



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Shea Ferraioli	weight loss, PU/PD, enlarged L thyroid gland Abnormal PE/Chem/CBC/UA Results: Ca++ 11.1; T4 2.9, free T4 43.4
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder is moderately 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.
DSH	
<b>SEX</b>	The right kidney is normal in size (4.29 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Neutered Male	
<b>AGE</b>	The left kidney is normal in size (3.95 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
15 Years	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
9.1 Pounds	The right adrenal gland is normal in size (0.45 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
<b>INTERPRETED BY</b>	The left adrenal gland is normal in size (0.47 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Diane McFadden	<b>Liver</b>
<b>HOSPITAL NAME</b>	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.
East Plane AH	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. A tortuous but non-pathologically dilated common bile duct is noted, which is a normal anatomic variant in a senior cat.
Dr. Rosen	
<b>INVOICE</b>	<b>Gastrointestinal</b>
40584	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>DATE</b>	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
8/18/22	



**PATIENT**

Shea Ferraioli

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

**Pancreas**

**SPECIES**

Feline

Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Surrounding tissue is hyperechoic and enhanced, suggesting an acute on chronic process. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.

**BREED**

DSH

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

**SEX**

Neutered Male

An iliac lymph node is enlarged and hypoechoic in appearance, measuring 1.8 cm x 0.60 cm thick. Both reactive lymphadenopathy as well as infiltrative neoplasia are differentials and cannot be differentiated without tissue sampling.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 Years

- Chronic active pancreatitis with an acute on chronic flare up suspected
- Medial iliac lymphadenopathy – Differentials include both reactive lymphadenopathy as well as infiltrative neoplasia.

**WEIGHT**

9.1 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient's reported clinical signs of PU/PD, weight loss, and a palpable thyroid mass are all consistent with hyperthyroidism. However, the thyroid workup was reportedly normal. However, given that the values were at the upper end of normal limits, this patient could have early or mild hyperthyroidism, or have secondary illness resulting in a sick-euthyroid state, masking hyperthyroidism. While this phenomenon much less commonly affects free T4, it is possible. Therefore, recommendations include addressing the other problems first by:

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

- Further investigation of the hypercalcemia is recommended in the form of an ionized calcium, PTH, and PTHrP (malignancy panel).
- 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.
- A fine needle aspirate of the enlarged medial iliac lymph node could be considered if it can be acquired safely and if patient's coagulation status is appropriate.
- Finally, if clinical signs of pancreatitis are present, then supportive/symptomatic medical management of acute pancreatitis is recommended with antiemetics and appetite stimulants (if indicated), gastroprotectants, pain management (if indicated), potentially broad-spectrum antibiotics, and fluid therapy.

**IMAGING PERFORMED BY**

Diane McFadden

**HOSPITAL NAME**

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- If another diagnosis has not been obtained, and clinical signs have not improved, recheck thyroid level could be considered at that time. Alternatively, further investigation of the palpable mass could be evaluated in the form of a fine needle aspirate if patient's coagulation status is appropriate, in case the palpable mass is not thyroid in origin.



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- If not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 Years

**WEIGHT**

9.1 Pounds

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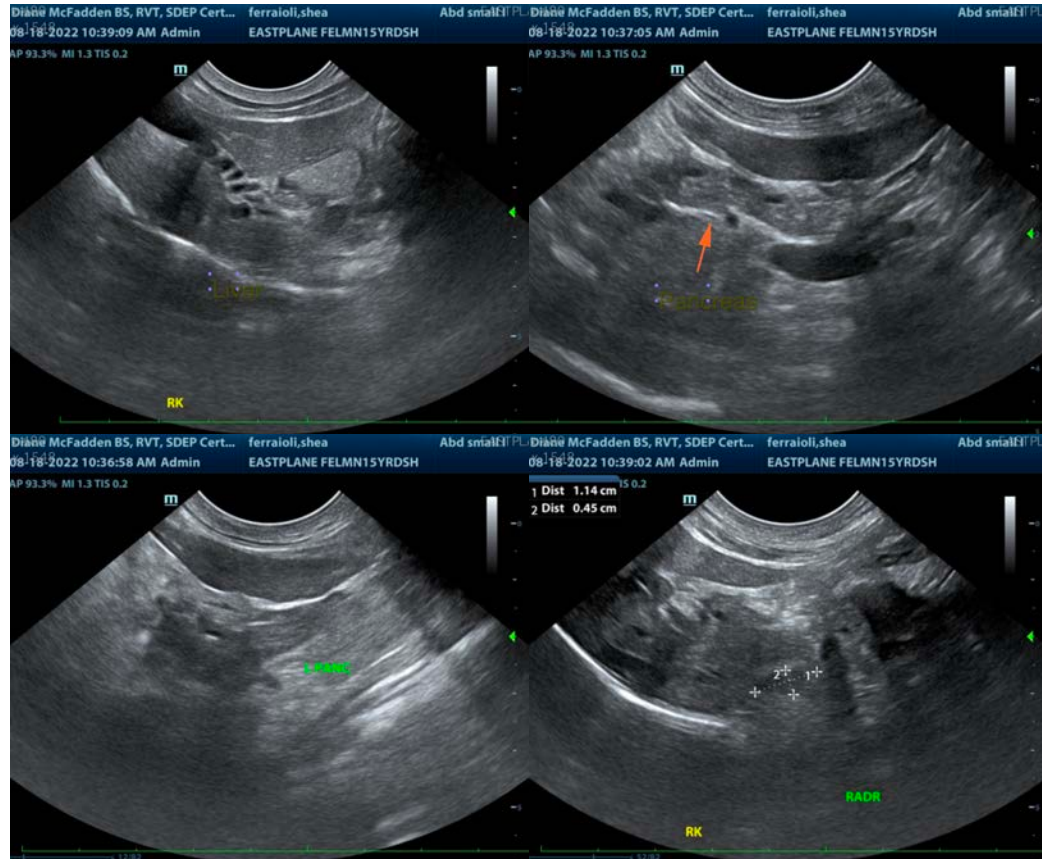
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**PATIENT**

