

Ultrasound Cases - Pancreas

Wendy Blount, DVM

Kooper



10 yr CM Miniature Schnauzer

- •CC: anorexia, vomiting and weight loss
 - –6 weeks duration

-No response to treatment with IV fluids, metoclopramide, antibiotics, mirtazapine

 Another similar episode 3 months ago responded well to same treatment

•Exam: BCS 4/9, temp 103.1°F, pain on palpation of the cranial abdomen, dehydrated 5%





•CBC: neutrophilia 17,300/ul

- •profile: albumin 2.1 g/dl, ALP 1105 U/L, ALT 984 U/L, bili 1.3 mg/dl, Ca⁺⁺ 7.9 mg/dl, serum is lipemic 3+
- •UA: proteinuria 2+
- •cPL: abnormal
- •Abdominal Ultrasound:



CBC:
profile
984 U/I
lipemic
UA: p
cPL: c
Abdor



۸LT Im is



CBC:
profil
984 U/
lipemic
UA:
CPL:
Abdo

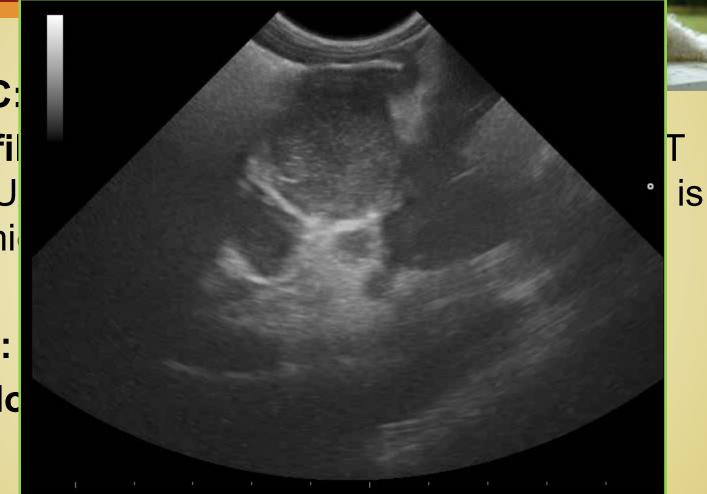


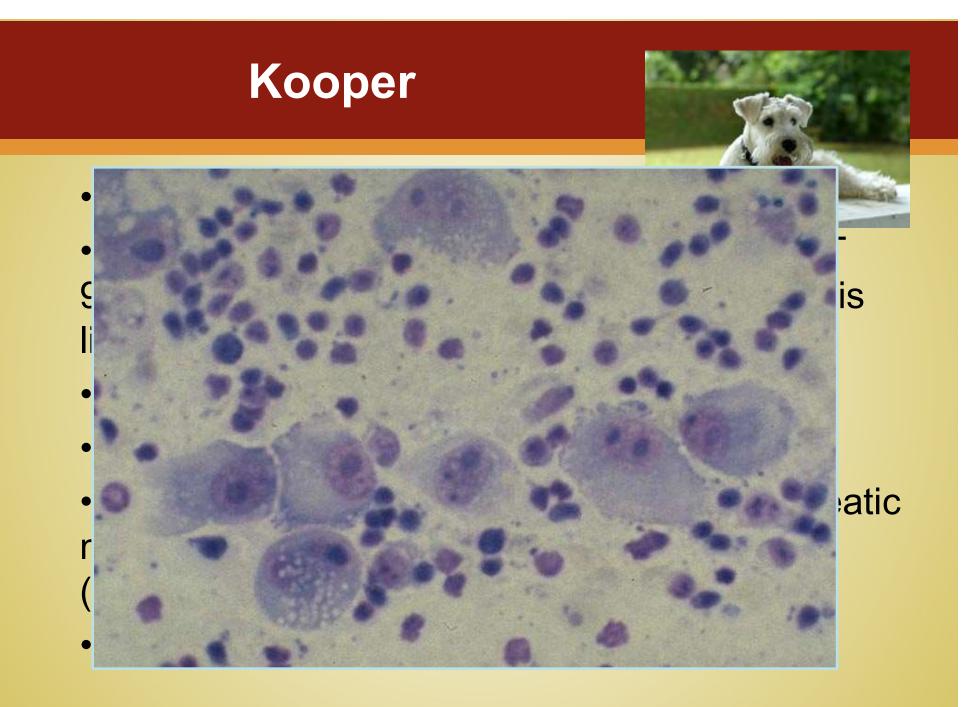






•CBC:
•profi
984 U
lipemi
•UA:
•CPL:
•Abdc









•CBC: neutrophilia 17,300/ul

•profile: albumin 2.1 g/dl, ALP 1105 U/L, ALT 984 U/L, bili 1.3 mg/dl, Ca⁺⁺ 7.9 mg/dl, serum is lipemic 3+

