



DATE PRESENTING CLINICAL SIGNS

3/12/26 **Patient History:** Progressive weight loss over past 6-8 weeks (~3-4 lbs) and decreased appetite. Murmur grade: __1/6 parasternal systolic murmur, no arrhythmias auscultated__

PATIENT

Stormie Hess **Current Medications:** MIRATAZ (MIRTAZIPINE) Transdermal Ointment 3/9/2026, FELIMAZOLE 2.5MG TABLET 100CT BOTTLE 2/12/2026

Labwork Results: Labwork attached, reported as: dx hyperthyroid Feb 2026; started methimazole 2.5 mg q 12 hrs. T4 low at recheck 3/9/26, decreased methimazole to 2.5 mg q 24 hrs

SPECIES

Feline **Date of Previous IntraPet Ultrasound:** No previous.

Sedation: Torbugesic.

Stat Report: Not requested.

BREED

Imaging Performed by: Stephanie Warga RDCS, RVT.

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Spayed Female

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.

AGE

11/11/12

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. Left kidney is small at 2.89 cm. Right kidney is normal in size at 3.73 cm.

WEIGHT

8.65 lbs

Adrenal Glands

INTERPRETED BY

The right adrenal gland is normal in size (0.33 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Beth Johnson, DVM
DACVIM

The left adrenal gland is normal in size (0.39 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Everhart Veterinary
Hospital

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.

REFERRING VET

Dr. Hess

Liver

INVOICE

73640

The 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.

The 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 intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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.

Just cranial to the diaphragm in images labeled "left thorax" is an approximately 6.5 cm x 3.4 cm heterogeneous, mixed, partially cystic density/mass.

ULTRASONOGRAPHIC FINDINGS

- Suspect left caudal pulmonary mass – Differentials include both benign cyst, hematoma, abscess, as well as infiltrative neoplasia, both primary and/or metastatic being considerations and can't be differentiated without tissue sampling.
- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Moderate bilateral chronic kidney disease changes, most significant visibly in the left kidney.

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. Alternatively, a thoracic CT scan could be considered.

Ultimately, however, fine needle aspirates of the suspected pulmonary mass are recommended if patient's coagulation status is appropriate.



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