



DATE PRESENTING CLINICAL SIGNS

1/22/26

Patient History: Presented for 5 days of anorexia. owner notes patient is hyperthyroid and stable under treatment. Last bloodwork 1 month ago looked good. In the past 5 days the patient has stopped eating and been vomiting mainly bile. Since pet has been sick, she has not had her methimazole (past 5 days). O also notes a small amount of liquid brown diarrhea. No history of foreign bodies or dietary indiscretion. On exam pet has lost 1 lb since December, small intestines feel thickened, HR 240 bpm and 2-3 % dehydrated.

PATIENT

Kaylee Johnson

SPECIES

Feline

Current Medications: Felimazole 5 mg BID (hasn't had in pst 5 days), Cerenia 3 mg 0.3 ml) sq 12:30 pm

Labwork Results: Labwork attached, reported as: SDMA- 17 in 12/25

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

DSH

Imaging Performed by: Rachel Brilhart, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

5/23/11

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 were noted. Ureteral papillae were normal.

WEIGHT

6.14 lbs

The **left kidney** 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralizations noted, non-obstructive. Left kidney measured 2.75 cm.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

The **right kidney** revealed cortical collapse and irregular contour. Pinpoint mineralizations noted, non-obstructive. The right kidney measured 2.68 cm.

HOSPITAL NAME

Fullerton Animal
Hospital

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** was measurably normal in size yet scalloped contour was present.

REFERRING VET

Dr. Unger

Liver

The **liver** presented hypoechoic nodular changes with increased portal markings, consistent with remodeling. The gallbladder was duplicated and presented a minor amount of debris. The common bile duct was enlarged, expanding up to 0.60 cm.

INVOICE

72395

Gastrointestinal

Examination of the **gastrointestinal tract** revealed variable areas of intestinal mural thickening with loss of detail. Minor mesenteric lymph node enlargement noted.

Pancreas

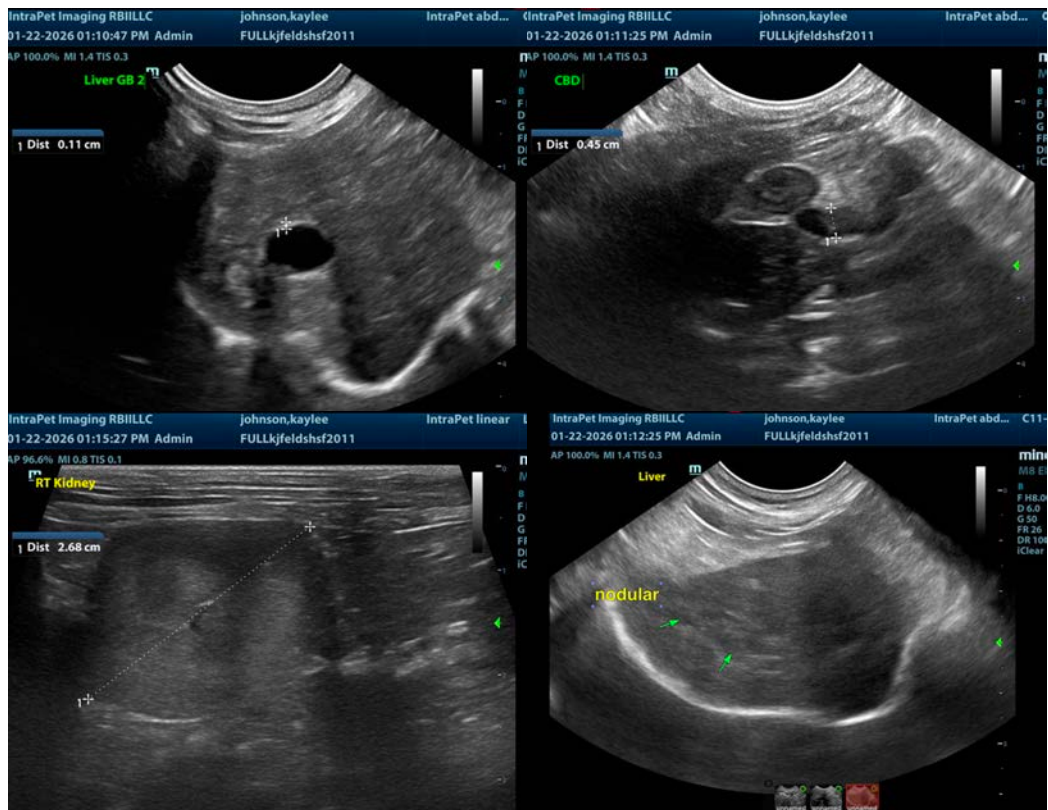
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

