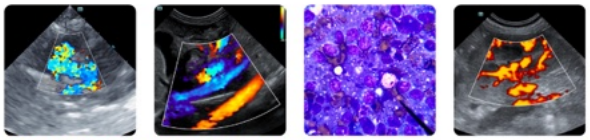


PATIENT

Ziggy Jones

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered male

AGE

15 years

WEIGHT

7.3 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

70198

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Chronic weight loss Recent acute onset anorexia. Went to weekend ER last weekend for the anorexia and they ran labs. Dx with hyperthyroidism. Started on cerenia, mirtazapine, and methimazole. Still not eating Monday morning. Recheck exam showed severe dehydration, depression. Recheck labs showed dehydration, borderline high amylase. FPLi sent out to IDEXX and started patient on supportive care with IV fluids, ondansetron, and famotidine for the past two days. Stopped the methimazole temporarily. Eating well starting last evening. No fever at any time during tx.
Abnormal PE/Chem/CBC/UA Results: Dehydrated Thin Depressed ---------- FPLi significantly elevated at 12 (normal 0-4) Doppler BP normal at 110 but patient was dehydrated T4 was in the 7 range at ER Recommended abdominal ultrasound to evaluate for some underlying GI disease that would cause pancreatitis and weight loss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.86 cm. The right kidney measured 4.2 cm.

Adrenal Glands

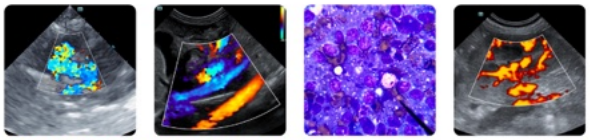
The **adrenal glands** were uniform, yet bilaterally swollen and hypoechoic. This is most consistent with stress-induced hyperplasia. Mineralization was noted in the left and right adrenal gland. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was enlarged with subtle micronodular changes measuring up to 1.46 cm.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Shadowing material was noted in the stomach. Variable small intestinal wall thickening was noted. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were enlarged and measured up to 1.0 x 1.5 cm with micronodular changes.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Bilaterally enlarged and mineralized adrenal glands. Likely dystrophic mineralization, yet I cannot rule out underlying carcinoma.

Distal small intestinal thickening.

Shadowing material in the stomach, may represent hairball accumulation.

Micronodular splenic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated. Ultrasound-guided FNA of the mesenteric lymph nodes, spleen, cytology and culture are all indicated. Full thickness intestinal biopsies are recommended optimally guided by intraoperative ultrasound. There is a strong concern for emerging round cell neoplasia given the lymphadenopathy, spleen and variable intestinal thickening.

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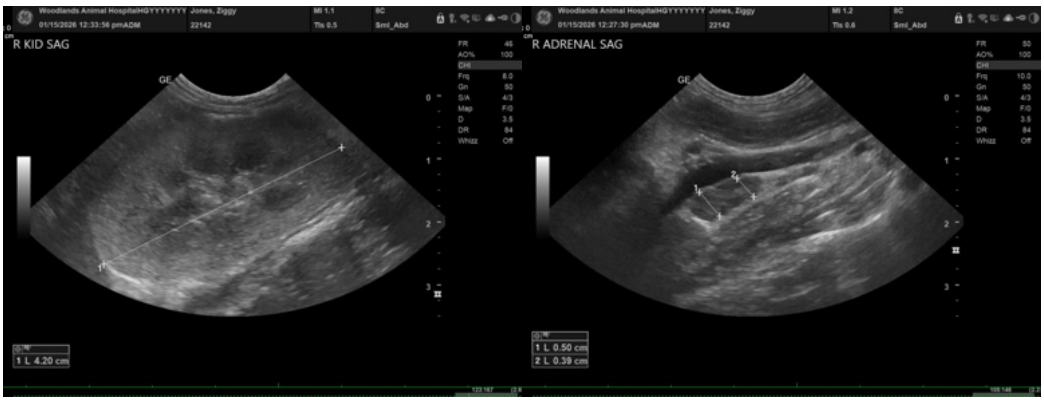

