PATIENT

Lucy Leciago

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.7 kg

INTERPRETED BY

Beth Johnson, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

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PRESENTING CLINICAL SIGNS

- Recheck u/s (Prev. Apr. 17/24). Weight loss - 1lb since May 2025. No obvious change in appetite; grazer. No v/d. Clinically stable.
- Does sound "mucousy" when excited / purring. Rare cough. Hx. of bilateral laryngeal paralysis with R tie-back sx May 2024
- Dx. Hyperthyroid Feb. 2025
- Scan chest / abdominal rads done Dec. 31/25
- VIN post rad interpret - Jan.9/26 - consolidation of the right middle lung lobe. The lung consolidation may be due to bronchopneumonia or collapse. I'm thinking collapse maybe because of mucus plugs. Interstitial and bronchial markings are prominent. Some of this may be due to age. The sternal lymph node is enlarged. Cardiovascular structures are within normal limits. Abdomen, the small bowel is rather plump. Inflammatory reaction is the bowel is suspected
- Current Medications
- Prednisolone 5mg EOD, Cerenia 8mg UID, Felimazole 1.875mg BID, Baytril 15mg UID, Convenia inj. given Jan. 13th, Clomicalm 1.25mg UID, Vitamin B12 q monthly

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

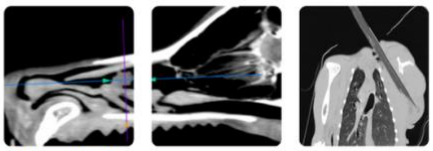
Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 4.08 cm. The right kidney measures 3.24 cm.

Adrenal Glands

Left adrenal gland is normal in size (0.29 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Right adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen



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Spleen subjectively measures just over normal limits for thickness (just over 1.0 cm thick) with a mildly swollen but smooth capsule. Parenchyma is normal and homogenous in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material, or infiltrative disease; however, visualization is partially inhibited by gas.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild splenomegaly- can be associated with congestion caused by sedation (if sedated) but can also be associated with diffuse infiltrative disease. Both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, as well as infiltrative neoplastic diseases such as round cell neoplasia should be considered.

Secondary Findings

- Age related kidney changes

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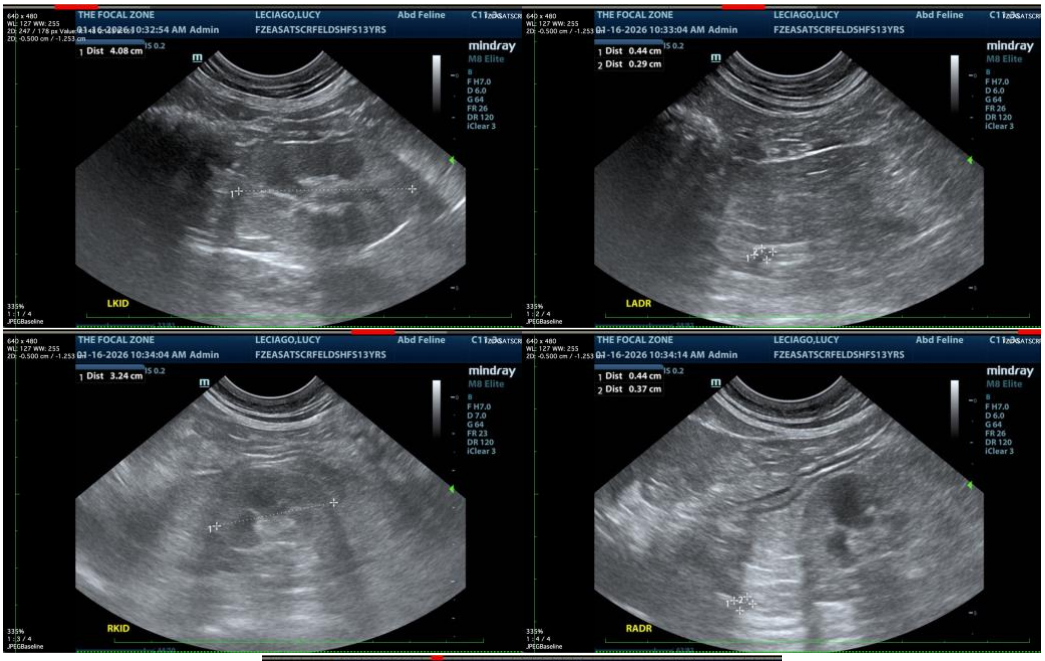
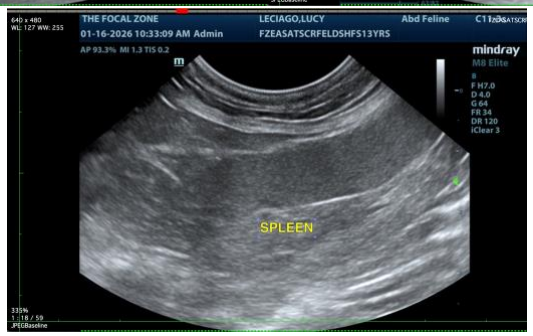
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely unremarkable/normal structural abdomen with changes static/similar to the previous study in terms of the mild splenomegaly. Bowel changes are not appreciated in these images, but could, in theory, be masked from current therapies.

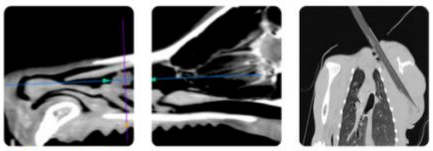
Given the patient history, if not recently evaluated, further evaluation of digestion and absorption could be considered via a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI.

In the meantime, causes for weight loss, other than the suspected underlying bowel disease, could also be investigated. Further evaluation for possible pain (dental, orthopedic, other), upper respiratory disease or oropharyngeal disease, cardiac disease and/or neurologic disease vs other as possible causes for decreased appetite and/or unintentional weight loss is also recommended.





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.



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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.

Beth Johnson, DVM DACVIM

info@sonopath.com