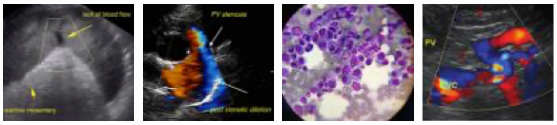


PATIENT

Ezmerelda McKee

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

14 years

WEIGHT

10.44 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Remcho

INVOICE

12999

DATE

5.10.23

PRESENTING CLINICAL SIGNS

History: P has diagnosed with hyperthyroidism in 2020. Weight loss in spite an excellent appetite, elevated liver enzymes, challenges regulating hyperthyroidism (recent) Current Medications increased methimazole dose to 5 mg PO BID approx. 7 days ago, monthly Solensia for OA Primary Question/Differential to Be Answered in This Exam overall senior cat health, liver screening and GI tract overview for IBD/emerging lymphoma.

Abnormal PE/Chem/CBC/UA Results: ALT 293, AST 204, ALP 70, proBNP 125 and T4 5.9

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.95 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.91 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal size (0.44 cm width). Normal shape and glandular echogenicity. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is prominent in size (1.06 cm in width at the level of the hilus) with normal curvilinear peripheral contours. Using the high-frequency probe, a light micronodular pattern is observed throughout the organ. No focal lesions are observed. Splenic vasculature is normal.

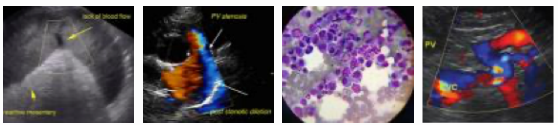
Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal



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layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

The pancreas is diffusely visible with minimal deviation from the normal peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and subtly mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is visible but not overtly dilated (0.20 cm in diameter). The mesentery effacing the serosal surface is mildly hyperechoic.

Free Abdomen

There is no obvious evidence of free fluid. A few prominent mesenteric lymph node are visualized (the largest measuring 0.84 cm in length).

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes could be consistent with emerging lymphoma or a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, or similar).
- The pancreatic changes are suggestive mild chronic active pancreatitis.

Secondary Findings

- Bilateral chronic nephropathy
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic changes, a fine-needle aspirate is recommended (if clotting status is normal). A 25-gauge needle should be used.
- Given the weight loss, three-view thoracic radiographs are also recommended to assess for occult neoplasia in the chest.
- Also consider the following:

1. Fecal evaluation for ova and Giardia
2. Malabsorption panel, including serum cobalamin and folate, TLI and PLI
3. If the patient's liver values do not improve with regulation of the hyperthyroidism, consider pre- and post-prandial serum bile acids, hepatic tissue sampling (i.e., fine-needle aspirate or biopsies) +/- aerobic and anaerobic bile cultures.

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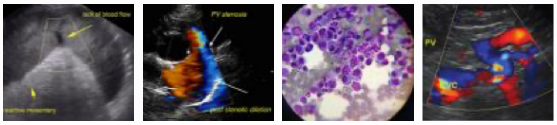

