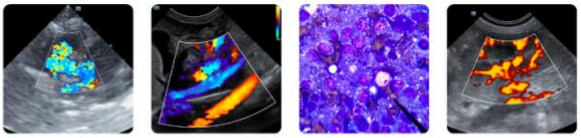

PATIENT

Eevee Miller

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

10.1 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

35330

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: Controlled hyperthyroidism w/ increased ALT. No clinical concern. Current meds: Methimazole 5mg BID.

Abnormal PE/Chem/CBC/UA Results: ALT 148, Abs neuts 8549

PRESENTING CLINICAL SIGNS

Enter

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes was noted.

The kidneys have a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. The right kidney measured 3.16 cm in length. The left kidney measured 4.11 cm in length. The right kidney is significantly smaller than the left, consistent with decreased nephron mass.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.36 cm in thickness. The right adrenal gland measured 0.35 cm in thickness.

Spleen

There is a small hypoechoic nodule at the tail of the spleen, measuring 0.3 cm x 0.3 cm. The remainder of splenic parenchyma is normal, and spleen is otherwise normal in size and shape.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

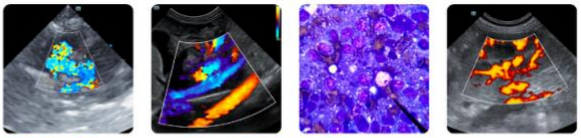
ULTRASONOGRAPHIC FINDINGS

- Small splenic nodule
- Mild atrophy of the right kidney

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic nodule is small and does not have any overt ultrasonographic features concerning for a mass, though this cannot be definitively ruled out with ultrasonographic appearance. It may represent a benign hematoma, hemangioma, regenerative or reactive nodule. Serial evaluation with ultrasound (every 2-3 months) is recommended.

Renal changes are related to mild age-related degeneration. Right kidney is significantly smaller than the left, indicating decreased nephron mass in the right kidney and likely atrophy. Correlate clinical significance with some annual blood work and urinalysis findings.



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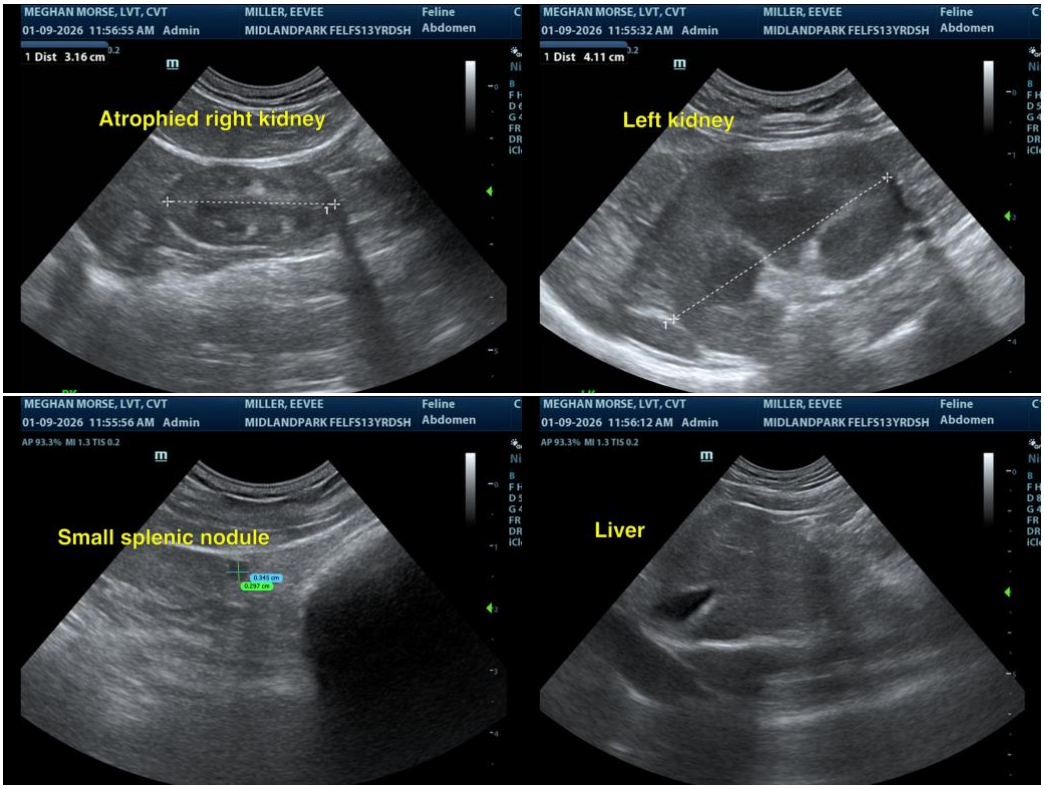

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com