

# **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<sup>++</sup> 7.9 mg/dl, serum is lipemic 3+
- •UA: proteinuria 2+
- •cPL: abnormal
- •Abdominal Ultrasound:



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profile
984 U/I
lipemic
UA: p
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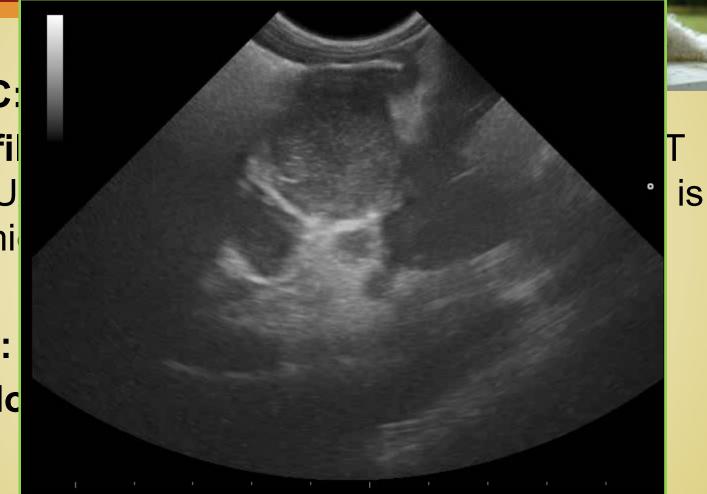


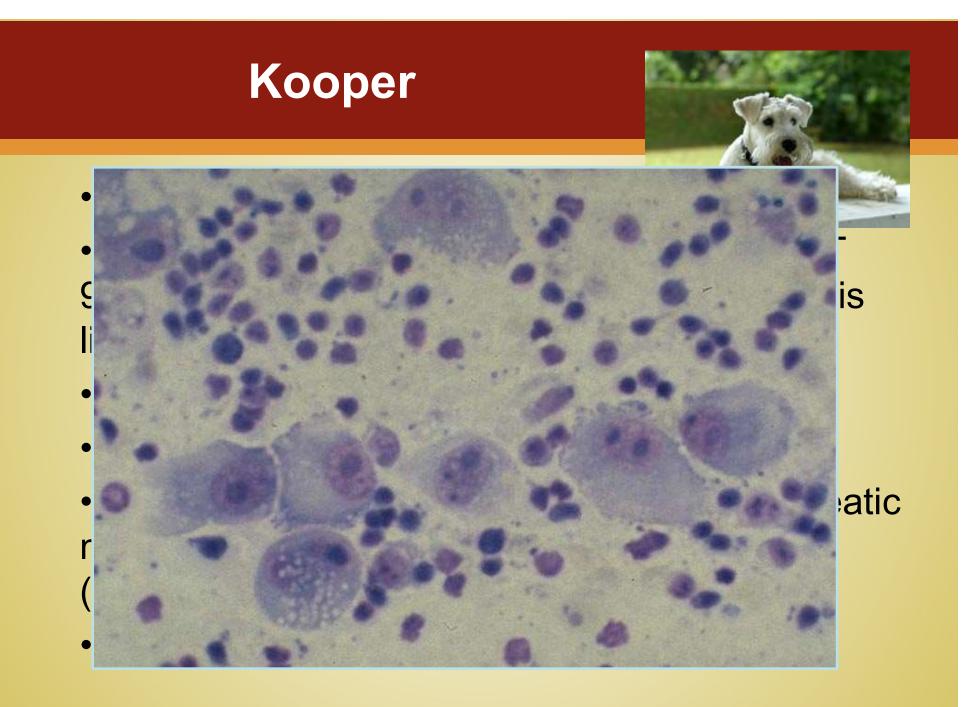






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- •UA: proteinuria 2+
- •cPL: abnormal

•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

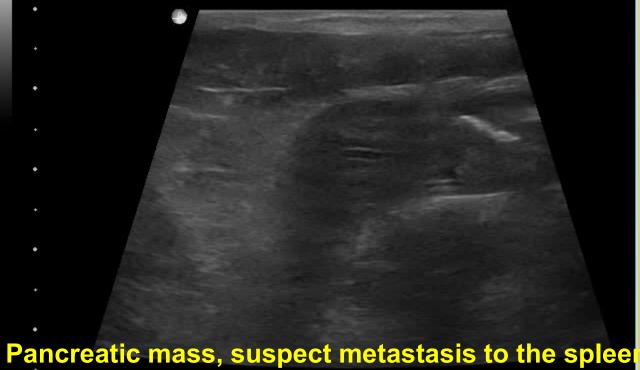
Target Lesions in the Spleen glimpse of another deeper mass

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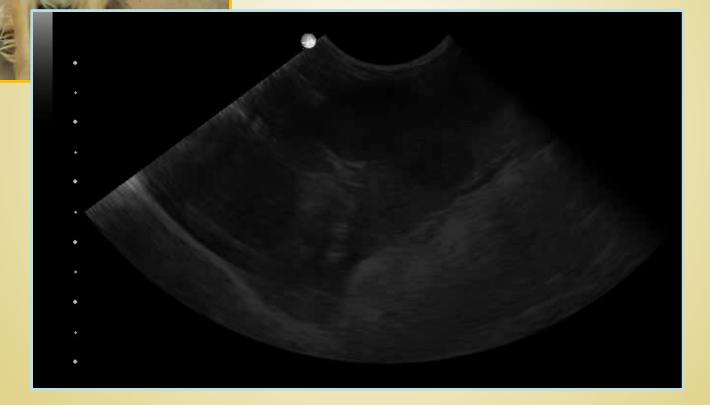




