

PATIENT PRESENTING CLINICAL SIGNS

Molly Iglesias

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

8yr

Diagnosed w/ Cushing's last year - Cortisol - Pre ACTH - 6.0ug/dL; Post ACTH - 6.8ug/dL. Was on Vetaryl 30 mg SID (trilostane) - Pot Bellied appearance, alopecia patches bilateral shoulder blades, lateral neck, cranial thorax, and dorsal hips, bilateral caudal legs, entire tail appears as a rat tail, voracious appetite - Endocrine-Immune test (attached) showed cortisol is still high on trilostane, not being controlled - we stopped trilostane and started low dose cortisol therapy (Plechner Protocol) with injectable DepoMedrol at 0.25 mg/kg - symptoms worsened (pu/pd, lethargic), showing the cortisol therapy was also not successful in controlling cortisol. Current Medications Thyrokare 0.2mg BID, DepoMedrol inj. on 9/7 at 0.5 mg/kg Primary Question/Differential to Be Answered in This Exam Irregularities/possible adrenal tumor, or if it is pituitary

Abnormal PE/Chem/CBC/UA Results: Pre ACTH - 3.8 ug/dL; Post ACTH 9.4 ug/dL (done on 7/28/21) Pre ACTH - 3.1 ug/dL; Post ACTH - 8.6 ug/dL (done on 8/21/21) Pre ACTH - 7.5 ug/dL; Post ACTH - 5.6 ug/dL (Done on 3/27/22) BW done 7/25/22 - High ALT (196), High ALP (508), High GGT (24), High RBC (9.41), High HGB (22.1), High HCT (62.5), high platelets (512) Endocrine Immune Panel - High adrenal estrogen (25.13), high cortisol (2.65), low normal T3 (109.14), low normal T4 (2.35), low Ig's (IgA - 57)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT

13.86lb

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Balanced Veterinary
Care

REFERRING VET

Dr. Wright

INVOICE

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DATE

09/09/2022

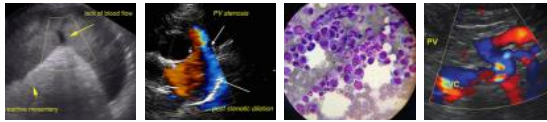
Adrenal Glands

Bilateral symmetrical adrenal gland enlargement with mildly non-homogeneous non-mineralized parenchyma was present. The left adrenal gland measured 0.74 cm width at the caudal pole and 2.6 cm length. The right adrenal gland measured 0.94 cm width at the caudal pole and 2.9 cm length.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver



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The liver presented enlarged in size. The parenchyma of the liver exhibited mild increased echogenicity. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

WEIGHT

13.86lb

The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral prominent to enlarged adrenal glands-consistent with pituitary dependent hyperadrenocorticism
- Gastric ingesta
- Benign hepatopathy-consistent with probable steroid/vacuolar/metabolic hepatopathy
- Chronic pancreatitis/fibrosis
- Early age-related renal changes

**IMAGING
PERFORMED BY**

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of adrenal neoplastic criteria was observed.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial.