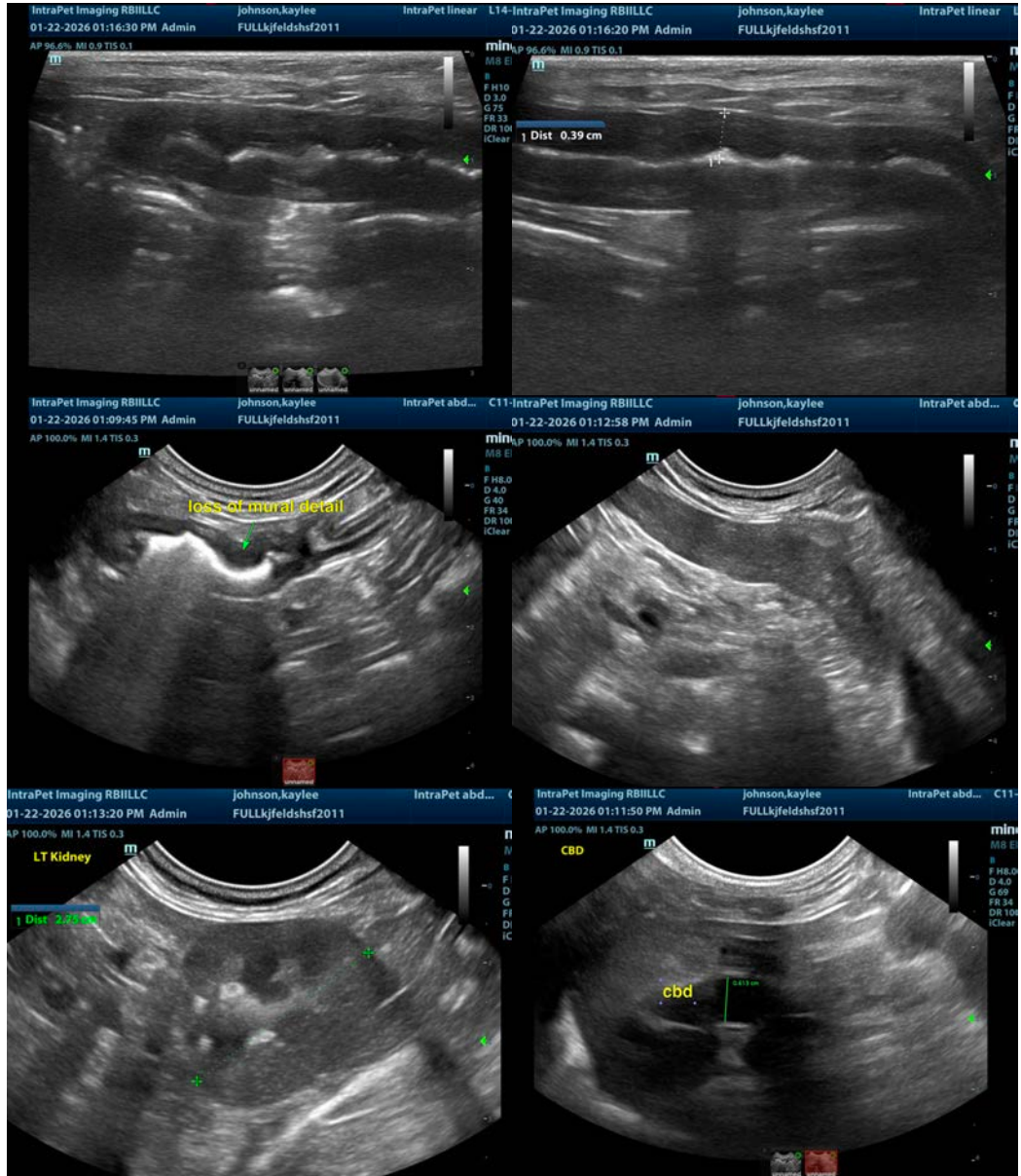
ULTRASONOGRAPHIC FINDINGS

- Chronic cholangitis likely with strictured common bile duct. Potential for underlying hepatic neoplasia.
- Scalloped splenic contour.
- Moderate renal dystrophy.
- Variable intestinal thickening with loss of mural detail.
- Minor mesenteric lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, full thickness surgical intestinal, mesenteric lymph node, and liver biopsies would be performed. Screening FNA of the spleen and liver may arrive at a definitive diagnosis, as both organs are somewhat abnormal. Prognosis is guarded. No overt masses noted in this patient. However, I'm strongly concerned for at least a pre-neoplastic if not an early neoplastic presentation involving potentially intestine, spleen, and liver.





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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