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### **10 yr SF Lab Ret**

- 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)

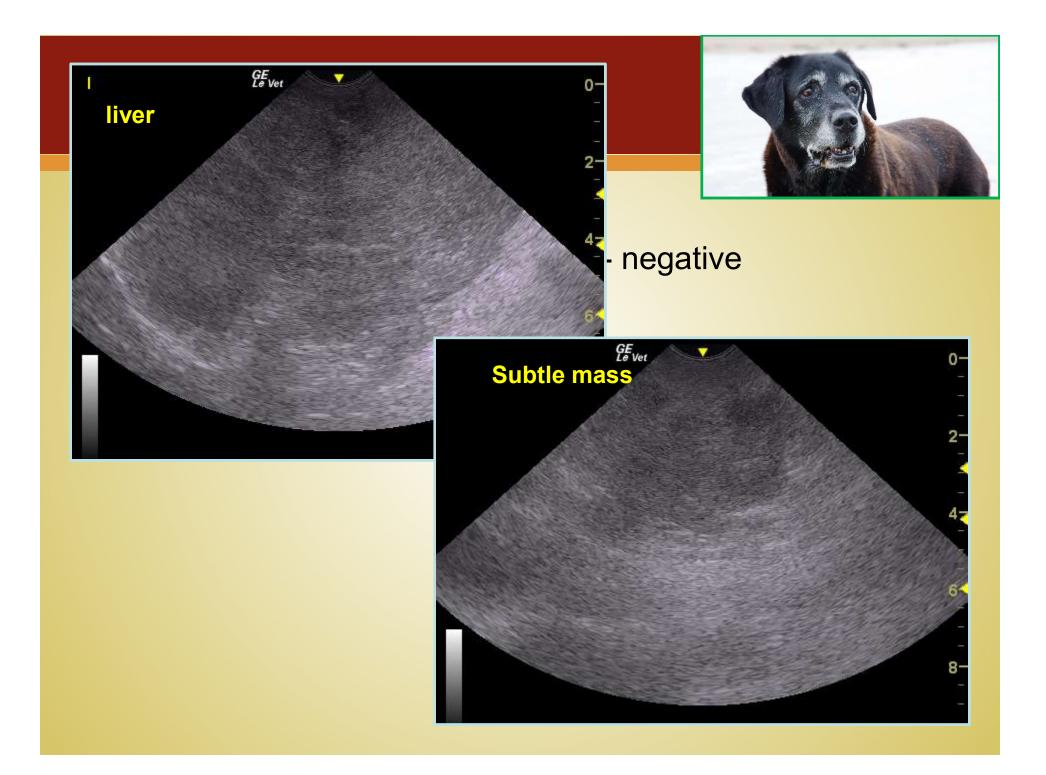
### DDx: long term episodic hypoglycemia

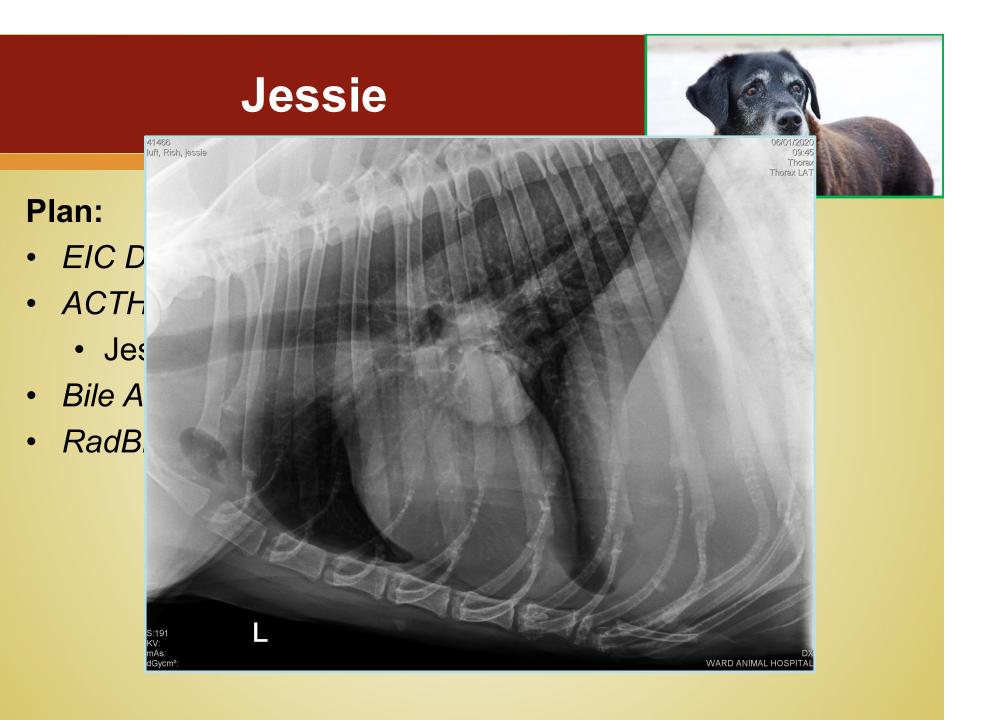
- Exercise induce collapse of Lab Ret (EIC)
- Atypical Hypoadrenocorticism
- Severe liver disease
- Insulinoma, hepatic tumor or other neoplasia



### 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 -





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41466 luft, Rich, jessie



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- ACTH stin
  - Jessie
- Bile Acids
- RadBLUE

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- 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