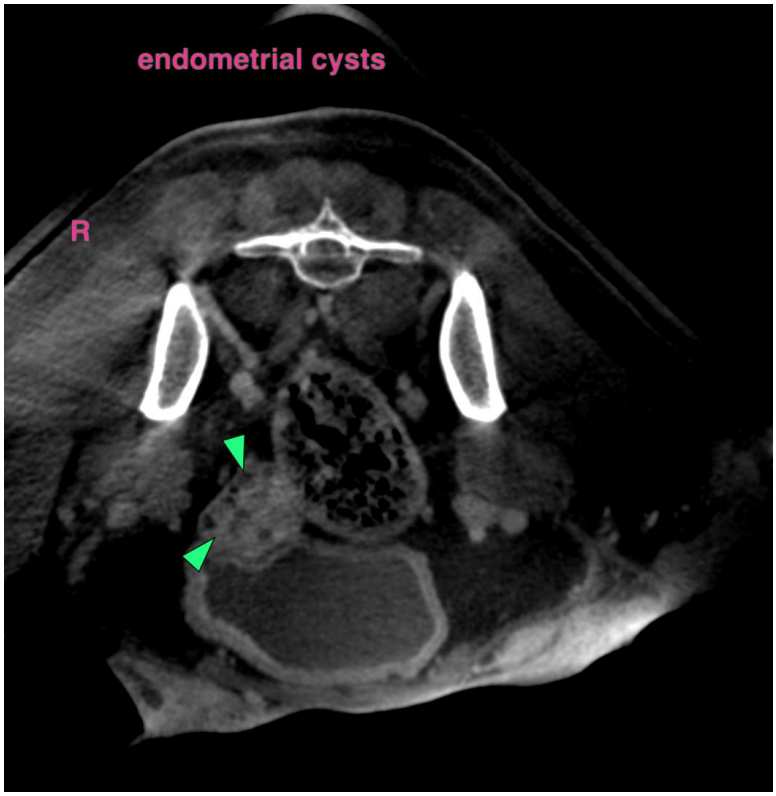

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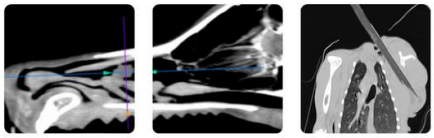

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com