- •UA: proteinuria 2+
- •cPL: abnormal

•Abdominal Ultrasound: pancreatitis, pancreatic masses, stomach 1-2 contractions per minute (hypomotile)

•FNA: carcinoma, presumed pancreatic

•Outcome: Kooper euthanized 3 weeks later

Lessons from Kooper



Pancreatic carcinoma often

presents as pancreatitis unresponsive to therapy

- Ultrasound at the onset of treatment for pancreatic is advisable
 - evaluates for disease that might confound successful treatment, including pancreatic cancer
- Prognosis for pancreatic carcinoma is dismal

GI Hypomotility

- Bowel obstruction
- Gastric ulcers
- Severe pancreatitis
- Inflammatory bowel disease
- Gl neoplasia
- Peritonitis
- Post-operative ileus (abdominal surgery)
 Most common cause of hypermotility is acute GI obstruction (FB, neoplasia, mass)

8 yr old SF Mixed Dog - ADR

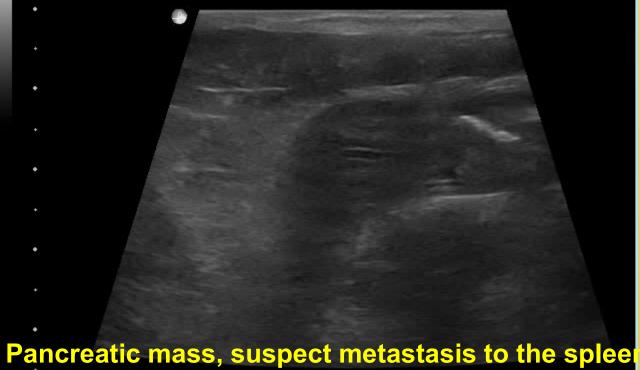
Target Lesions in the Spleen glimpse of another deeper mass

8 yr old SF Mixed Dog - ADR





8 yr old SF Mixed Dog - ADR



8 yr old SF Mixed Dog - ADR







10 yr SF Lab Ret

- Hx: moved to TX last year, dog has trouble with blood sugar and was diagnosed with insulinoma 2 yrs ago. Right now, doing well on 5 meals a day and 5mg pred daily
- New TexasVet doesn't think Jessie has insulinoma, because she would be dead by now. When they try to wean off prednisone, she crashes (glu 30-40)

