



PATIENT PRESENTING CLINICAL SIGNS

Kylie West Dog with persistent hypoglycemia. ACTH stim normal. Insulin level pending. One grand mal seizure. Suspect insulinoma.
Abnormal PE/Chem/CBC/UA Results: Hypoglycemia. Otherwise normal CBC, Chem, UA

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Wheaten Terrier Thorax

The vertebral endplates T5/T6 present moderate spondylosis formation. The pictured parts of both elbow joints present moderate osteophyte new bone formation.

SEX
FS The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

AGE
9 Years The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

HOSPITAL NAME Abdomen

Animal Health Partners 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.

REFERRING VET
Dr. Ashley Gold The adrenal glands are within normal limits for size, shape and organ architecture.

Protruding from the caudal margin of the caudal extremity of the spleen, a well-defined, mild heterogeneous soft tissue attenuating and contrast enhancing nodule is seen, measuring 3.0 cm in diameter.

INVOICE
53480 In the left lobe of the pancreas, level with the portal vein, four nodular lesions, measuring up to 18 mm in size are seen, presenting strong contrast enhancing in the arterial phase.

DATE
8-16-22 In the ventral aspect of the quadrate liver lobe and possibly the left medial liver lobe, in the arterial post contrast phase, three ill-defined contrast enhancing roundish regions are seen, measuring up to 6.5 mm in diameter.

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



PATIENT Multiple non-specific subcutaneous soft tissue nodules are seen along the trunk.

Kylie West

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

BREED

Wheaten Terrier

SEX

FS

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Partners

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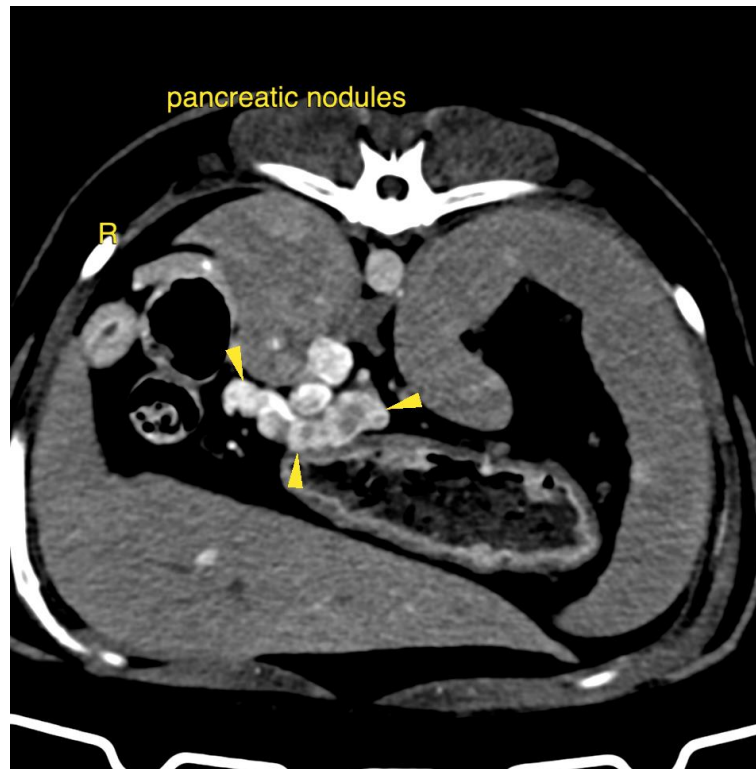
- Multiple pancreatic nodules left lobe of pancreas
- Splenic nodule
- In arterial phase hyperattenuating hepatic parenchymal lesions
- Degenerative osteoarthritis elbow joints bilaterally
- Non-specific subcutaneous nodules
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pancreatic nodular lesions are supporting the diagnosis of underlying insulinoma, a plausible cause for the hypoglycemia. Complete surgical excision might be complicated by the close proximity of the pancreatic nodules to the common bile duct.

The splenic nodular lesion is not specific and can present metastatic disease, benign nodular hyperplasia or primary splenic neoplasia. Splenectomy is considered as the therapy of choice.

The mild hyperattenuating hepatic parenchymal lesions can present benign nodular hyperplasia/regeneration nodules or metastatic disease of insulinoma.





