

**DATE PRESENTING CLINICAL SIGNS**

12/6/21

History: monitoring for hyperthyroid on Methimazole well-regulated but rising neutrophilia - was 15,000 at previous vet 4 months ago now over 18,000.

PATIENT

Funny Lebovit

Current Medications: Methimazole 5 mg BID, Adequan .25 mls sq weekly as start of protocol.

Lab Results: pe- significant djd of stifles and hips rest nsf; no X-rays taken at this point; will be doing ua on day of ultrasound. Lab work from 11/30 attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

SPECIES

Feline

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Domestic shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male, neutered

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with mostly anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

4/1/2004

The left kidney is normal size (3.79 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

12.2 lbs.

The right kidney is normal size (4.25 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

Adrenal Glands

The region of the left adrenal gland is evaluated. No obvious pathology is observed.

The right adrenal gland is normal in size (0.40 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Spleen

The spleen is normal in size (0.89 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Belvedere VC

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.51 cm hyperechoic nodule is visualized. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is normal in thickness. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal.

REFERRING VET

Dr. Molinelli

Gastrointestinal**INVOICE**

12653

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The left limb of the pancreas is visible with minimal deviation from the normal peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

There is no evidence of free fluid. A few prominent lymph nodes are observed adjacent to the ileocecal colic junction, the largest measuring 0.45 cm in length. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Age-related pancreatic remodeling/fibrosis. Concurrent inflammation may also be present, particularly if the patient is painful with cranial abdominal palpation.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- The hyperechoic hepatic nodule trends toward the benign (i.e., a focus of lymphoid hyperplasia, inflammation, granuloma, other) with a lower possibility of emerging neoplasia.
- Bilateral age-related renal changes.

*An obvious cause for the patient's neutrophilia is not identified in this study. Considerations include stress response, inflammatory/infectious disease, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for occult disease in the chest.
- Also consider a urine culture and sensitivity.



