


PATIENT PRESENTING CLINICAL SIGNS

Mishka Murphy History: Diagnosed as diabetic Jan 2023, was controlled with Caninsulin until about 2 months ago. Switched to Lantus but no improvement. Blind (mature cataracts) and deaf. Submandibular lymph nodes are enlarged and firm rest of LNs ok. Grade 4/6 left systolic heart murmur. BCS 3/5, full haircoat, abdomen soft but a bit gassy.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Please see attached rads and bloodwork.

BREED

Shih Tzu X

SEX

Female Spayed

AGE

13 years

WEIGHT

9.7 kg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The urinary bladder was normal in size and shape. The serosal and mucosal surfaces were smooth and curvilinear. The bladder wall was normal in thickness for the volume of urine present. The urine was anechoic with no visible sediment or uroliths. The ureters were not visible, which is normal. The trigone was normal. The pelvic urethra was visualized to a depth of 2.00 cm and was normal in thickness and tone.

Both kidneys were of a normal size, shape, and position. The capsule was mildly irregular with no capsular expansion. There was mild to moderate increase in cortical echotexture. A slightly asymmetrical 1:3 cortex to medulla ratio was present, with a mild loss of corticomedullary distinction. These changes are largely as expected for the age of the patient. The renal pelvis was dilated with anechoic urine. There was no visible peri-pelvic inflammation. The proximal ureter was not visibly dilated. The pelvic dilation in the right kidney measured 2.00 mm. The left kidney measured 4.5 cm in length. The right kidney measured 4.9 cm in length.

The iliac trifurcation was visualized and evaluated with color doppler. There was normal vascular perfusion with no evidence of thrombus formation. There was no iliac lymphadenopathy.

INTERPRETED BY

Karen Ebersole, DVM,
 DABVP (Canine and
 Feline)

IMAGING PERFORMED BY

Crystal Hill

Adrenal Glands

The left adrenal gland was enlarged with an irregular shape and capsule contour. There was a mass deriving from the cranial pole that measured 2.2 cm by 3 cm. The parenchyma was hypoechoic with possible pinpoint mineralizations. The borders of the mass were irregular. The caudal pole of the left adrenal gland measured 1 cm in width. The entire gland measured 2.8 cm in length.

The right adrenal gland was normal in shape size and capsule contour (measuring 14 mm at the cranial pole / 7.00 mm at the caudal pole).

Spleen

The spleen was normal in size, shape, and position. There was a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease.

HOSPITAL NAME

Queensway AH

REFERRING VET

Moore

Liver/Gallbladder

The liver was subjectively normal in size with mildly irregular capsule contour. The hepatic parenchyma was mildly heterogenous with moderate coarse echotexture. The parenchymal changes are subjectively benign remodeling and likely represent an aging change. The hepatic vasculature was normal in volume and structure. The gall bladder was normal in size with moderate non-mineralized sludge. The cystic and common bile ducts were normal with no evidence of obstruction or inflammation.

INVOICE

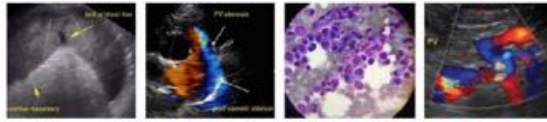
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DATE

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Gastrointestinal

The stomach was largely empty with normal size shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. Normal peristalsis was present. The visible colon wall was normal in thickness and layering, there were no visible masses or focal lesions.



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Pancreas

The pancreas was prominent with variably sized sections that were hypoechoic. The left limb of the pancreas at the caudal pole was pronounced and hypoechoic with a possible mineralization centrally. This could represent focal pancreatitis previously, or a nodule or mass.

