



PATIENT	PRESENTING CLINICAL SIGNS
Frankie Salehi	Hypoglycemia and hyperinsulinemia - r/o insulin-secreting tumor [insulinoma] Shaking episodes - r/o clinical sign of hypoglycemia, neurologic disorder
SPECIES	Erratic mobility/lethargy - r/o clinical sign of hypoglycemia, osteoarthritis
Canine	Non-specific hepatosplenic changes on ultrasound [historical finding] - r/o metastatic disease, benign changes
BREED	COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN
Shih Tzu	A pre- and post-contrast CT study of the abdomen is provided for review totaling 6 series. Three pre-contrast series of the abdomen (soft tissue algorithm), Three post-contrast series of the abdomen (soft tissue algorithm).
SEX	COMPUTED TOMOGRAPHIC FINDINGS
Male Neutered	A questionable, very small hypoattenuating nodular focus is identified along the margin of the right pancreatic lobe, measuring approximately 4.5 mm, and only appreciable on MIP and dorsal reformatted images. This suspected focus is not consistently visible on the remaining image series, limiting definitive characterization. The remainder of the pancreatic parenchyma is within normal limits.
AGE	The liver is mildly enlarged, with regular margins, homogeneous soft tissue attenuation, and uniform contrast enhancement. The gallbladder, cystic duct, and common bile duct are within normal limits.
14Y	There are multiple bilateral renal cortical microcysts. The kidneys are otherwise normal in size, shape, and contour. The renal pelves and ureters are within normal limits.
WEIGHT	The urinary bladder is moderately distended with fluid and admixed contrast material. The urinary bladder wall is within normal thickness.
5.7kg	The spleen is normal in size and shape, with homogeneous attenuation and uniform contrast enhancement.
INTERPRETED BY	The gastrointestinal tract is normally positioned and distended, with no evidence of marked mural thickening or focal mass effect. The colon contains gas and fecal material, with normal wall thickness.
Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet	The abdominal lymph nodes and adrenal glands are within normal limits.
IMAGING PERFORMED BY	The mesenteric/serosal fat demonstrates normal attenuation. No peritoneal effusion or signs of peritonitis are identified.
AS/CC	The prostate is not included within the collimated field of view.
HOSPITAL NAME	Two elongated, moderately sized, homogeneous fat-attenuating subcutaneous masses are present along the right ventral abdominal wall, compatible with lipomatous masses.
Green Dog Dental and Wellness	A small focus of hyperattenuating mineral material is present within the vertebral canal at L3-L4, without evidence of spinal cord compression on this study.
REFERRING VET	Incidental bilateral elbow periarticular ossifications are noted within the included field of view.
Dr. Michael Geist	
INVOICE	
74532	
DATE	
4-8-26	



PATIENT

Frankie Salehi

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

14Y

WEIGHT

5.7kg

INTERPRETED BY

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DMV, MSc., Dr. Med
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AS/CC

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Questionable tiny hypoattenuating nodular focus (approximately 4.5 mm) at the margin of the right pancreatic lobe, visible only on MIP and dorsal reformatted images and not consistently identified on the remaining series. Differential diagnoses include small pancreatic nodule possible insulinoma, small nonspecific cystic parenchymal irregularity (focal ductal dilatation), volume averaging / reconstruction artifact.
- Mild hepatomegaly, with otherwise homogeneous enhancement and no discrete hepatic mass identified. Differential diagnoses include metabolic hepatopathy, mild vacuolar change, mild nonspecific hepatopathy.
- Multiple bilateral renal cortical microcysts, likely correlated with degenerative changes.
- Two right ventral abdominal subcutaneous fat-attenuating masses, most consistent with lipomas.
- Incidental small mineralized extradural focus at L3-L4 without CT evidence of compressive effect.
- Bilateral elbow osteoarthritis.

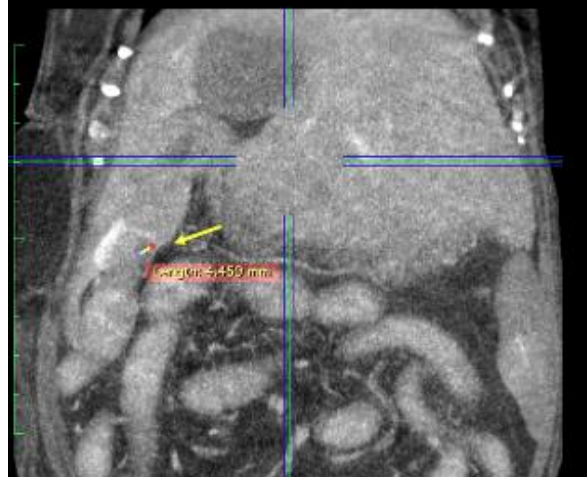
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A subtle, poorly conspicuous suspected pancreatic lesion is identified along the right pancreatic lobe. Given the clinical history of hypoglycemia and hyperinsulinemia, this finding is may be clinically relevant, and a small insulinoma cannot be excluded. However, because the lesion is only visible on limited reconstructions and not reproducibly identified on all series, this examination remains equivocal for definitive pancreatic nodule detection.

No CT evidence of regional abdominal lymphadenopathy or definitive metastatic abdominal disease is identified on the current study.

The mild hepatomegaly is nonspecific and may reflect a benign or metabolic process. No discrete splenic or hepatic metastatic lesions are seen on this examination.

Maximum intensity projection (MIP) image demonstrating a questionable tiny hypoattenuating nodular at the margin of the right pancreatic lobe.





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SPECIES

Canine

BREED

Shih Tzu

SEX

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AGE

14Y

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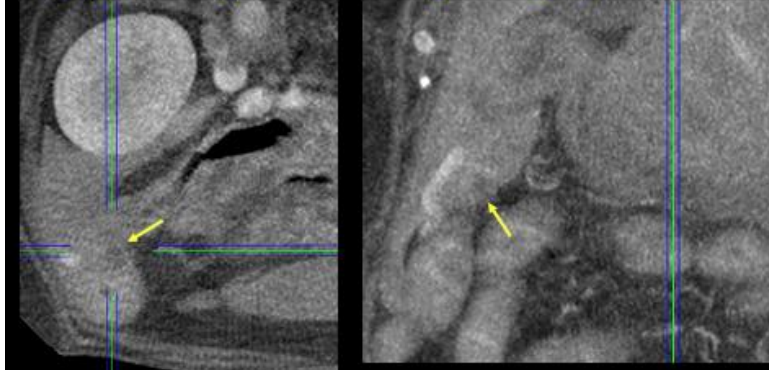
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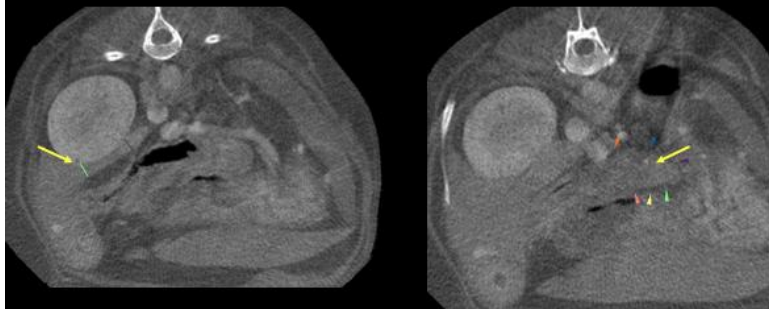
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Maximum intensity projection (MIP) image demonstrating a questionable tiny hypoattenuating nodular at the margin of the right pancreatic lobe.



The remainder of the pancreatic parenchyma is within normal limits.



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.

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