



PATIENT PRESENTING CLINICAL SIGNS

Phoenix Jewell

History: History of Cushing's disease managed with Vetoryl. Recently hospitalized at ER for pancreatitis - patient had elevated new elevated renal values. Patient discharged after a few days. Has been losing weight, hyporexic, and now has mucopurulent nasal discharge
Abnormal PE/Chem/CBC/UA Results: CBC - Leukocytosis w/ significant neutrophilia (25), anemia (non-regenerative, normocytic, hypochromic) - this is new since last week CHEM - azotemia (creatinine 4.0), hyperphosphatemia (18.6), hypocalcemia (6.9), elevated amylase/lipase

SPECIES

Canine

BREED

Bichon Frise

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

12 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted in the kidneys. The right kidney measured 4.7 cm. The left kidney measured 4.45 cm.

WEIGHT

8.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was 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 left adrenal gland measured 0.86 cm. The right adrenal gland measured 0.86 cm.

IMAGING PERFORMED BY

Dr. Gunther

HOSPITAL NAME

New Frontier Animal
Medical Center

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

REFERRING VET

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Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

5/24/22



PATIENT

Gastrointestinal

Phoenix Jewell

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small intestine demonstrated normal luminal chyme. Minor prominent colonic wall was noted. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

Bichon Frise

Heterogenous right pancreatic changes were noted and enveloped the upper duodenum. Prior history of pancreatitis or low-grade chronic active pancreatitis is suspected in a region of 2.0 x 2.0 cm at the right pancreatic base.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

12 years

Bilateral adrenal hypertrophy with biliary sludge and calculi, not to the level of mucocele.

Pancreatic fibrosis. Smoldering low grade inflammation may be an issue.

WEIGHT

8.1 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Preventative treatment with Ursodiol is warranted. Management for pituitary dependent hyperadrenocorticism is warranted if all parameters are present. Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. The cause of weight loss is unclear. Low-grade GI disease may be playing a role. Treatment for low-grade gastroenteritis and pancreatitis is indicated. There was no evidence of neoplasia. Pre renal and renal component may be playing a role in this patient. 72-hour IV fluid support, GI protectants, broad spectrum antibiotics and blood pressure measurements are all indicated followed by reassessment of the clinical profile. CBC path review is warranted.