Free Abdomen

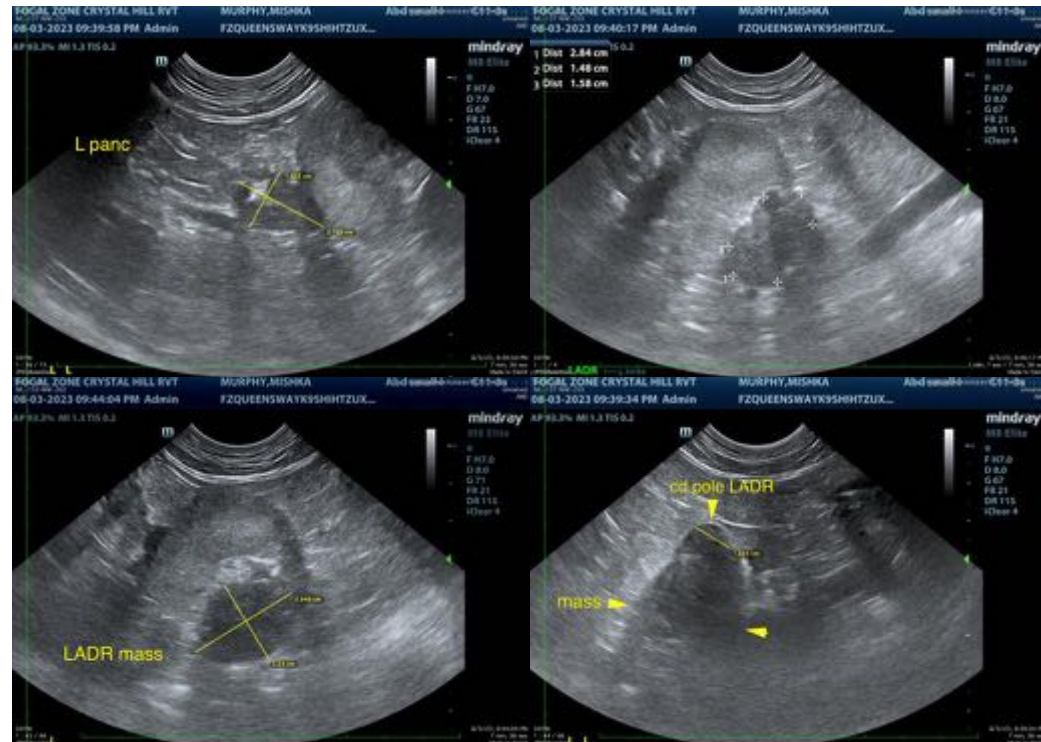
FINDINGS

- Left adrenal mass deriving from the cranial pole. Normal right adrenal.
- Kidney aging changes with mild pyelectasia
- Focal pancreatic nodule or inflammation caudal left limb
- Heterogenous liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left adrenal mass is likely contributing to the unregulated diabetic state. The left adrenal mass could represent an adenoma, adenocarcinoma, or pheochromocytoma. This may be a functional mass, which is causing Cushing's disease or a nonfunctional mass, such as adenocarcinoma.

Blood pressure measurement is indicated, and if elevated, then urine catecholamines to check for a pheochromocytoma. If clinical signs and lab-work are supportive of Cushing's disease, a low-dose dexamethasone suppression test could be run. A CT could be done to evaluate for surgical resectability of the mass.





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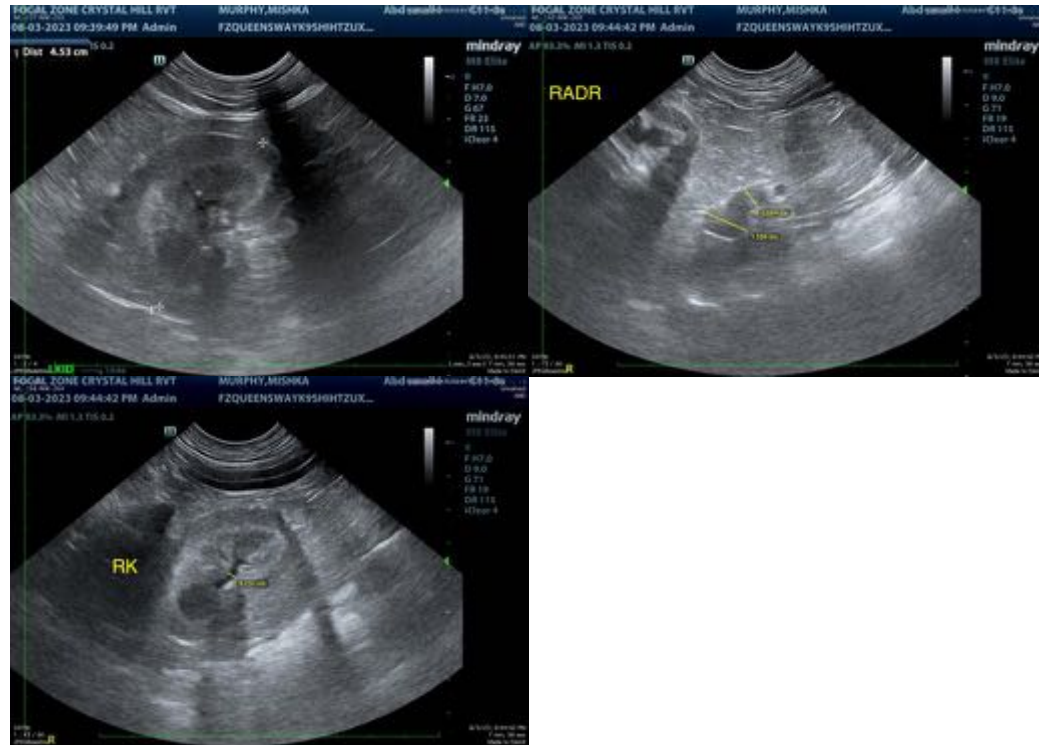
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com