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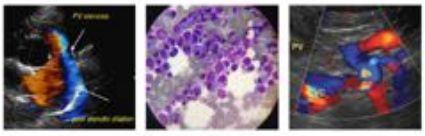

SonoPath
Clinical Sonography & Telecytology
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PATIENT

CC Montagne

SPECIES

Feline

BREED

Domestic Longhair

SEX

Spayed female

AGE

19 years

WEIGHT

10 lbs

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Dr. Dyer

INVOICE

42787

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Current Medications: Methimazole 10mg BID Patient History: Early signs of renal disease. Hyperthyroid but no changes even on very high dose of methimazole > 1mo.. Tachycardia persists but weight has begun to increase. High weight years ago of 14# decreased to 9# Owner thinks PU/PD since starting methimazole.
Abnormal PE/Chem/CBC/UA Results: See attached blood work. Abnormal Examination Findings: Abdomen difficult to assess - doughy - possible mass??

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 were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Spherical anechoic fluid accumulations consistent with cortical cysts bilaterally. The left kidney measured 3.73 cm and the right kidney measured 3.36 cm.

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 0.69 cm in length and 0.36 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measured 0.76 cm in length 0.34 cm at the cranial pole and 0.37 cm at the caudal pole.

Spleen

The spleen was slightly enlarged in size with coarse parenchyma and slightly irregular capsule with no specific nodules or masses visualized. Normal splenic vasculature with no signs of congestion or thrombosis.

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. The gall bladder is moderately distended with anechoic fluid, with hyperechoic non-shadowing gravity dependent debris present. Common bile duct is proximally dilated but tapers normally. There is no surrounding free fluid or signs of active inflammation.

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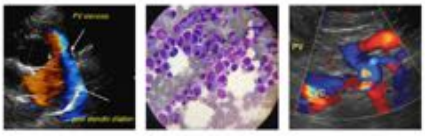

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of 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.

Loop of small intestine labeled "SI RT" contains a non-circumferential area of focal area of thickening with disruption of wall layering. The remainder of the 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.

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 entire pancreas is visualized and is slightly hypoechoic, enlarged and irregular with an anechoic ovoid area (0.35x0.62cm) fluid accumulation in the body. There are no surrounding signs of inflammation.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

1. Small intestinal mass
2. Mild splenomegaly with parenchymal changes and irregular capsule
3. Gall bladder debris
4. Chronic pancreatitis, non-active
5. Degenerative renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal changes are most concerning for a small intestinal mass with GI lymphoma, carcinoma, mast cell tumor being the most common in cats. Other tumors both benign and metastatic and non-neoplastic lesion such as a mural granuloma or abscess are possibilities. Fine needle aspirate of the mass is recommended to further characterize. Ultimately surgical removal, depending on tumor type, may be both diagnostic and curative. This is a possible cause of weight loss.

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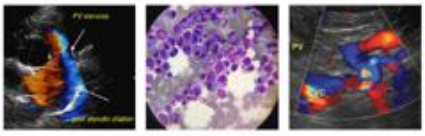

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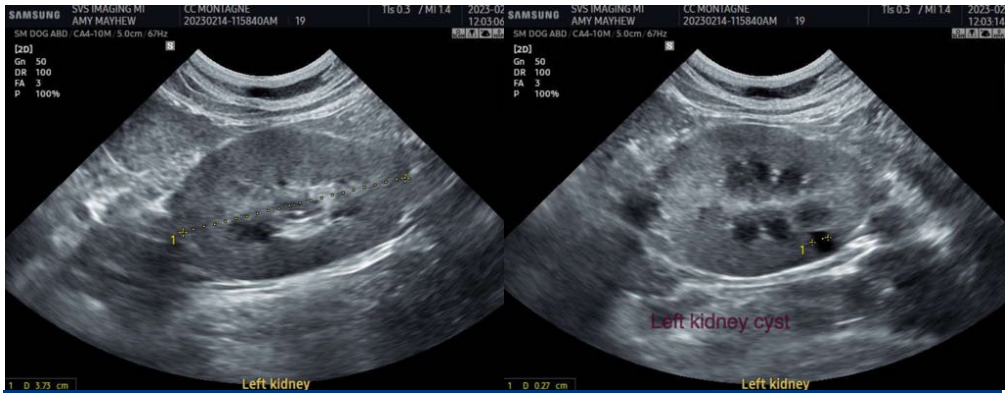
A significantly elevated total t4 despite treatment with high dose methimazole is concerning for thyroid carcinoma as an underlying cause of hyperthyroidism, rather than benign adenoma. Ultimately thyroid carcinoma requires histopathology for definitive diagnosis. High dose radioiodine therapy is often successful at controlling disease with survival times achieved similar to those in cats with benign adenomas and should be considered.

