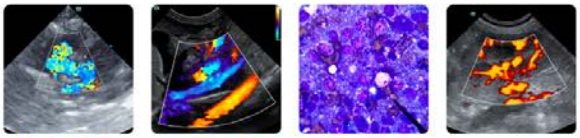


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Jiji Severs

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

18 Years

WEIGHT

5.68 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Corvallis Veterinary Hospital

REFERRING VET

Dr. Gross

INVOICE

72505

DATE

1/27/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Pet has hyperthyroidism and recently had methimazole increased to 6 mg topically BID after having uncontrolled levels at lower methamizole doses. Pet has had weight loss (1-2 pounds), decreased appetite, mobility issues, polydipsia, and previously had SDMA elevations. We advised recheck lab work and SQ fluids (150 ml SQ LRS). Repeat labs showed a chem panel with normal BUN, creatinine and SDMA. With dramatic weight loss r/o neoplasia

ABNORMAL Labwork Values: Chem panel shows hypochloremia and hyponatremia; normal renal values. CBC shows anemia with HCT of 23% and a neutrophilic. T4 is now low normal at <0.5 UG/DL. UA 1.014 USG and 1+ proteinuria

Current Medications: Metimazole 6 mg topically BIDjust switched to 5 mg topically BID.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The 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 bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. There is no pyelectasia noted and no mineral is observed. The left kidney is small in size at 2.94 cm. The right kidney is small-normal, measuring 3.24 cm.

Adrenal Glands

The right adrenal gland is normal in size (0.41 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.54 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

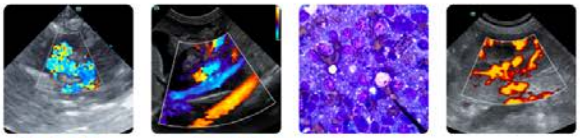
Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively enlarged with moderately irregular margins. Parenchyma appears mostly diffusely mottled by multifocal hypoechoic nodules/masses of varying sizes, ranging from 1.5 cm in diameter to the largest in the left cranial liver measuring 3.5 cm x 4.3 cm. There does appear to be some normal liver parenchyma in the right liver, so one large, irregular, expansive versus multifocal nodules and masses separated by normal tissue is difficult to fully differentiate. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is difficult to differentiate from the surrounding pathology.



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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 empty with no evidence of obstruction, foreign material or infiltrative disease.

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 a very large amount of anechoic free fluid.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- The liver pathology is concerning for infiltrative neoplasia such as round cell neoplasia i.e., lymphoma versus primary hepatobiliary neoplasia versus other. A benign inflammatory process, however, while thought less likely can't be ruled out without tissue sampling.
- The large amount of free fluid is of unknown origin. Differentials (unless already ruled out) could include increased hydrostatic pressure (cardiac disease and/or vascular or lymph blockage), decreased oncotic pressure (low albumin), vasculitis, paraneoplastic fluid, rupture/leakage of/from an organ (GI, GB, UB, other), blood (hemoabdomen), other.
- Moderate chronic kidney disease changes noted bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Fine needle aspirates of the liver as well as sampling of the free abdominal fluid are recommended if patient's coagulation status is appropriate.

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.

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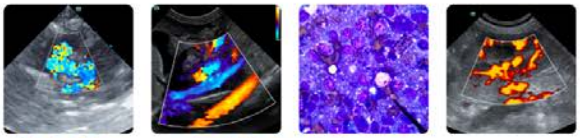

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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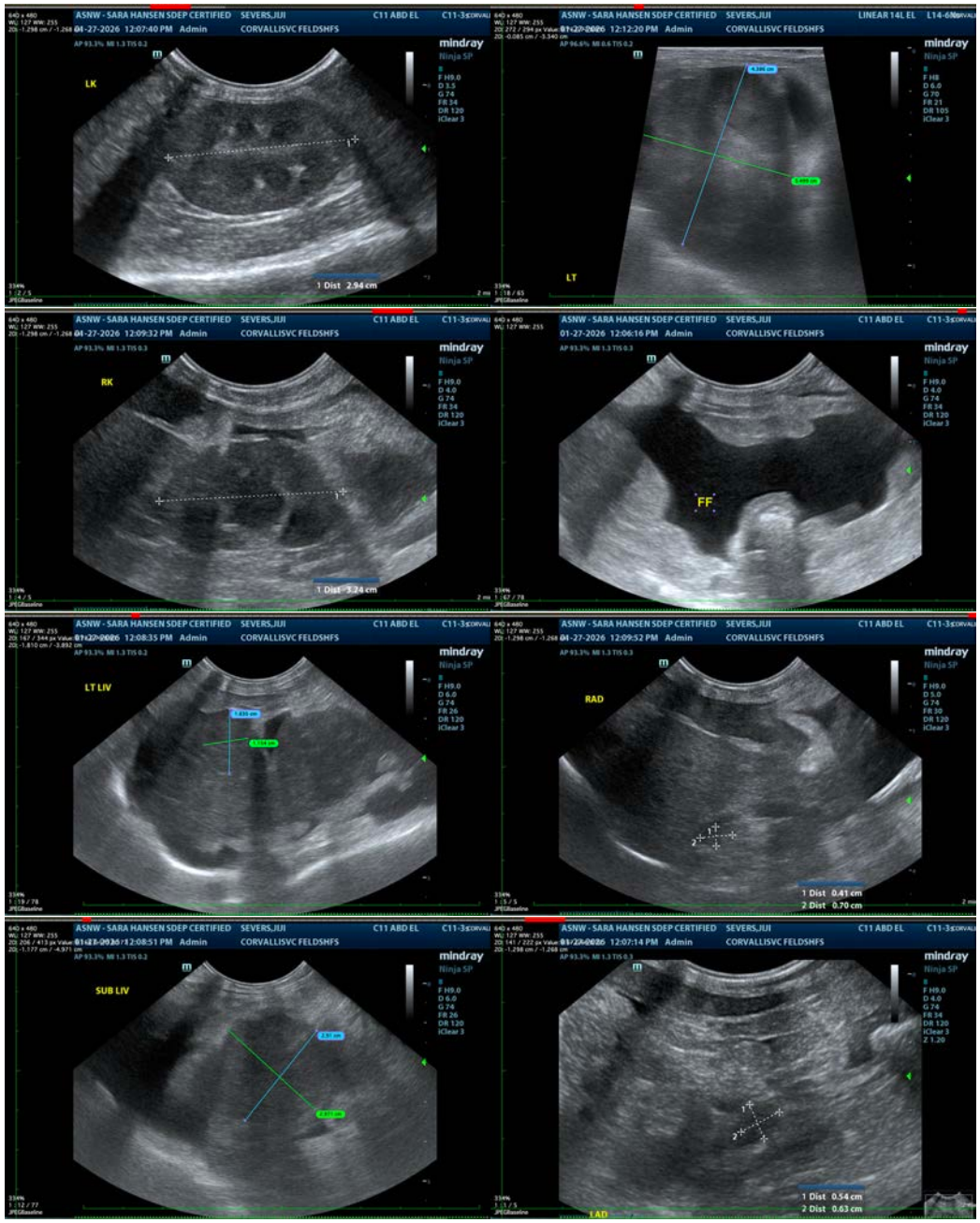

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM info@sonopath.com