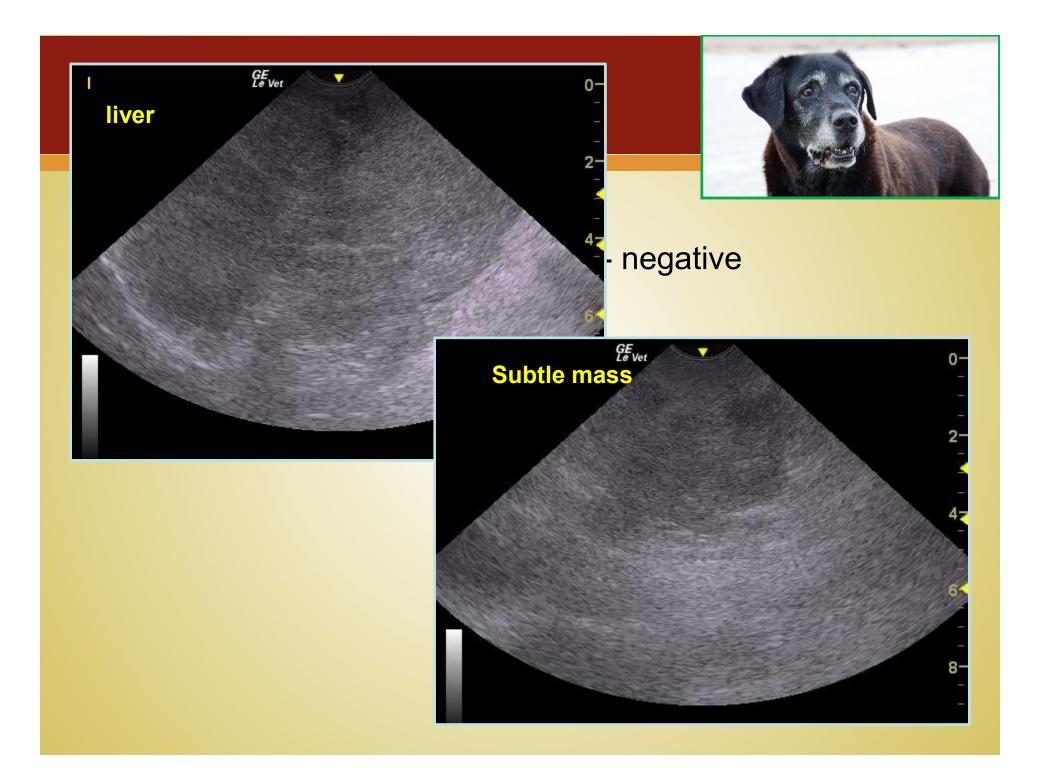
DDx: long term episodic hypoglycemia

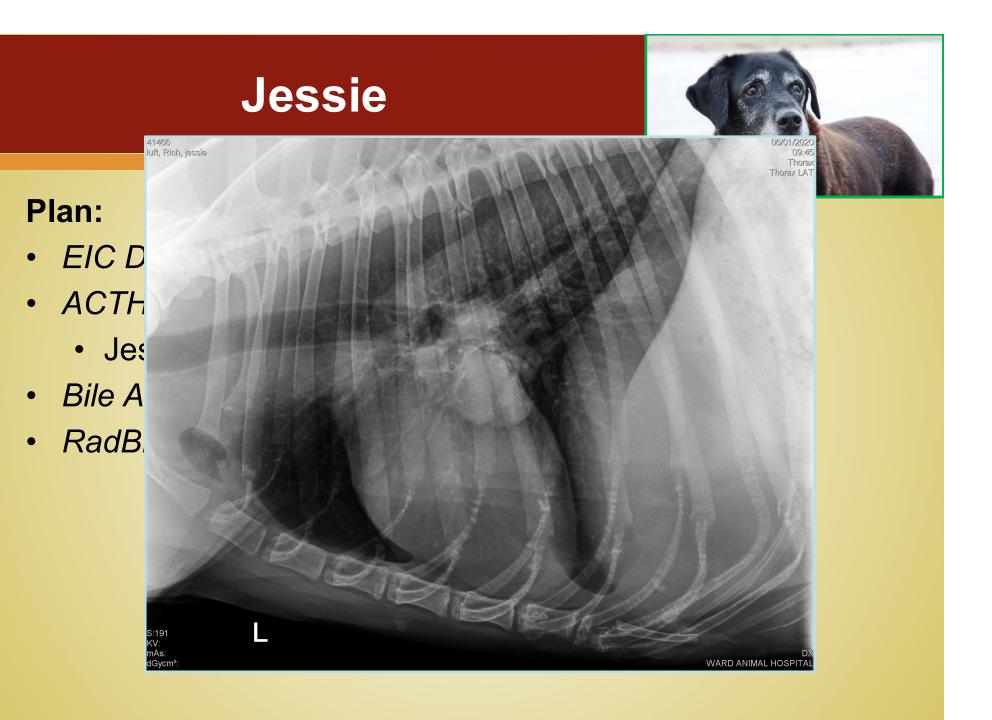
- Exercise induce collapse of Lab Ret (EIC)
- Atypical Hypoadrenocorticism
- Severe liver disease
- Insulinoma, hepatic tumor or other neoplasia



Plan:

- EIC DNA test at <u>www.vetgen.com</u> negative
- ACTH stim baseline 0.6, post 5.1
 - Jessie had prednisone the day before
- *Bile Acids* fasting 3, post prandial 6
- RadBLUE®, Abd US -





R

41466 luft, Rich, jessie



WARD ANIMAL HOSPITA

Plan:

- EIC DNA t
- ACTH stin
 - Jessie
- Bile Acids
- RadBLUE

41466 luft, Rich, jessie

Plan:

- EIC DNA test :
- ACTH stim b
 - Jessie had
- Bile Acids fa
- RadBLUE®, A



ancreas

ARD ANIMAL HOSPITA



Plan:

- EIC DNA
- ACTH sti
 - Jessie
- Bile Acid:
- RadBLUI
- FNA lung



Plan:

- EIC DNA test at <u>www.vetgen.com</u> negative
- ACTH stim baseline 0.6, post 5.1
 - Jessie had prednisone the day before
- *Bile Acids* fasting 3, post prandial 6
- RadBLUE®, Abd US no abnormalities in pancreas
- FNA lung mass neuroendocrine cells presumed insulinoma
- CBC, panel: glucose 62
- Could confirm with simultaneous insulin and glucose, but not need



•PowerPoints -Pancreas Ultrasound Cases

.pdf of PowerPoint -<u>Pancreas Ultrasound Cases</u>

Acknowledgements

Eastex Vet Clinic - Nacogdoches TX - Kooper

Southwood Drive Animal Clinic - Lufkin TX - Goldie