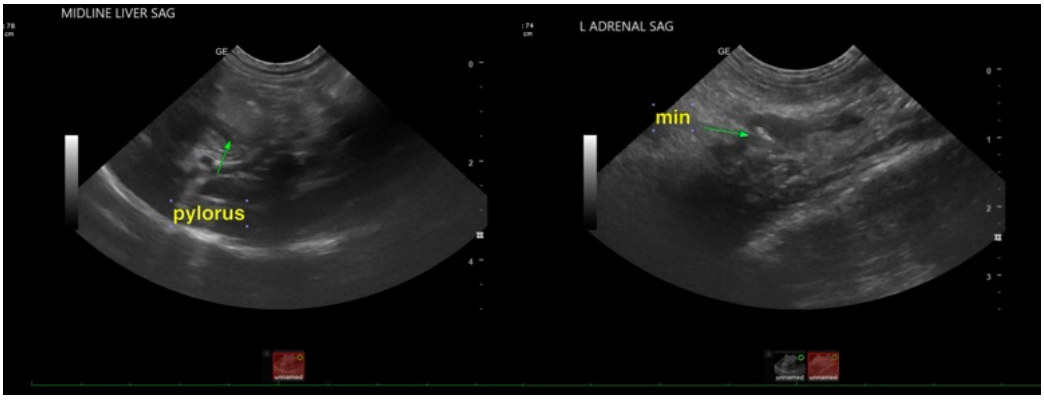

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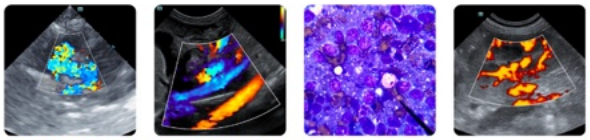

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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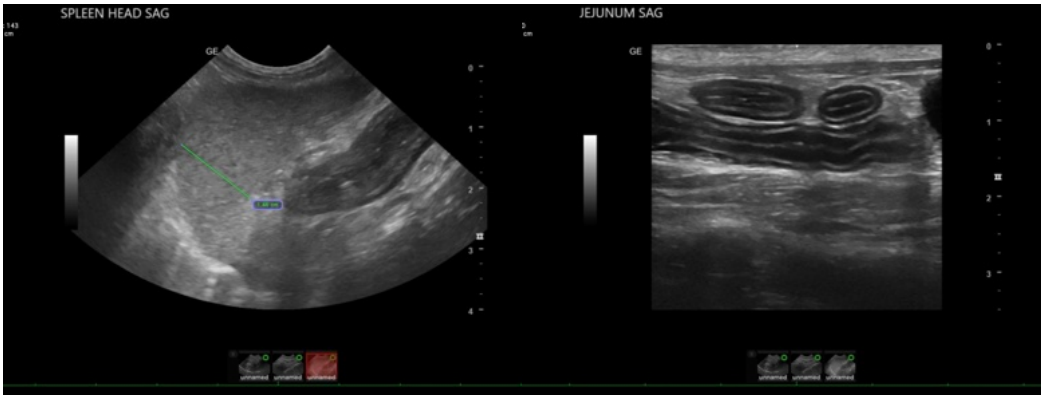

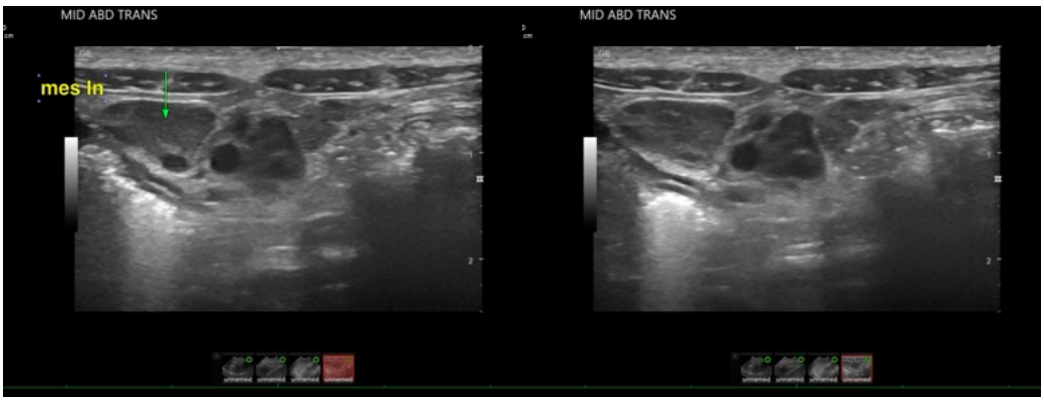

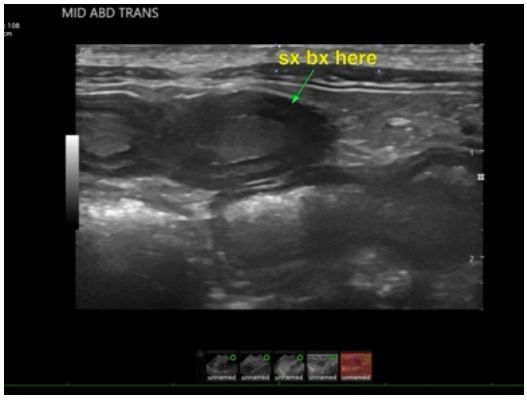

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com