A spec cPL could be considered if previous or current clinical signs which may suggest chronic pancreatitis are present.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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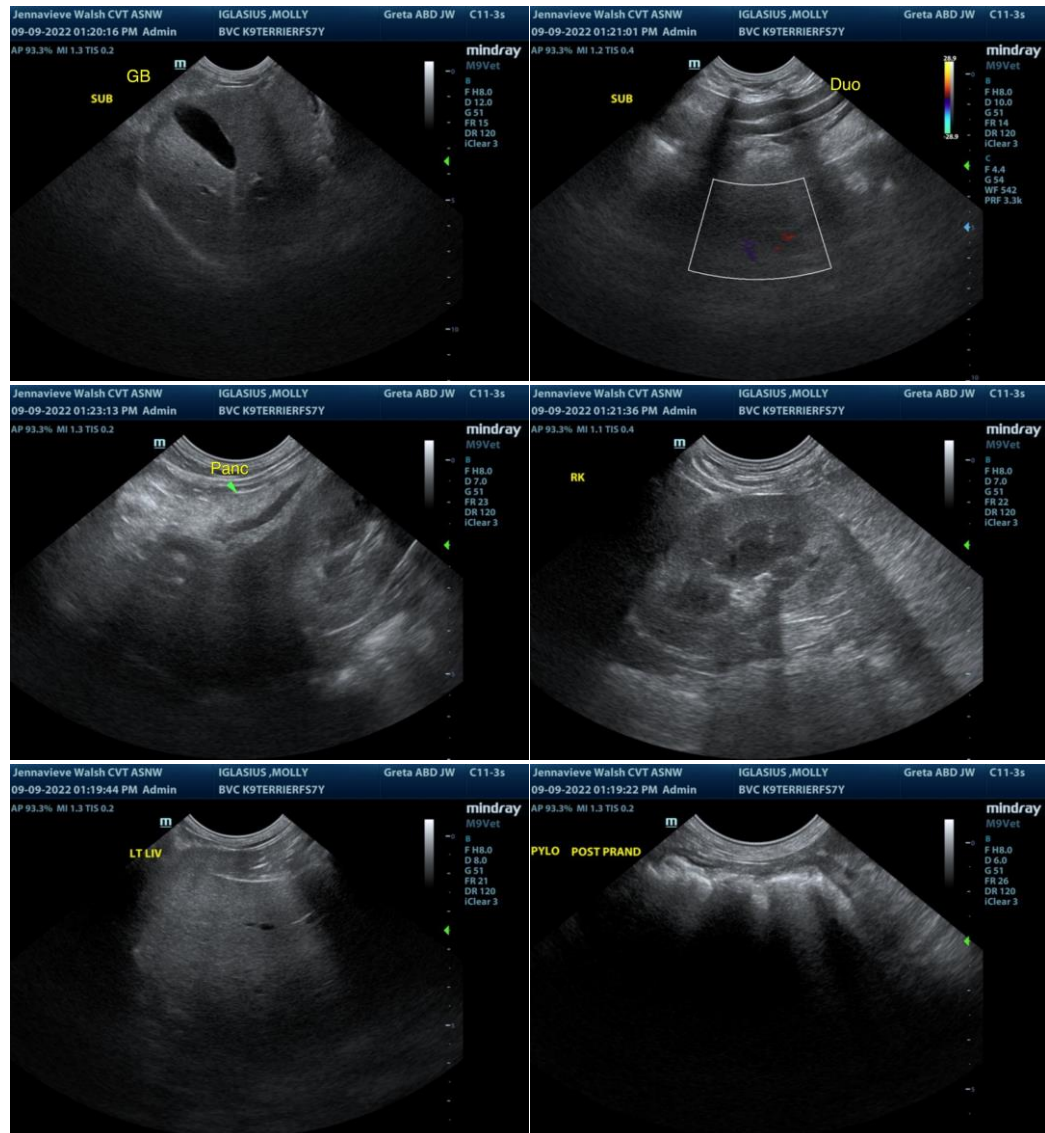
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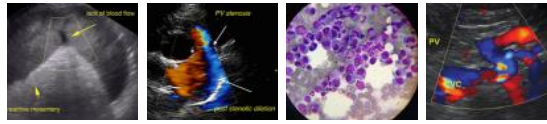
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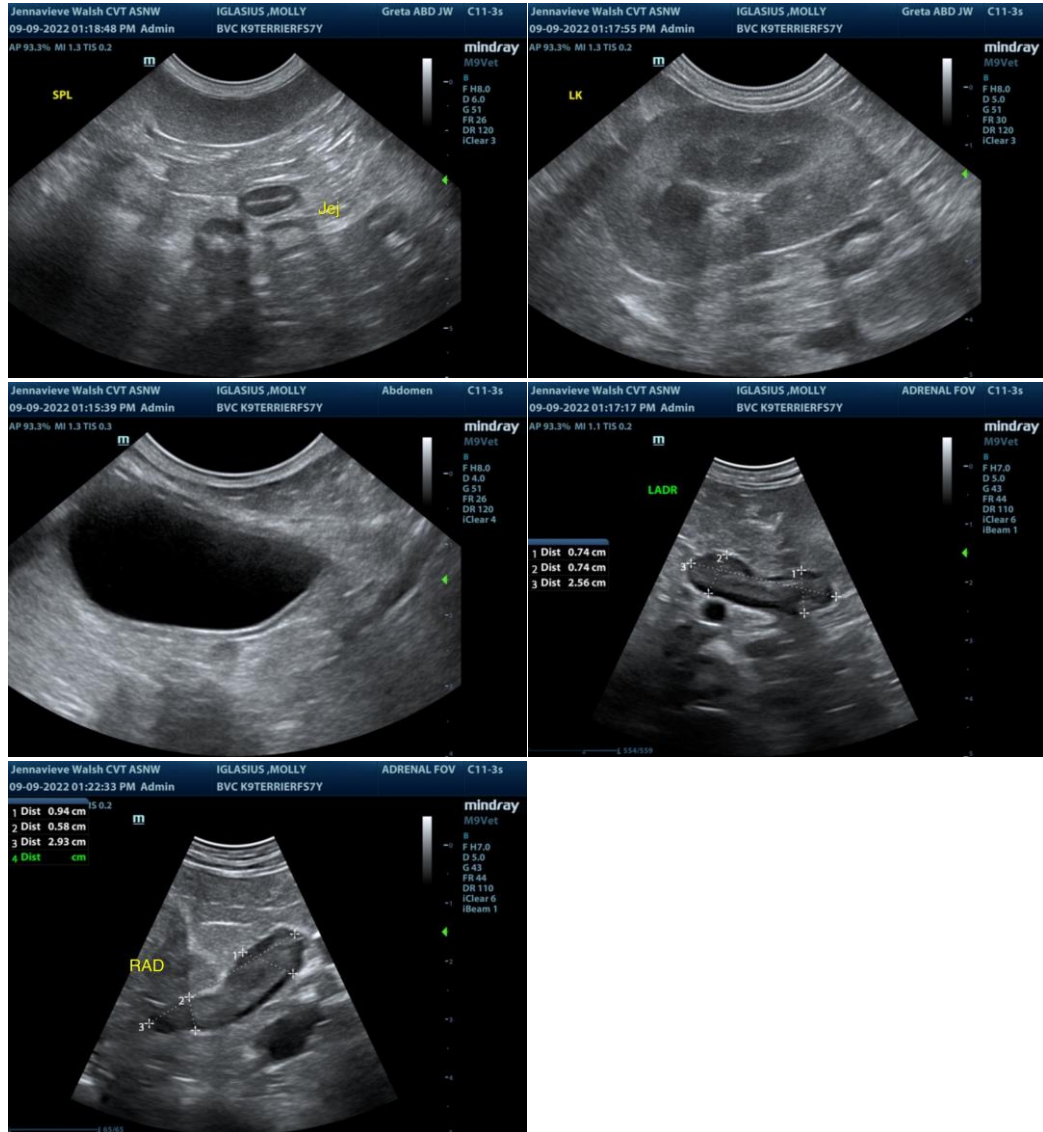
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com