



PATIENT PRESENTING CLINICAL SIGNS

Sophia Lopes
SPECIES Canine
BREED Shih Tzu
SEX Female Spayed
AGE 13 years
WEIGHT 17.6 lbs

History: 7/7 Sophia started having diarrhea and vomiting yesterday. She vomited once yesterday with a tinge of blood in her vomit. She had diarrhea all day yesterday and it was super black. She has not eaten yesterday or today. She is still drinking water. She started scooting her bottom across the floor yesterday, it's the first time since her ER visit last month. She is not on any daily medications or preventions. We prescribed providable. 7/11 she is presenting having black tar diarrhea as well as rectal discharge. No obvious pain to manipulation or palpation to abdomen. Still having intermittent appetite & lethargy.

Abnormal PE/Chem/CBC/UA Results: CBC: moderate thrombocytosis (likely stress) Chem: moderate to severely elevated liver values (ALP = 1419, ALT = 261, GGT = 36) T4: WNL UA: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full, with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 4.00 cm / right kidney 4.80 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

In the left adrenal gland, there is an irregular, mottled, echogenic mass (2.00 x 2.70 cm in size) with no obvious infiltration into the surrounding vasculature.

The right adrenal gland is enlarged (1.20 cm) with a rounded shape, increased echogenic appearance and normal position.

Spleen

Normal size (0.90 cm) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Enlarged, with rounded edges, increased echogenic appearance, some loss of portal markings, and regular curvilinear capsule. Focal, parenchymal hyperechogenic nodule (1.30 x 1.90 cm in size).

Gallbladder

The gallbladder is full, containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

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13651

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7.11.23



PATIENT *Pancreas*

Sophia Lopes Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine Normal mesenteric lymph nodes.

BREED No ascites evident.

Shih Tzu **ULTRASONOGRAPHIC FINDINGS**

SEX Primary Findings

Female Spayed • Left adrenal mass

AGE • Right adrenomegaly

13 years • Hepatopathy

WEIGHT Secondary Findings

17.6 lbs • Hepatic nodule

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the left adrenal mass would be functional/nonfunctional carcinoma or pheochromocytoma.

IMAGING PERFORMED BY Etiologies for the right adrenal would be pituitary-dependent Cushing's disease.

Dr. Hannah Fearing Etiologies for the hepatopathy would be metabolic, secondary to possible Cushing's disease, reactive, vacuolar, chronic hepatitis, with infiltrative neoplasia an unlikely differential diagnosis.

HOSPITAL NAME With the thrombocytosis, severely increased ALP activity and the ultrasound changes, Cushing's disease is a highly likely diagnostic.

Lanier AH Further assessment would be serial blood pressure, adrenal function testing (ACTH stimulation/LDDS test), urinary/plasma catecholamine assay, and possibly FNA cytology of the liver.

REFERRING VET Specific therapy would be dependent on an etiological diagnosis.

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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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