



DATE PRESENTING CLINICAL SIGNS

4/23/26

Patient History: Acute weakness and anorexia 4/22. PHx of hyperthyroidism - diagnosed 2025. inconsistent oral medication, 3weeks ago switched to transdermal. Generalized sarcopenia

PATIENT

Bryce Hummel

Current Medications: Transdermal methimazole 2.5mg bid

Labwork Results: Labwork not attached, reported as: Severe Leukocytosis characterized mainly by neutrophilia with left shift and monocytosis, BUN 49, Globs 5.7, ALT 209. T4 4.6 (normal). USG 1.015 otherwise NSF

SPECIES

Feline

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

BREED

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

4/22/09

Kidneys are bilaterally irregular and diffusely echogenic with decreased corticomedullary distinction and poor visualization of internal architecture. No mineral is observed. Left kidney is small at 3.04 cm with mild to moderate pyelectasia present measuring 0.32 cm in the transverse view. Right kidney is small, measuring 3.15 cm, with mild to moderate pyelectasia measuring 0.37 cm in the transverse view.

WEIGHT

2.1 kg

Adrenal Glands

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The right adrenal gland is normal in size (0.49 cm shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Eastern Animal
Hospital

The left adrenal gland is normal in size (0.48 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

REFERRING VET

Dr. Parrish

The spleen measures overall normal in size but is subjectively rounded/swollen in size in the middle where there is a subtle homogeneous, hypoechoic, potentially partially mineralized density. The remaining spleen has a more normal size, shape, and overall architecture.

Liver

INVOICE

74704

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, except for in the left cauda liver where there is an approximately 2.5 cm in size mixed, partially cystic, largely hyperechoic mass. 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

Pancreas is prominent in size with swollen irregular contour. Parenchyma is heterogenous characterized by hyperechoic tissue remodeling intermixed with ill-defined hypoechoic nodules. Mild duct dilation is noted measuring 0.28 cm dilated. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is a trace amount of anechoic free fluid suspected adjacent to the spleen.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- The liver mass in a senior cat is consistent with a possible benign biliary cystadenoma. Having said that, malignancy is less common but can't be ruled out without tissue sampling.
- Similarly, the subjectively swollen mid spleen could be associated with an infiltrative disease, with both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, amyloidosis, etc. as well as infiltrative neoplastic disease such as round cell neoplasia being considerations.
- 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.
- Pancreatic nodular hyperplasia – Infiltrative neoplasia cannot be ruled out but is considered less likely. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Moderately reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

- The trace 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 bilateral chronic kidney disease changes with mild to moderate bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

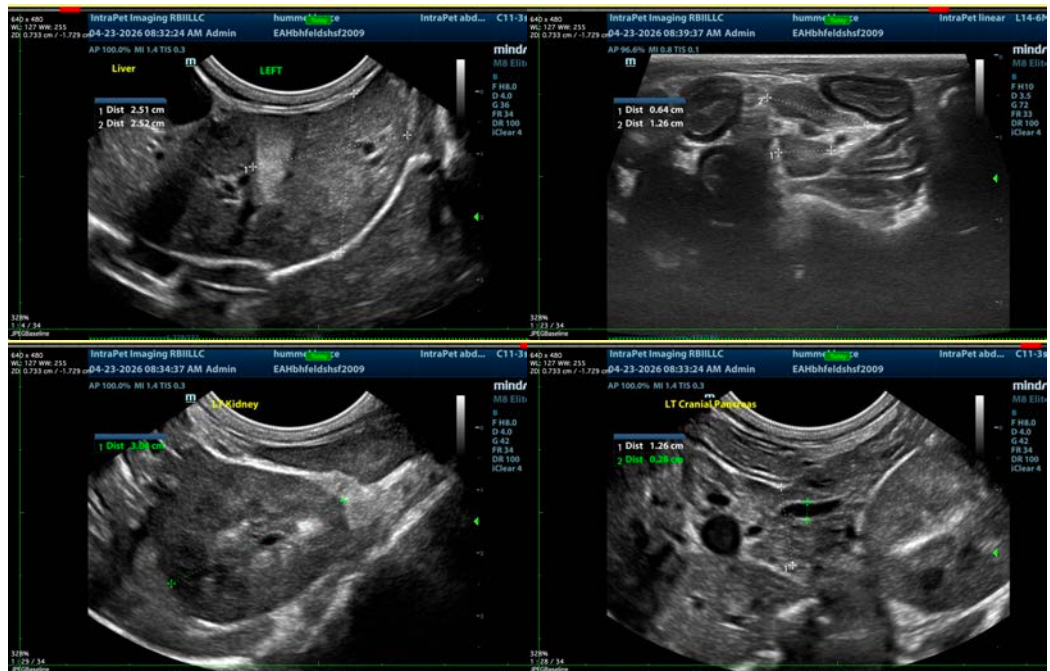
The multiple pathologies described above could all represent benign or inflammatory processes as well as infiltrative neoplasia, and therefore can't be fully differentiated without tissue sampling. Therefore, additional diagnostic recommendations include:

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 mass, the spleen, the enlarged lymph nodes if they can safely be reached, +/- the pancreas could all be considered if patient's coagulation status is appropriate.

In the meantime, a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

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





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.

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