



**PATIENT**

Sweetie Pie Carlston

**PRESENTING CLINICAL SIGNS**

History: Hyperthyroid Weight loss PU/PD

**SPECIES**

Feline

**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 anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**BREED**

Domestic shorthair

The left kidney is normal size (3.70 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.

**SEX**

Female, spayed

The right kidney is normal size (3.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**AGE**

12 Yrs.

*Adrenal Glands*

The left adrenal gland is normal size (0.44 cm at cranial pole) (0.36 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**WEIGHT**

11.4 lbs.

The right adrenal gland is normal size (0.46 cm at cranial pole) (0.38 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

*Spleen*

The spleen is normal in size (0.52 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.

**IMAGING PERFORMED BY**

Dr. Velasco

*Liver*

The liver is subjectively enlarged with irregular peripheral contours. Throughout the liver, numerous cystic to multi-septated cystic lesions are visualized, some of which contain echogenic debris. The remaining parenchyma is slightly heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is mildly to moderately distended. The wall is thin and smooth. A scant amount of gravity-dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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*Gastrointestinal*

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is moderately distended with ingesta. 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.

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***Pancreas***

Sweetie Pie Carlston

A portion of the pancreas is obscured by the hepatomegaly. In the visualized portion of the left limb, the pancreas is visible/prominent with minimal deviation from the normal peripheral contours. The parenchyma is mildly hypoechoic relative to surrounding omental fat. The pancreatic duct is not overtly dilated.

**SPECIES**

Feline

***Free Abdomen***

There is no obvious evidence of free fluid.

**BREED**

Domestic shorthair

***Lymph Nodes***

See *Other*.

**SEX**

Female, spayed

***Other***

A 0.64 cm hypoechoic lesion is observed in the left mid abdomen.

**AGE**

12 Yrs.

In the visualized portion of the thorax, a few B-lines are suspected.

**WEIGHT**

11.4 lbs.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Polycystic liver disease
- The origin of the hypoechoic lesion in the left mid-abdomen is unclear. It may be a prominent lymph node, tumor, granuloma or abscess within the mesentery, pancreatic nodule, other.

**Secondary Findings:**

- Mild bilateral chronic renal changes.
- The pancreatic changes may be a normal variant for this patient or could be consistent with mild, chronic pancreatitis. Correlation with clinical findings is recommended.
- The possible B-lines in the thorax are suggestive of pulmonary parenchymal disease.

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(*Small Animal Internal  
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**IMAGING  
PERFORMED BY**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Baseline lab work including a CBC chemistry panel, urinalysis and T4 is recommended, if not already performed. If the patient's thyroid level is not regulated, this could explain the patient's clinical signs and treatment adjustment may be warranted.
- Other considerations include the following:
  1. Urine culture and sensitivity.
  2. Pre and post prandial serum bile acids to evaluate hepatic function.
- Given the weight loss, consider the following:

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1. Three-view thoracic radiographs to evaluate for occult disease in the chest.
2. A fecal evaluation for internal parasites.
3. Malabsorption panel including serum cobalamin, folate, TLI and PLI.