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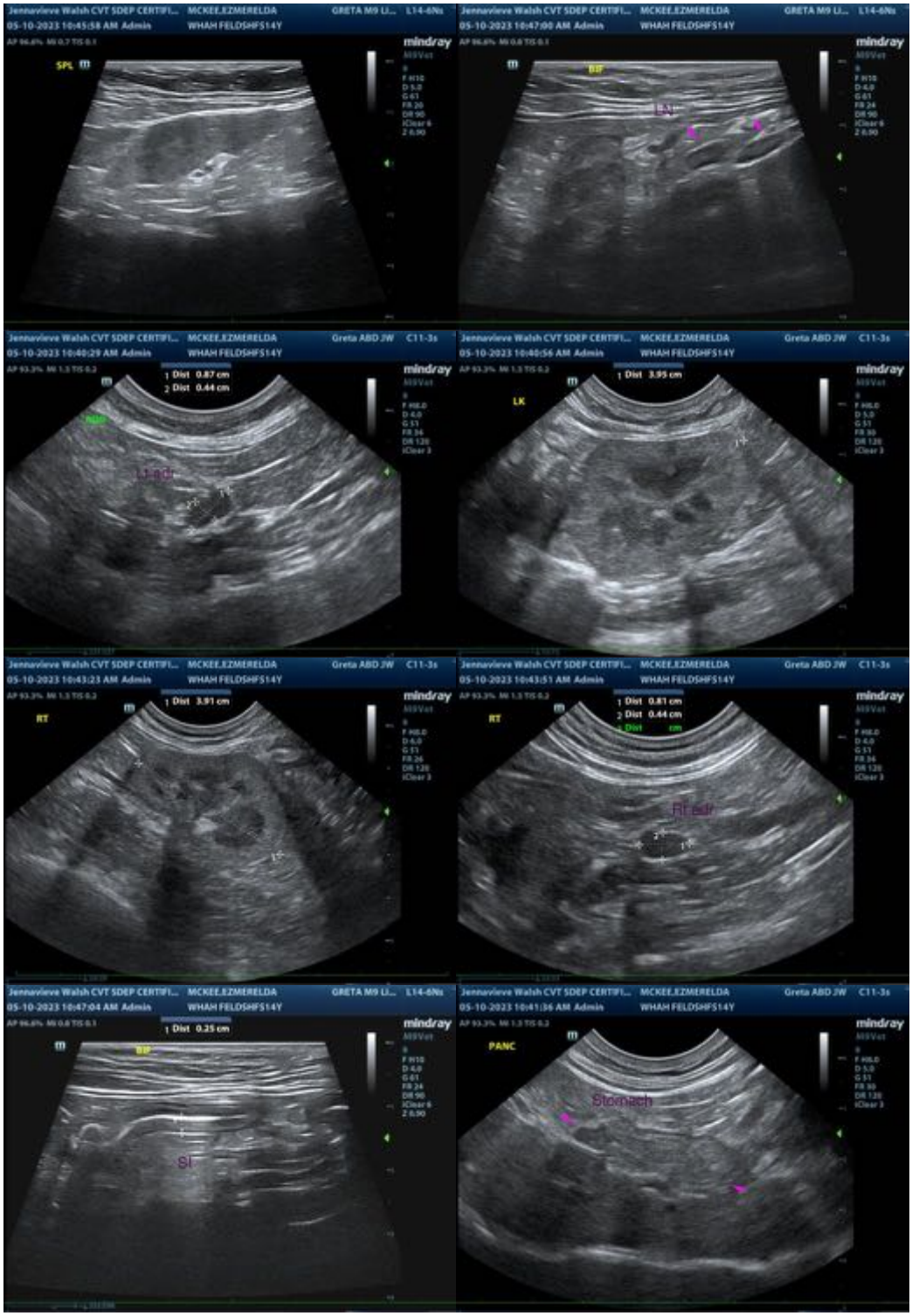

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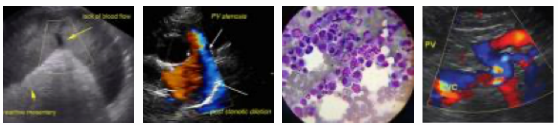

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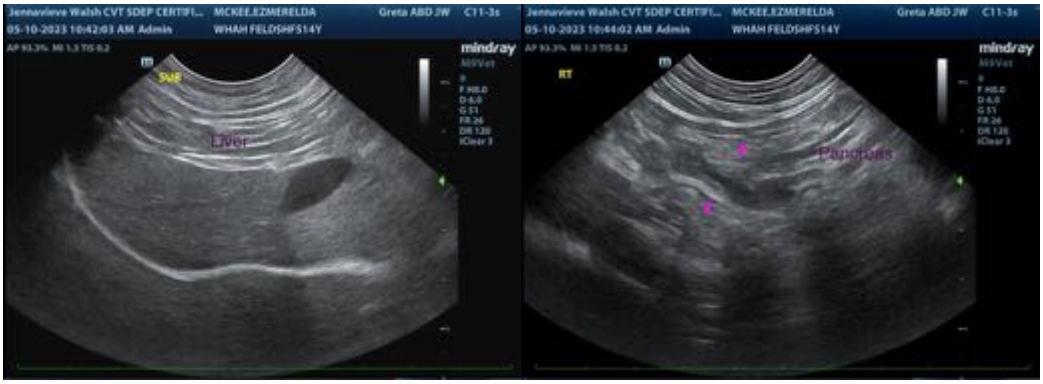

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com