


**PATIENT PRESENTING CLINICAL SIGNS**

**Yoda Witte** History: Splenic nodule on radiographs. Diagnosed and treated for Cushing's disease in 2021 with Addison crisis developing.

**SPECIES** Physical Examination: N/A.

Canine Urinalysis: N/A.

**BREED** CBC: N/A.

Shih Tzu Serum Biochemistry: N/A.

Radiographic Findings: Splenic nodule.

**SEX**

MN

**Age**

12 years

Full urinary bladder with a thickened and irregular appearance of the apical wall with the rest of the wall having a normal appearance. Normal anechoic urine with no sediment or uroliths evident.

**WEIGHT**

18 #

Normal trigone area, proximal urethra (0.4 cm), and iliac blood vessels.

Normal iliac lymph nodes (1.3 cm). Ureters not visualized.

**INTERPRETED BY**

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Normal renal size (left 4.8 cm, right 4.9 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal pelvis, and capsule. Bilateral small cortical cysts and pinpoint mineralization.

**Reproductive System**

Small hypoechogenic prostate (0.8 cm).

**Adrenal Glands**

Normal position, echogenic appearance, and rounded shape. Normal size of right gland (0.64/0.63 cm), enlarged left gland (0.71/0.79 cm).

**Spleen**

Normal size (1.3 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Large mottled echogenic irregular cavitated vascularized mass (2.2 x 3.2 cm) in the tail of the spleen. Small hypoechogenic parenchymal nodule (0.3 cm) in the head of the spleen.

**Liver**

Enlarged with rounded edges, hyperechogenic appearance, loss of portal markings, and regular curvilinear capsule. No nodules or masses evident.

**Gall bladder**

Full containing small amount of adhered hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal bile duct (0.1 cm).

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**DATE**

5/3/23

**REFERRING VET**

Dr Trompeta

**IMAGING PERFORMED BY**

Sonya Myers, DVM

**HOSPITAL NAME**

Banfield Colonial Town Park



**PATIENT** *Gastrointestinal*

Yoda Witte Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.35 cm, duodenum 0.43 cm, jejunum 0.5 cm, colon 0.22 cm) and peristalsis, and no distension of the lumen. Ingesta within the stomach.

**SPECIES**

Canine

*Pancreas*

Enlarged (left 0.7 x 3.9 cm, right 1.4 cm) with a hypoechogenic appearance and irregular capsule. Hyperechogenic appearance of the mesentery and fat surrounding the pancreas.

**BREED**

Shih Tzu

*Free Abdomen*

**SEX**

Normal mesenteric lymph nodes (1.5 cm).  
No ascites evident.

MN

**Age**

**ULTRASONOGRAPHIC FINDINGS**

12 years

Primary Findings:

**WEIGHT**

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- Splenic mass.
- Hepatopathy.
- Pancreatitis.
- Left adrenomegaly.
- Age-related renal changes vs renal disease.
- Cystitis.

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Secondary Findings:

- Gall bladder sediment.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Etiologies for the splenic mass would be hematoma, granuloma, focal splenitis, organized abscess, and neoplasia.

Etiologies for the hepatopathy would be reactive, hyperplasia, metabolic, hepatitis, and infiltrative neoplasia.

Etiologies for the pancreas would be chronic pancreatitis and acute-on-chronic pancreatitis.

The adrenomegaly is consistent with the previous diagnosis of Cushing's disease.

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Further assessment would be urinalysis, urine culture, renal function (urea, creatinine, SDMA), cPL/PSL assay, 3-view thoracic radiographs, echocardiography (assessment of the right atrium and auricle), and FNA cytology of the splenic mass and liver.

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Specific therapy would be dependent on an etiological diagnosis. Pending the results, splenectomy could be considered.



**PATIENT IMAGES**

Yoda Witte

**Spleen**

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

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**Age**

12 years

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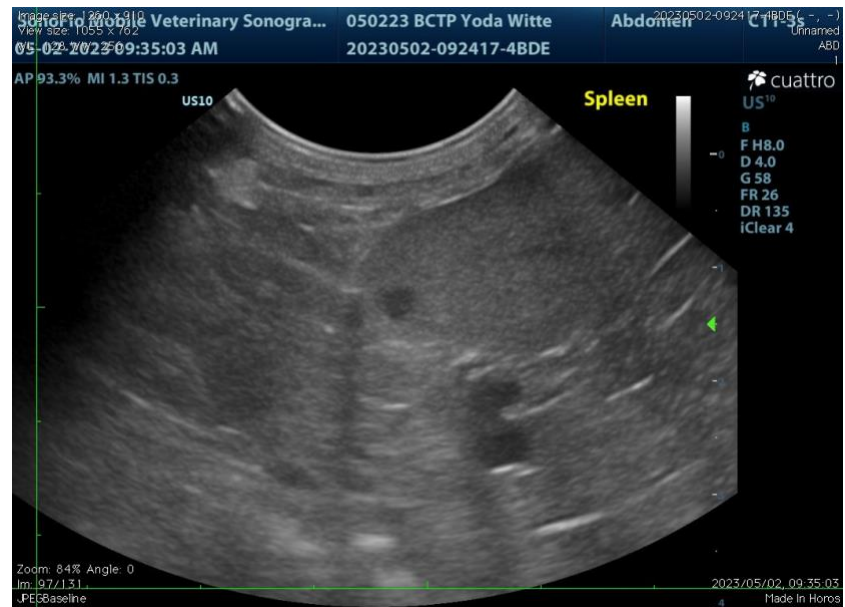
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**PATIENT** Liver

Yoda Witte

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

MN

**Age**

12 years

**WEIGHT**

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**Pancreas**

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**PATIENT** Urinary bladder

Yoda Witte

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

MN

**Age**

12 years

**WEIGHT**

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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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