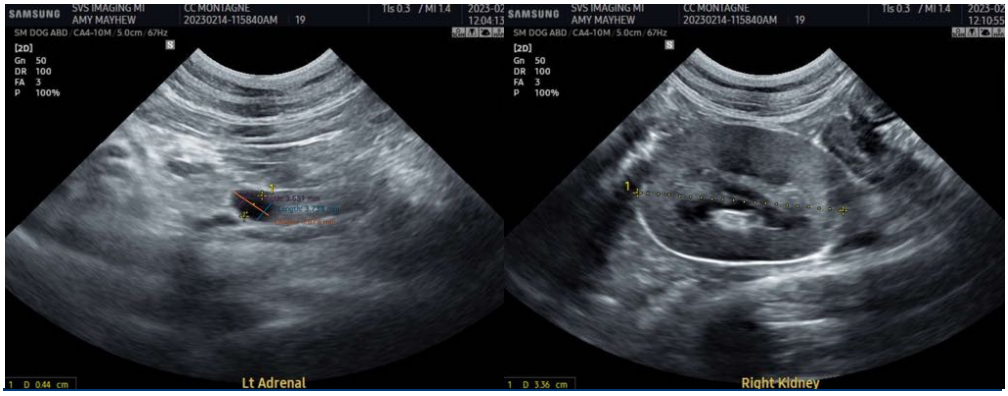
Splenic changes are a common benign age related change, but infiltrative disease (lymphoma, MCT, other) cannot be definitively ruled out. No significant disruption of architecture noted to suggest significant pathology. Fine needle aspirate should be considered to further characterize parenchymal changes if clinically indicated, especially given weight loss is noted or for baseline cytological assessment.

Gall bladder debris is likely an incidental finding and is often subclinical and often does not warrant specific treatment or further investigation. Correlate clinical significance with bloodwork findings and clinical signs. Serial imaging for monitoring could be considered especially if liver enzymes subsequently become elevated.

Pancreatic changes are most consistent with chronic pancreatitis with no active signs of inflammation on ultrasound. Fluid accumulation has the appearance of a pancreatic cyst. If PLi is normal, active pancreatitis is unlikely.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





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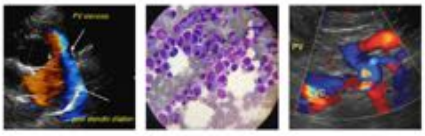

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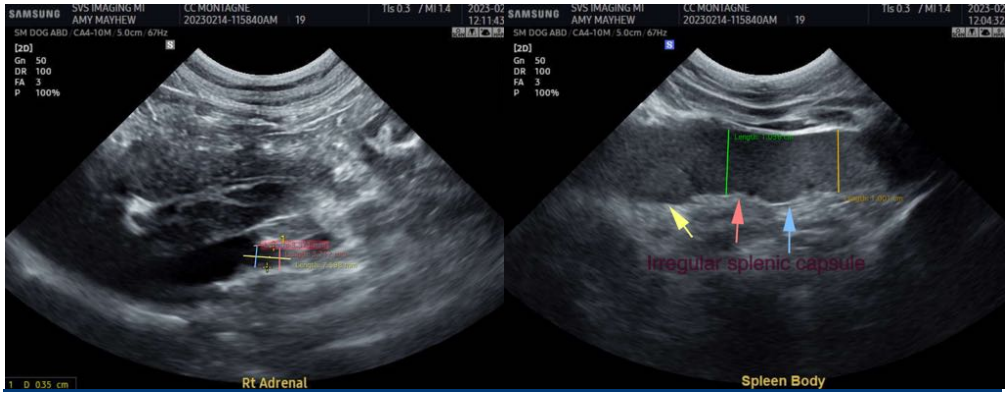

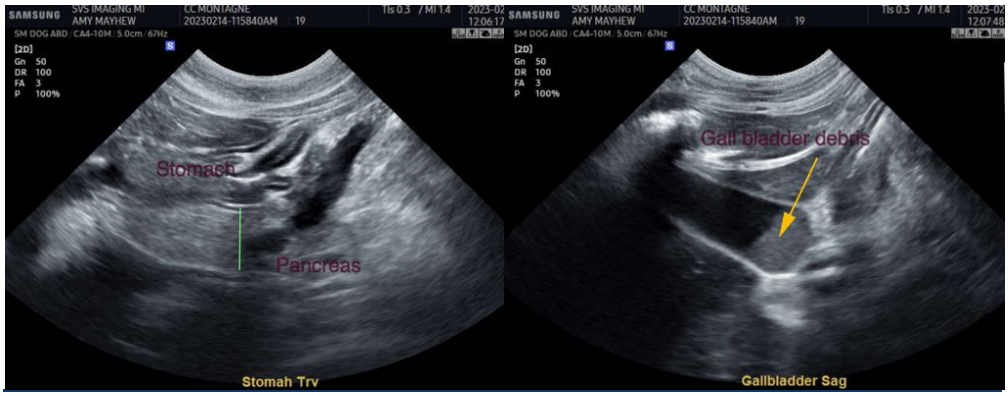

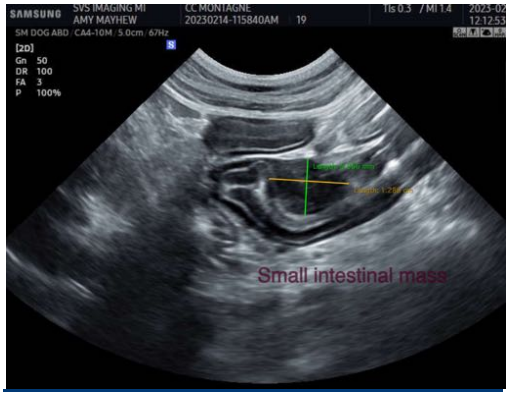

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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