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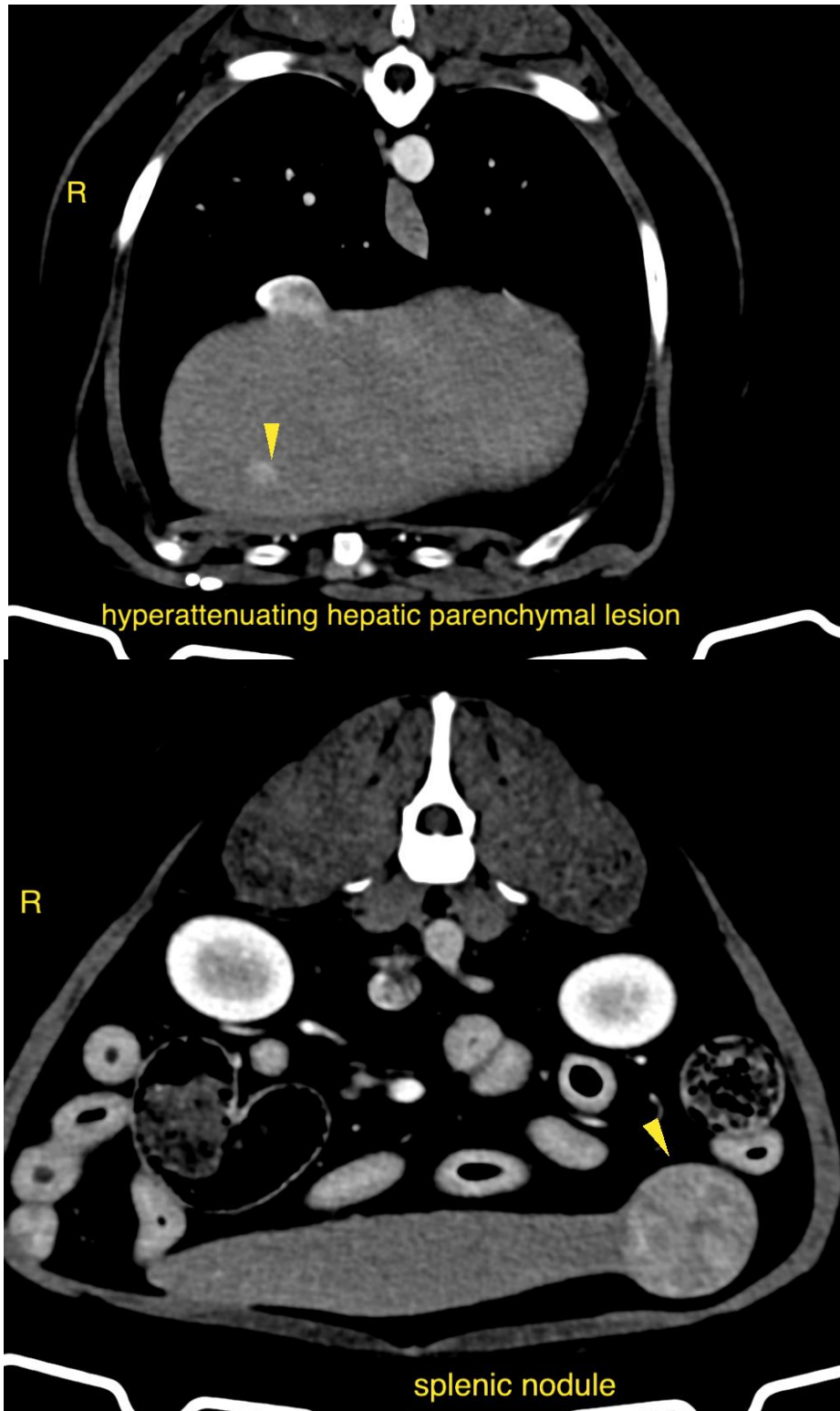
Dr. Ashley Gold

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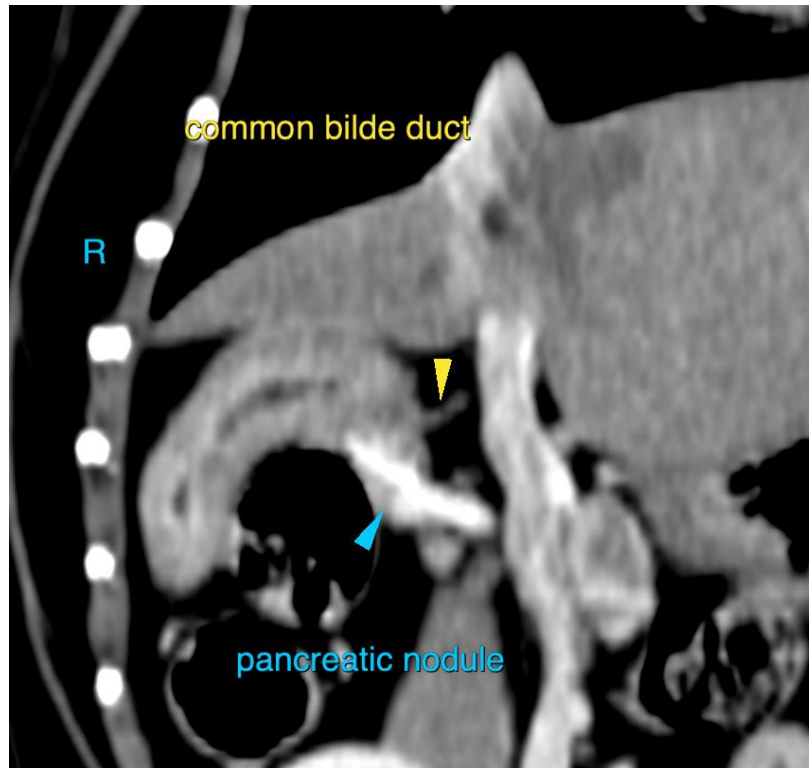
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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