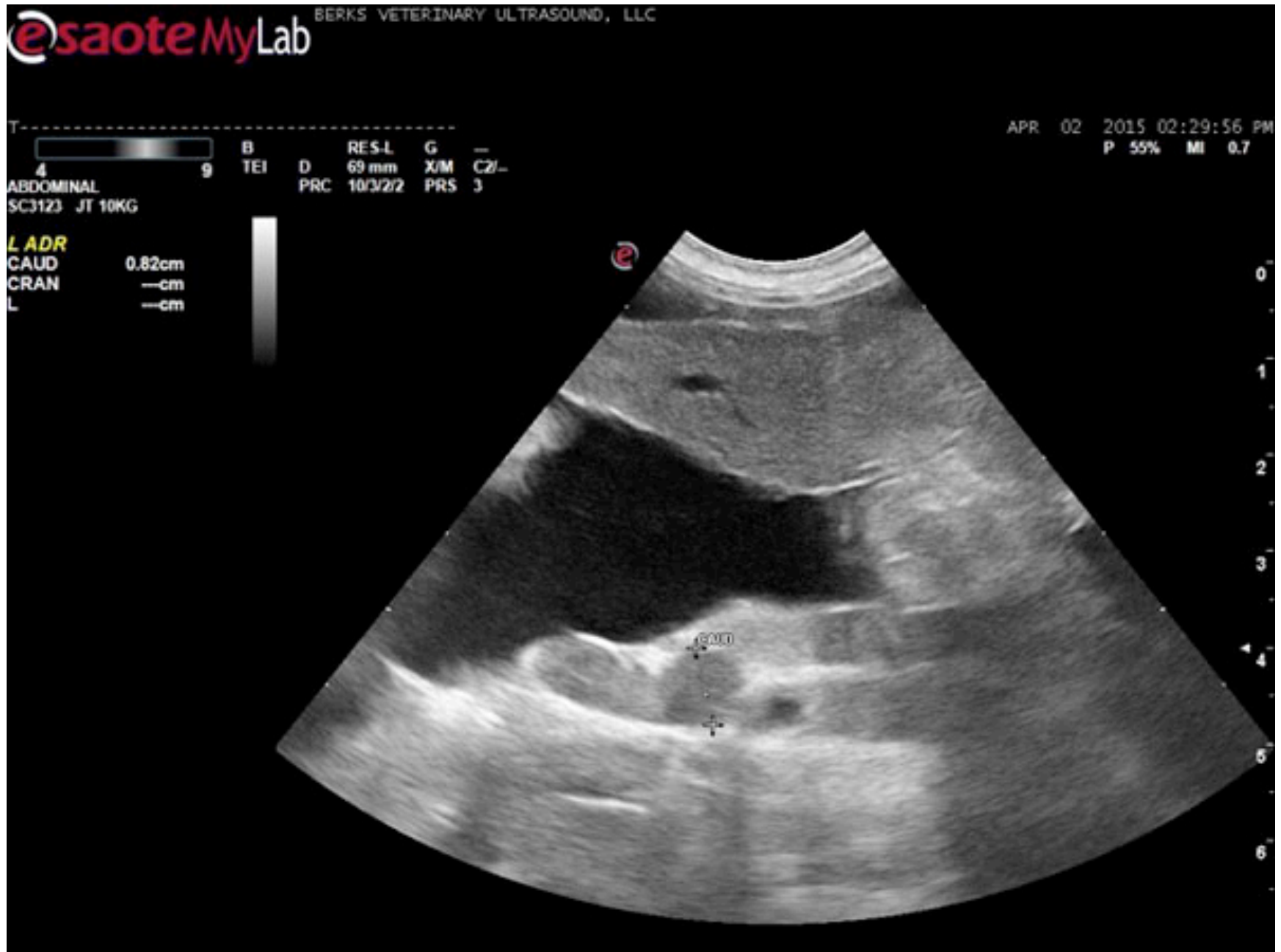


Case of the Month - April 2015



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Sammy is an 11 year old, 13kg, male neutered, obese Dachshund who presented for pu/pd, polyphagia, and abdominal enlargement. ALP is 2952, the LDDS test was normal, but tachycardia was noted (HR=220). Abdominal ultrasound was requested.

A large volume of clear abdominal effusion is seen, the hepatic veins are dilated, and both adrenal glands are slightly enlarged. A mass is present on the right adrenal gland which extends into the vena cava. No pericardial or pleural effusion is noted, but a dilated right ventricle, tachycardia, and subjectively normal contractility was seen. The owner requested no further testing, but the dog is doing well on atenolol and spironolactone (furosemide was declined).

Ddx: Pheochromocytoma +/- pituitary dependent hyperadrenocorticism, adrenal carcinoma +/- PDH. Right heart failure, cause unknown (tachycardia induced heart failure, heartworm disease, pulmonary hypertension secondary to pulmonary thromboembolism).