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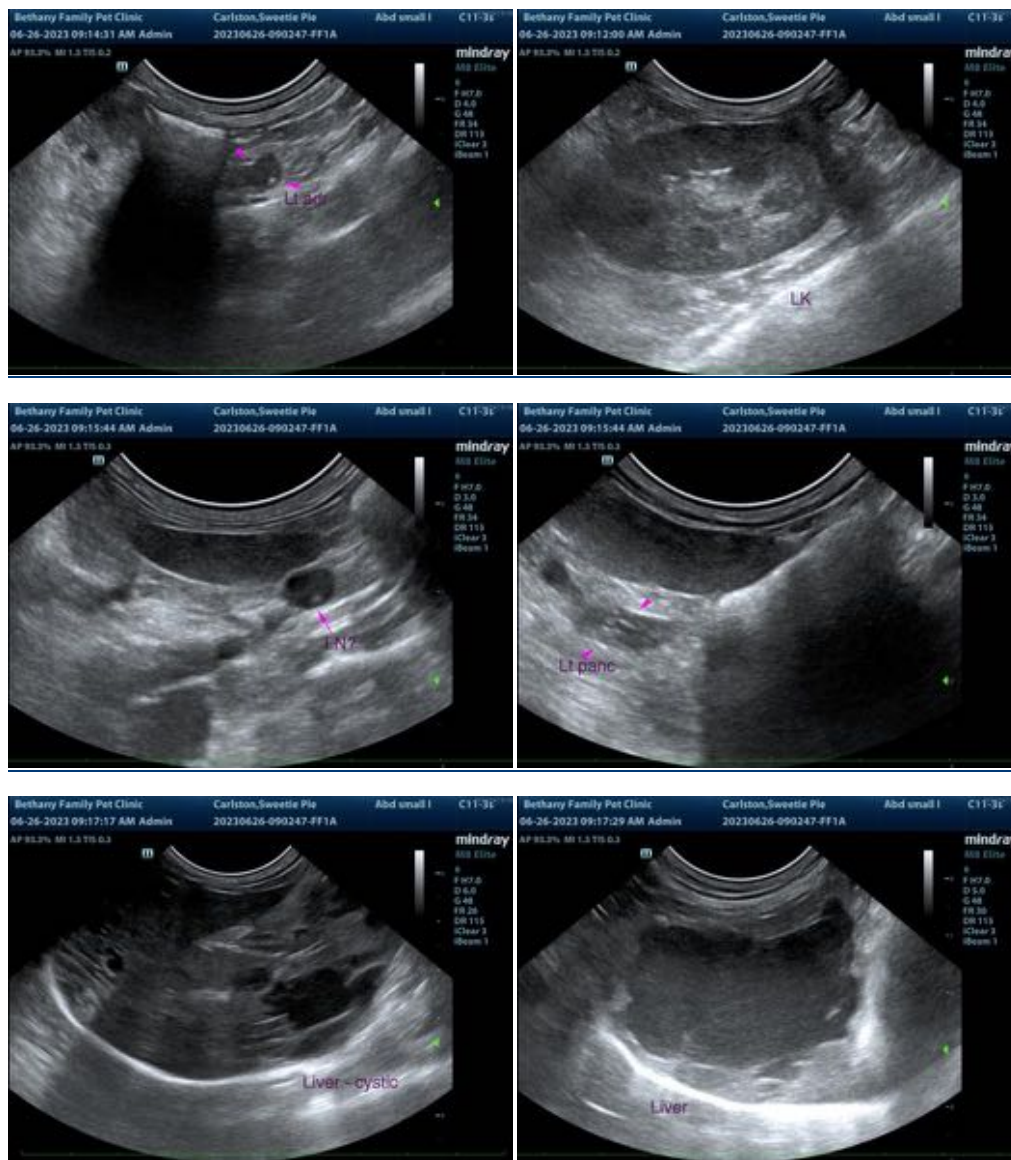
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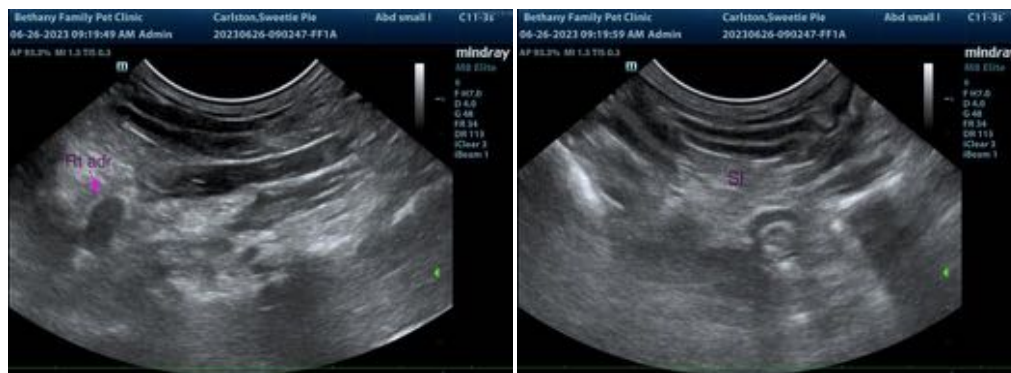
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)



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