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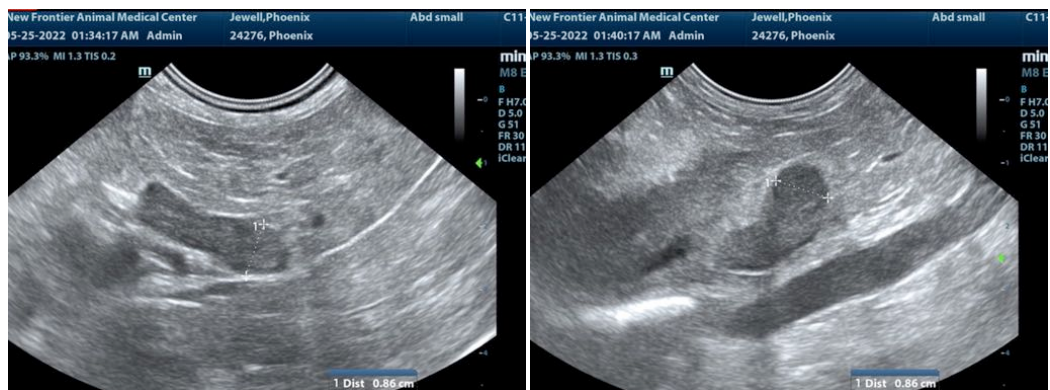
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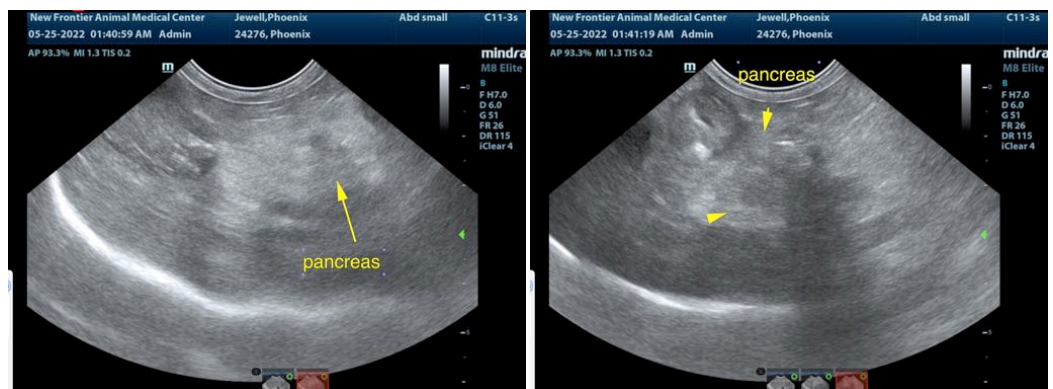
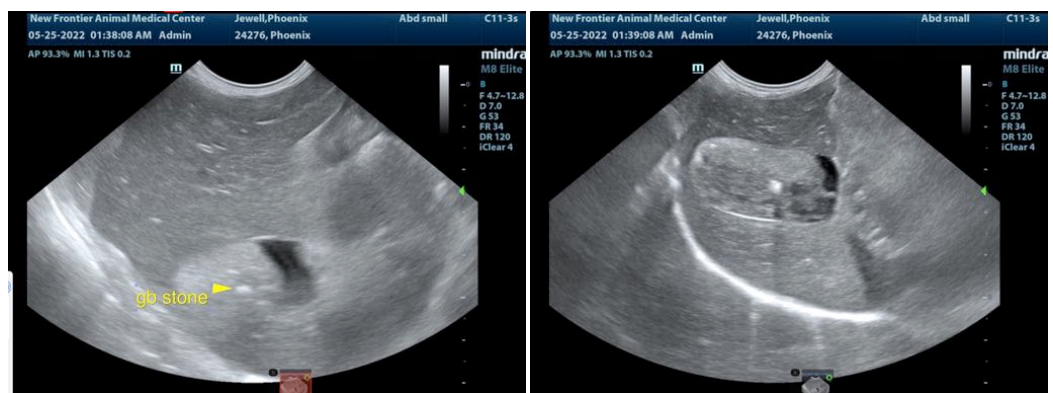
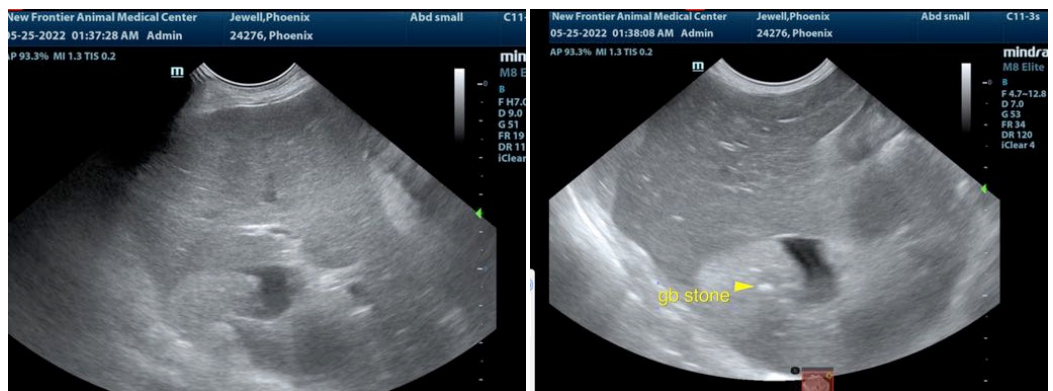
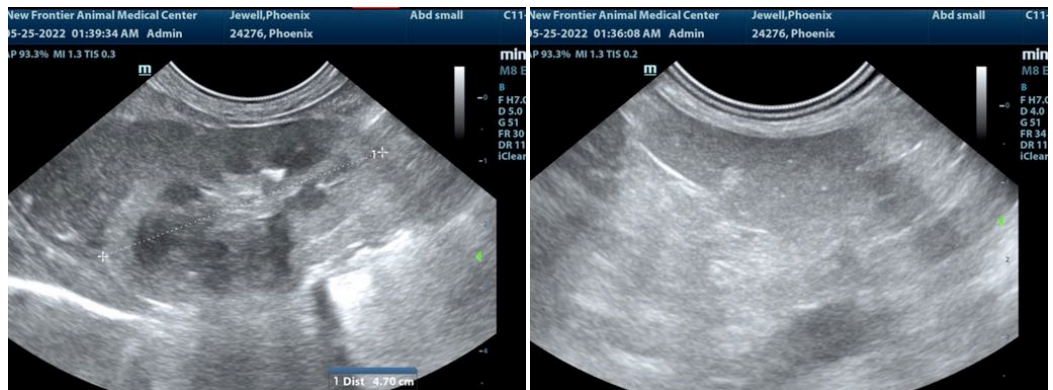
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PATIENT

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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.

SPECIES

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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.

BREED

Bichon Frise

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SEX

Spayed Female

AGE

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WEIGHT

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