



PATIENT

Elisabeth Nichols Ryak

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

8Y, 6M

WEIGHT

34.2

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Jeredy

HOSPITAL NAME

Animal Medical Centre
Sdn Bhd

REFERRING VET

Dr Sivan

INVOICE

73526

DATE

1-28-26

PRESENTING CLINICAL SIGNS

History:

- History:
- Was referred for hls weakness
- Was advised that it was due to mass on hindleg
- ABU is good
- Examine:
- Lipoma on R thorax ventral region
- Pedunculated mass on R hindleg at interdigital space

Abnormal PE/Chem/CBC/UA Results: Problem list : Hypoglycemia Hindleg weakness (not noted after glucose was corrected) Ddx - liver disease - insulinoma - pancreatitis (ruled out) Stool exam: heavy bacteria (mix of cocci & bacilli)

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

A pre- and post-contrast computed tomographic study of the abdomen was provided for review, consisting of four series: two pre-contrast series using a soft tissue algorithm and two post-contrast series using a soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

The left pancreatic lobe is thickened, with an irregular contour, with multilobulated and pedunculated appearance. Within this region, there are interspersed hypoattenuating areas. The affected portion measures at least 2.8 × 1.5 cm. The right pancreatic lobe is preserved and appear within normal limits.

There is a discrete enlargement of the adjacent lymph node. It measures 1.1 cm approximately.

The liver demonstrates homogeneous soft tissue attenuation and uniform contrast enhancement, with normal size and shape. The gallbladder, cystic duct, and common bile duct are within normal limits.

The spleen shows homogeneous soft tissue attenuation with uniform contrast enhancement and normal size and shape.

The gastrointestinal tract is normally distributed and shows normal luminal distension, with no evidence of mural thickening or mass effect.

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material, and the wall thickness is normal.

Both kidneys are normal in size, shape, contour, and attenuation on pre- and post-contrast images. The renal pelvises and ureters are within normal limits.

The urinary bladder is moderately distended with homogeneously hypoattenuating fluid content, and the wall thickness is normal.

The abdominal lymph nodes and adrenal glands are within normal limits.

The serosal fat exhibits normal attenuation, with no evidence of peritoneal effusion or peritonitis.



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The prostate is small and unremarkable.

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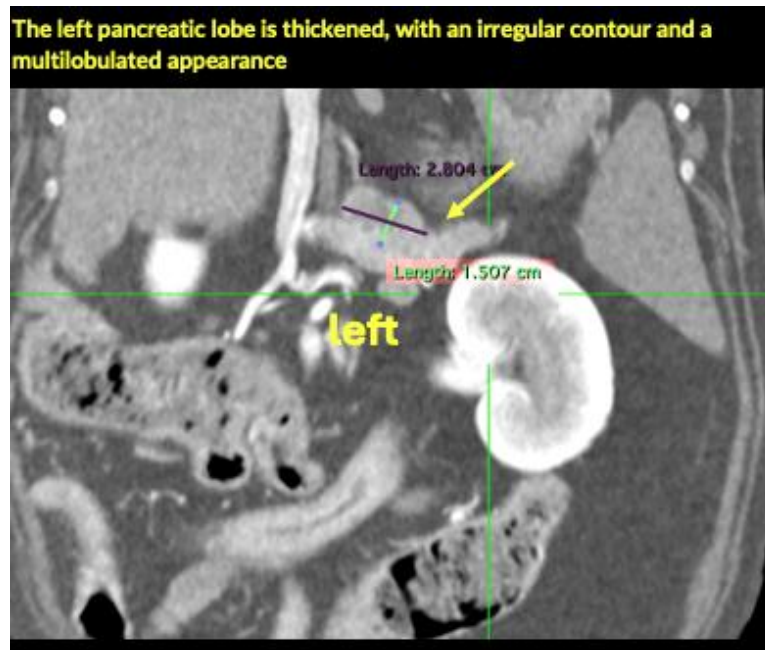
COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is focal enlargement and structural alteration of the left pancreatic lobe, characterized by irregular margins, a multilobulated contour, and interspersed hypoattenuating areas. Differential diagnoses include a focal pancreatic process, such as focal neoplasia (e.g., insulinoma - primarily, or others), less likely benign pancreatic nodular lesion.
- Discrete enlargement of the pancreatic adjacent lymph node, reactive or metastatic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings indicate a localized abnormality of the left pancreatic lobe. The primary differential diagnoses include a focal pancreatic process, such as focal neoplasia (e.g., insulinoma), particularly in light of the patient's history of hypoglycemia. However, pancreatic nodular hyperplasia or other types of pancreatic neoplasia cannot be excluded based on imaging findings alone

Correlation with the clinical findings, glycemic status, and serum pancreatic enzyme levels is recommended. As insulinoma is suspected, paired blood glucose and insulin measurements may aid in confirmation. Fine-needle aspiration may be considered if feasible, although access to the lesion may be challenging. Cytology and/or biopsy are required for a definitive diagnosis. Follow-up abdominal ultrasonography may help assess lesion progression.





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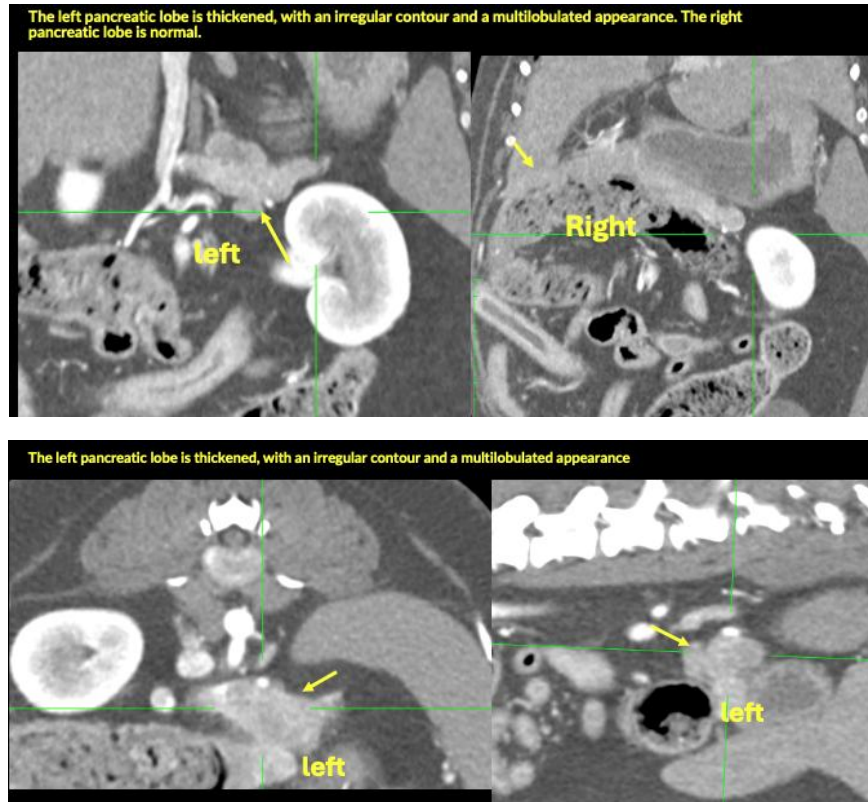
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com