

**DATE PRESENTING CLINICAL SIGNS**

10/19/21

Cushing's Disease, & Not Eating.

PATIENT

Albie Presley

History: Date: 10-18-2021 Notes: Had run out of Vetoryl and missed 5 days; started back up last week on Friday and his appetite started decreasing that evening; originally not eating treats well but by yesterday wasn't eating his food either. Did eat some milk bone treats last night but vomited overnight. Has history of acid reflux; owner gave 10 mg Famotidine last night and this morning.

SPECIES

Canine

Current Medications: Gabapentin Capsules 300mg, Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL)

BREED

Beagle

Lab Results: BUN 50, Crea 4.1, total protein 8.5, glob 5.6, USG 1.008

Radiographs: Abdomen 2 View- No evidence of GI obstruction or abnormal gas patterns; no abdominal masses noted.

SEX

Neutered Male

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

2011

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Iliac lymph nodes were mildly enlarged.

WEIGHT

53.8 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 7.15 cm with slight pyelectasia noted. The right kidney measured 6.44 cm. Mineralization noted in both kidneys.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.73 cm x 1.13 cm at the caudal pole and 0.89 cm at the cranial pole.

REFERRING VET

Dr. Martinoli

Spleen

The **spleen** was mildly enlarged with micronodular changes. The nodular changes were void of color flow signals, and possibly related to infarcts.

INVOICE

26373

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease

processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. Hepatic lymph nodes were also enlarged at 2.83 cm x 1.3 cm.

Gastrointestinal

The **stomach** in this patient presented concentric thickening with wall thickness up to 1.5 cm and loss of structural detail. An enlarged, hypoechoic, rounded epigastric lymph node was noted, measuring 1.34 cm x 0.86 cm. The pylorus was also mildly thickened without loss of detail.

Pancreas

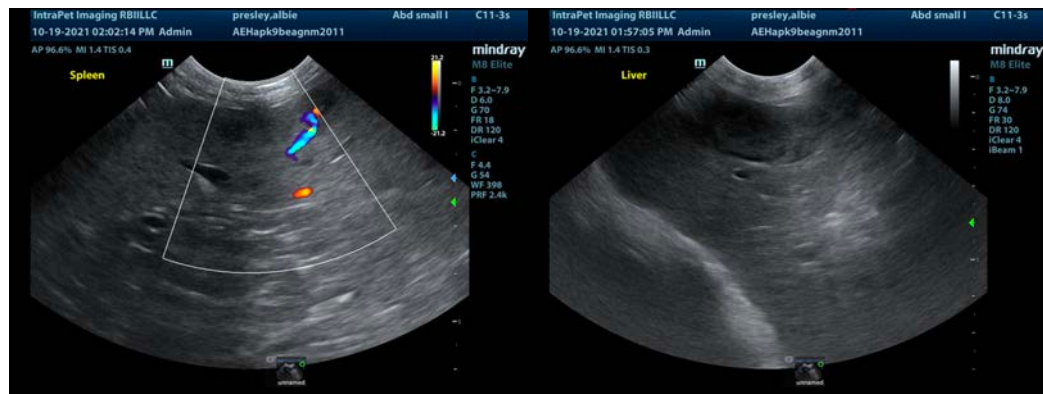
Mild inflammatory pattern noted around the **pancreas**. However, this is secondary to the gastric and lymphatic presentation.

