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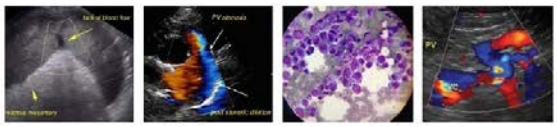

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Chance Haselmayer

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered Male

AGE

12 Years

WEIGHT

7.3 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Simcoe Animal Hospital

REFERRING VET

Dr. Lancashire

INVOICE

45398

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Seen at Queensway vet Jan 23 for respiratory distress. Grade 3 dental disease. Grade 4-5/6 systolic heart murmur (quieter on the right side) previously diagnosed at Simcoe vet in 2020. VHS 9.4. Pulmonary congestion/edema vs. pleural effusion mild. Sent home with Furosemide 20mg BID and already on Pimobendan 2mg BID. Jan 18, 23 seen for recheck here at Simcoe AH and was still coughing and owner feels very anxious. Not eating well. Could not elicit cough in exam room except with deep tracheal palpation. History of anxiety during storms etc and owner will give Alprazolam before these anticipated events. Tense for abdominal palpation and spine seems sore on palpation as well. Owner feels resps have improved on Furosemide with no crackles heard. Started Clavaseptin due to severe dental disease. Also started Fluoxetine for anxiety. Feb 14th recheck no improvement, poor appetite, mouth looks better still sore on abdominal palpation, lungs sound clear. Weight loss of 0.5kg in one month. Owner consents to ultrasound and echo.

Abnormal PE/Chem/CBC/UA Results: BP - 109/90 MAP 95 HR 124, 117/129 MAP 145 HR 115, 160/124 MAP 128 HR 126

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The right kidney measures 4.62 cm. The left kidney measures 4.62 cm.

Adrenal Glands

Adrenal glands are plump/swollen in size. Normal shape and contour are maintained without evidence of capsular invasion. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal. The right adrenal gland measures 1.92 cm long x 1.03 cm at the cranial pole and 0.60 cm at the caudal pole. The left adrenal gland measures 2.64 cm long x 0.84 cm at the cranial pole and 1.09 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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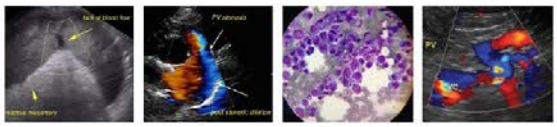

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Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

PRIMARY FINDINGS

- **Bilateral adrenomegaly –** consistent with adrenal hyperplasia secondary to pituitary dependent hyperadrenocorticism vs stress or normal variant. Interpret in combination with clinical signs of hyperadrenocorticism.

SECONDARY FINDINGS

- Age related kidney change

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not an ultrasonographically visible abdominal explanation for this patient's decreased appetite. Therefore, further investigation (as is reportedly planned) of suspected cardiac disease, dental disease, +/- concurrent spinal pain is recommended.

Additionally, if not recently evaluated, a general metabolic health screen including CBC/Chem panel, electrolytes, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.

While the bilateral adrenomegaly may be suggestive of hyperadrenocorticism, hyperadrenocorticism does not typically result in decreased appetite and should not be further evaluated in the face of concurrent illness due to the risk for false positives. The one exception of this is in cases of pituitary macroadenoma. If a diagnosis if not obtained elsewhere to explain the decreased appetite, advanced imaging of the pituitary gland could be considered.

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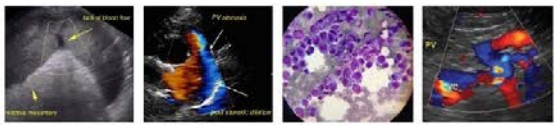

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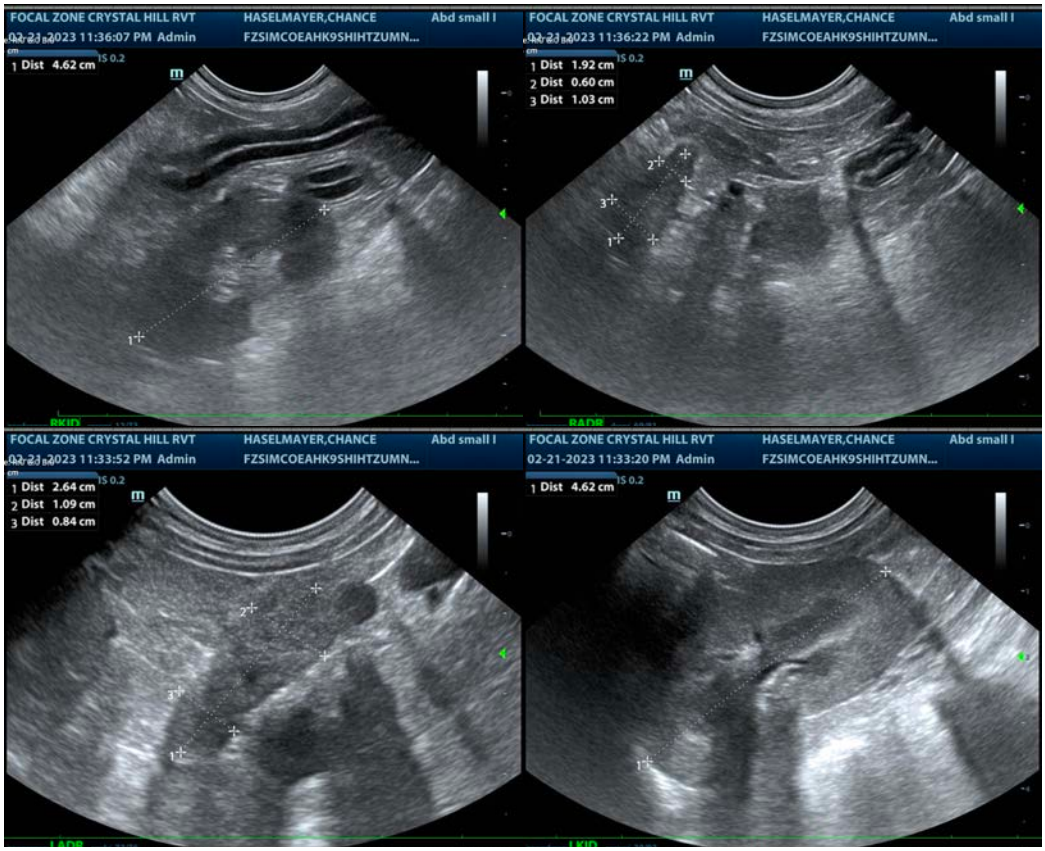

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com