

**DATE**

6/6/22

PRESENTING CLINICAL SIGNS

P presented for acute blindness as well as weight loss and lethargy.

PATIENT

Coco Green

PE: QAR, blind OU (pigmentary keratitis, KCS). BCS 4/9 with generalized decreased m. mass - losing weight per O. AFAST scan - round, mixed echoic structure cranial abdomen - concern for neoplasia. bloodwork - mild hypoglycemia (62), p had not eaten for about 12 hours (O did not feed this morning, but has a good appetite per O) severe dermatitis on chest

SPECIES

Canine

Current Medications: 100mg Cefpodoxime (1/2 tab PO SID)
 Flurbiprofen eye drops, Optimune, Artificial tears *All started on 06/02/2022

BREED

Shih Tzu

Lab Results: Hypoglycemia (62).
 Radiographs: No signs of pulmonary mets on chest rads.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

SEX

Spayed Female

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

7/19/2011

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.

WEIGHT

9.63 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 and no evidence of pelvic dilation was present. Slight nonobstructive mineralization noted. The right kidney measured 3.8 cm. The left kidney measured 3.8 cm

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **right adrenal** revealed an expansive nodule (1.37 cm x 1.16 cm) at the cranial pole. The right adrenal gland measured 1.34 cm at the cranial pole and 0.46 cm at the caudal pole x 1.94 cm in length.

HOSPITAL NAME

Everhart VH

A **left adrenal** nodule was noted, expanding to 0.97 cm x 0.81 cm. The left adrenal gland itself measured 2.07 cm in length and 0.35 cm caudally.

REFERRING VET

Dr. Delfavero

Capsular expansion without capsular escape was noted in both adrenal glands. No evidence of vascular invasion.

INVOICE

15914

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** itself was unremarkable. The colonic wall was mildly thickened in this patient with no loss of curvilinear detail.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

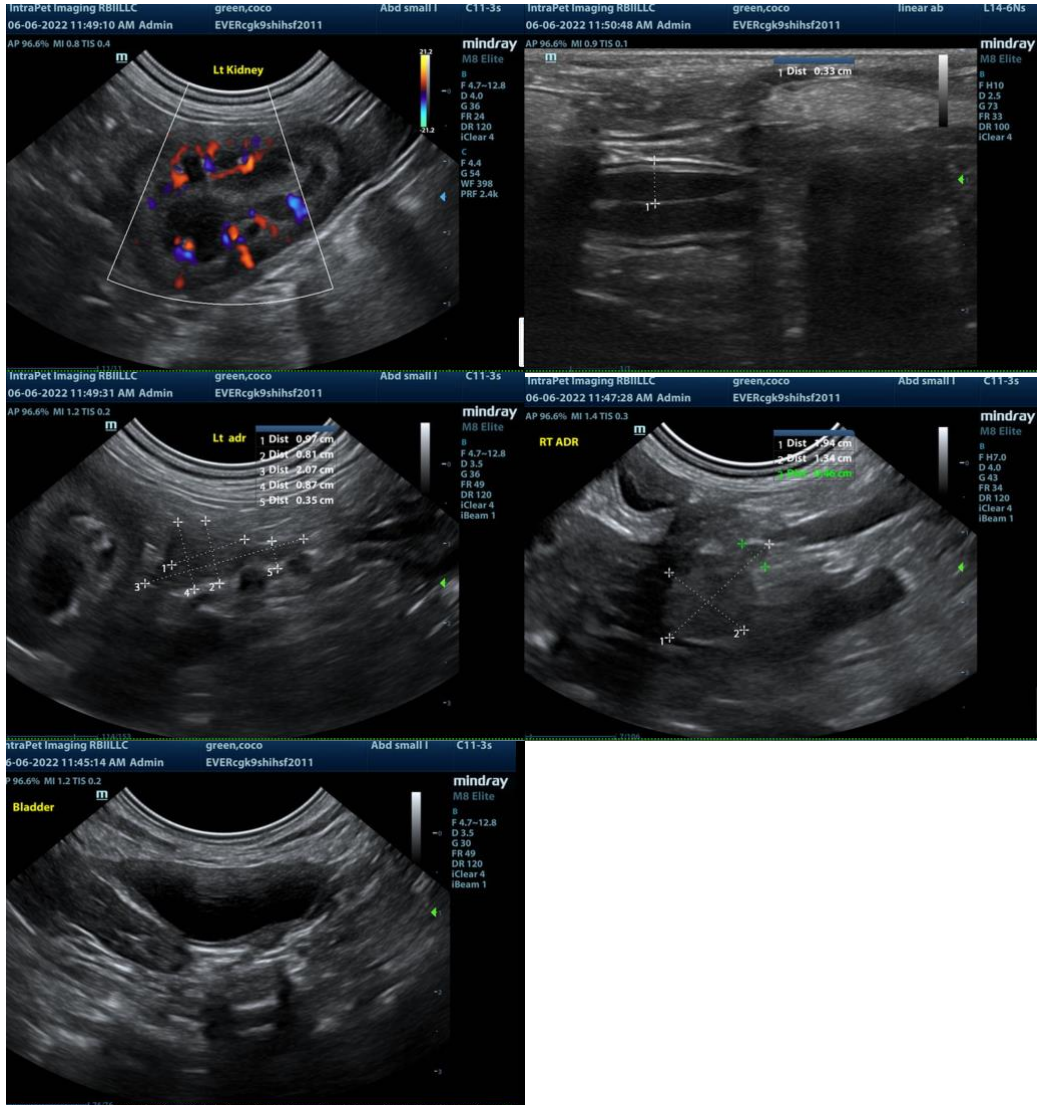
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal nodules, likely adenomas
- Colonic wall was mildly thickened
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Serial blood pressures warranted. If hypertension is an issue, then a urine catecholamine is indicated. If the patient appears Cushingoid and urine spec grav is <1.020 , then work up for Cushing's is indicated. Either adrenal dependent or PDH could be considered, if the patient appears Cushingoid. The cause of weight loss is not evident. Hypertension should be ruled out given the acute blindness, may be related to adrenal pathology. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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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