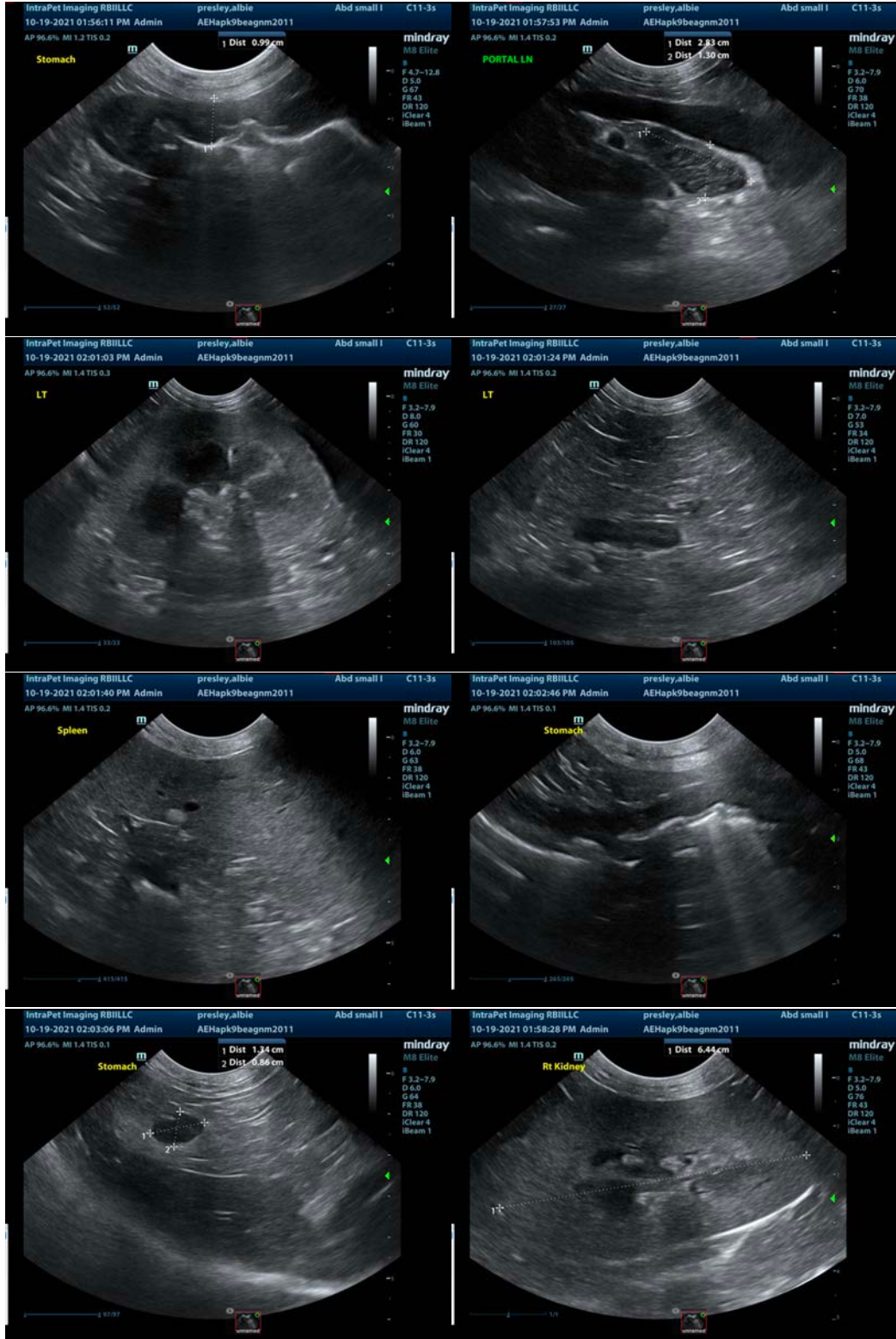
ULTRASONOGRAPHIC FINDINGS

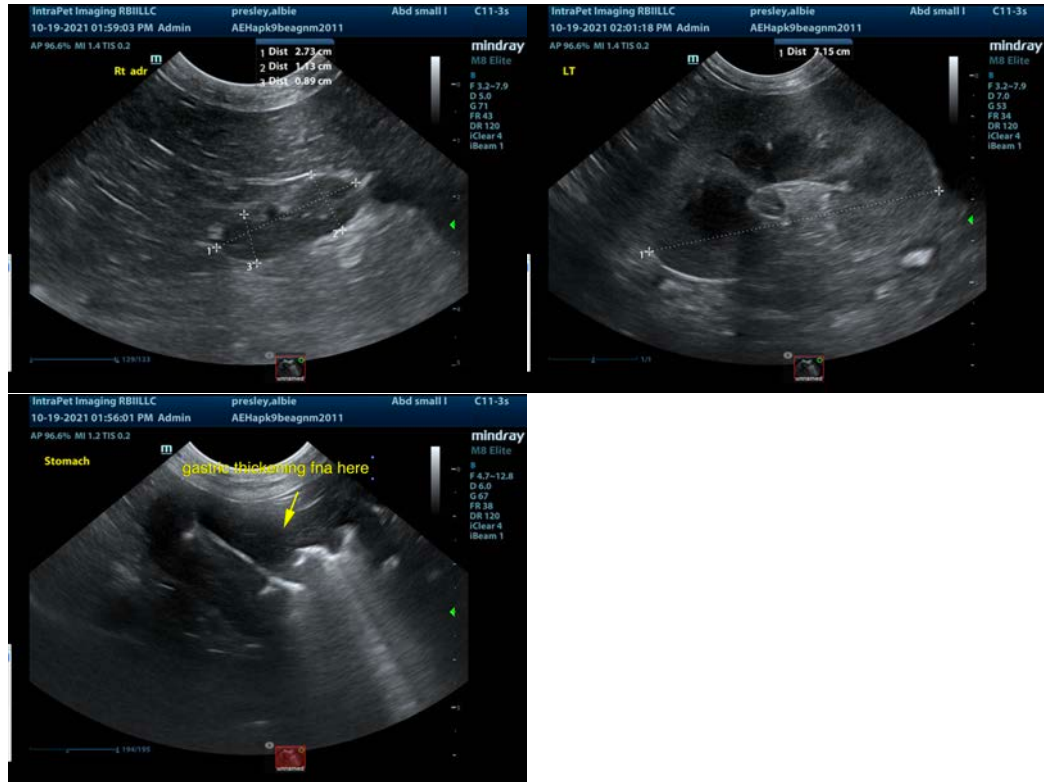
- Concentric gastric wall thickening with loss of detail
- Iliac, epigastric and hepatic lymphadenopathy
- Vacular hepatopathy pattern
- Micronodular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend gastric and hepatic FNA to assess for round cell neoplasia. FNA of any accessible lymph node also warranted. FNA of the spleen warranted, strong concern for round cell neoplasia. Sampling is essential in this patient. Very guarded prognosis.







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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