Shea Ferraioli

**SPECIES**

Feline

**BREED**

DSH

**SEX**

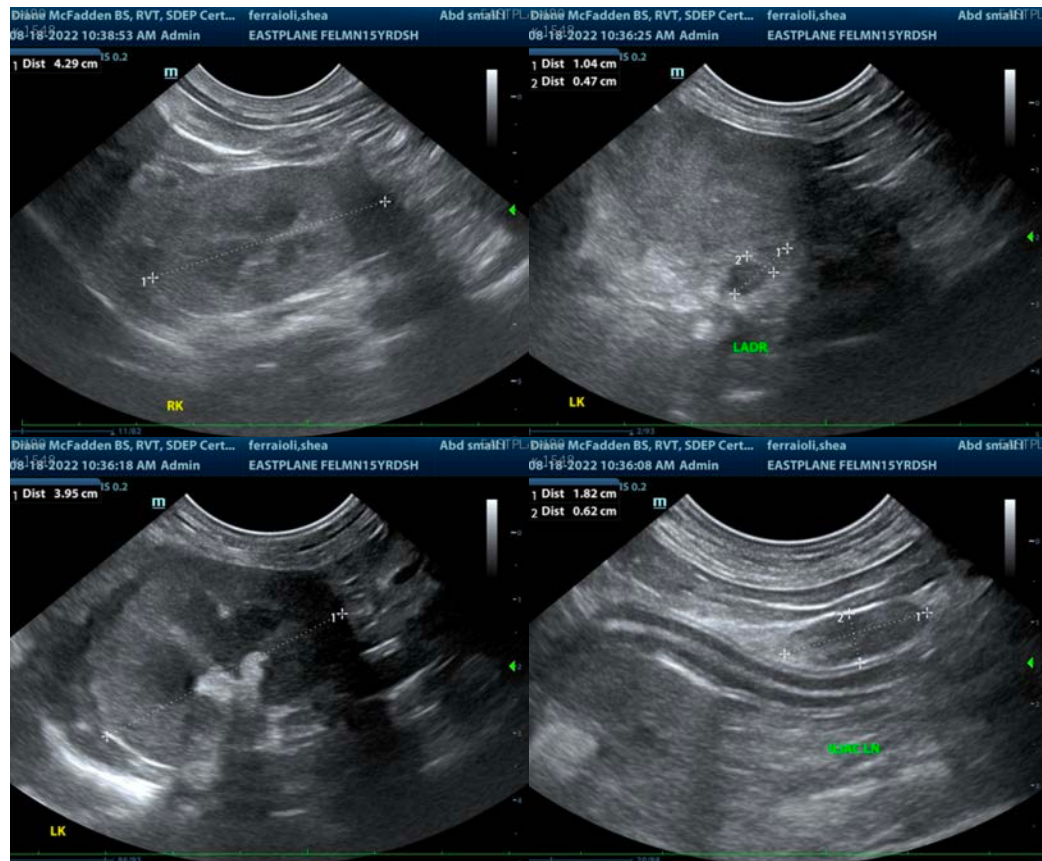
Neutered Male

**AGE**

15 Years

**WEIGHT**

9.1 Pounds



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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.

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