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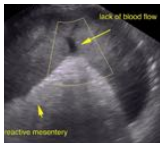
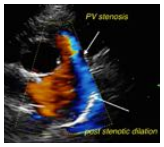
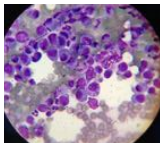
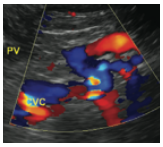

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1-800-838-4268 info@sonopath.com

**PATIENT**
Samantha Hertzler

**SPECIES**
Feline

**BREED**
Domestic Shorthair

**SEX**
Spayed female

**AGE**
15 years

**WEIGHT**
9.1 lbs

**INTERPRETED BY**
Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Jack Reese

**HOSPITAL NAME**
Willow Run VC

**REFERRING VET**
Dr. Brubaker

**INVOICE**
42401

**DATE**
12/28/22

## PRESENTING CLINICAL SIGNS

History: Hyperthyroidism - currently receiving 2.5 mg methimazole BID. Weight loss and possible intermittent vomiting noted at home. Blood work - mild GGT elevation, T4 4.0, renal values stable U/S report pending
Abnormal PE/Chem/CBC/UA Results: mild GGT elevation T4 4.0 Renal values stable 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.3 cm and the left kidney measured 3.0 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 0.37 cm.

### *Spleen*

The **spleen** revealed subtle, heterogenous, hypoechoic parenchymal change with a focal nodule at the mid body measuring 0.4 cm. FNA of the spleen is indicated.

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

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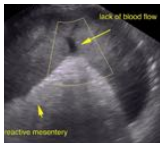
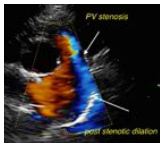
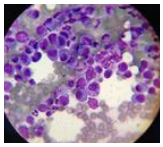
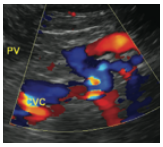

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### *Gastrointestinal*

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable.

### *Pancreas*

The **pancreas** revealed mixed, hypoechoic cystic changes throughout the caudal aspect of the left limb. Hypoechoic parenchymal changes were noted as well. Ultrasound-guided FNA and cytology of the parenchymal portion and drainage and cytospin of the cystic portions are recommended to assess chronic inflammatory and cystic hyperplasia versus underlying carcinoma. Right limb of the pancreas presented similar, mixed, hypoechoic parenchymal changes with areas of mineralization. Enhanced mesentery was noted around the pancreatic changes as well.

## ULTRASONOGRAPHIC FINDINGS

Splenic nodules.

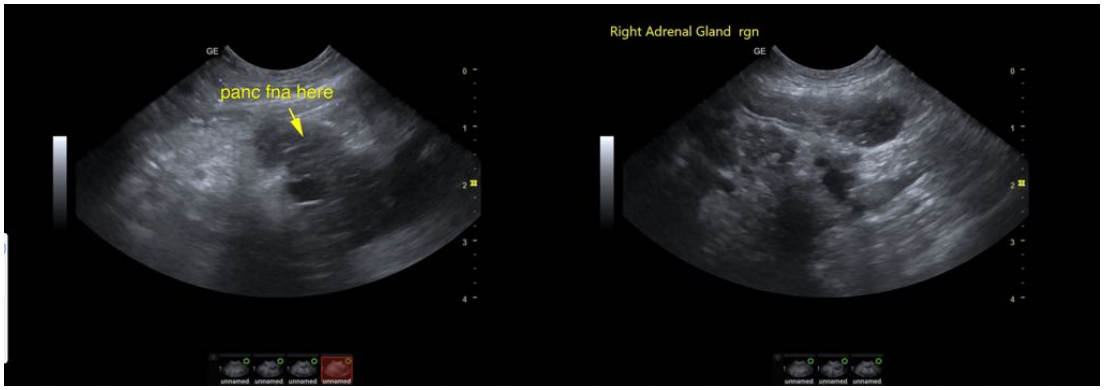
Enlarged, irregular, cystic and parenchymal pancreatic changes. Pancreatitis and cystic hyperplasia versus carcinoma.

Age related renal and hepatic changes.

Minor intestinal thickening.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA is strongly encouraged. FNA of the splenic nodule is strongly encouraged. The prognosis is guarded.



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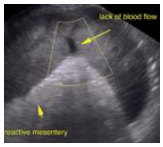
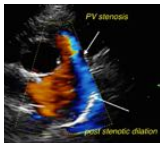
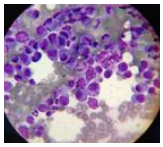
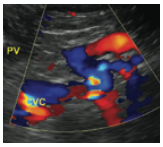

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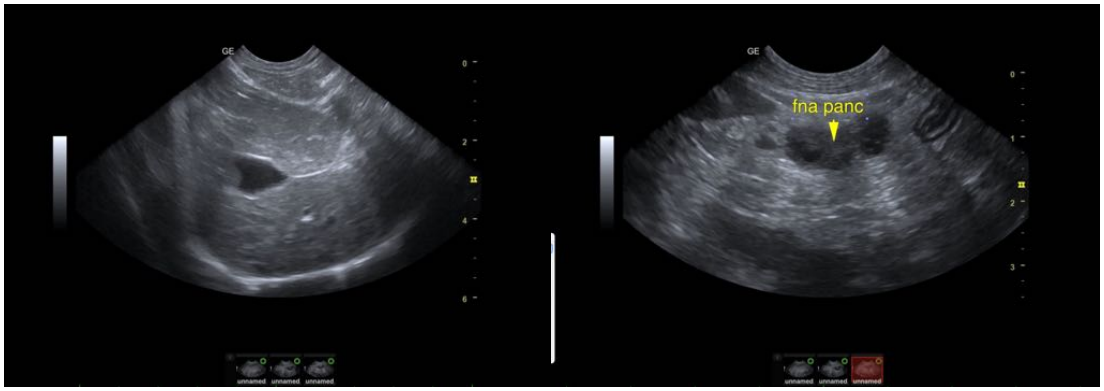


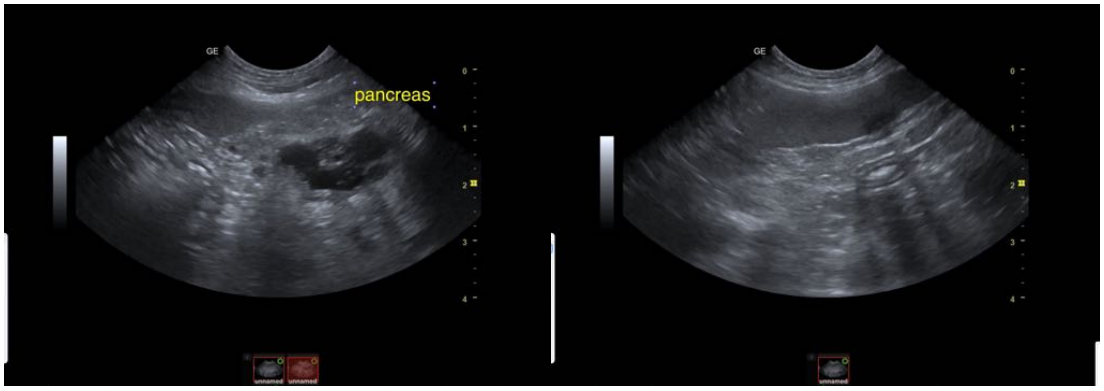


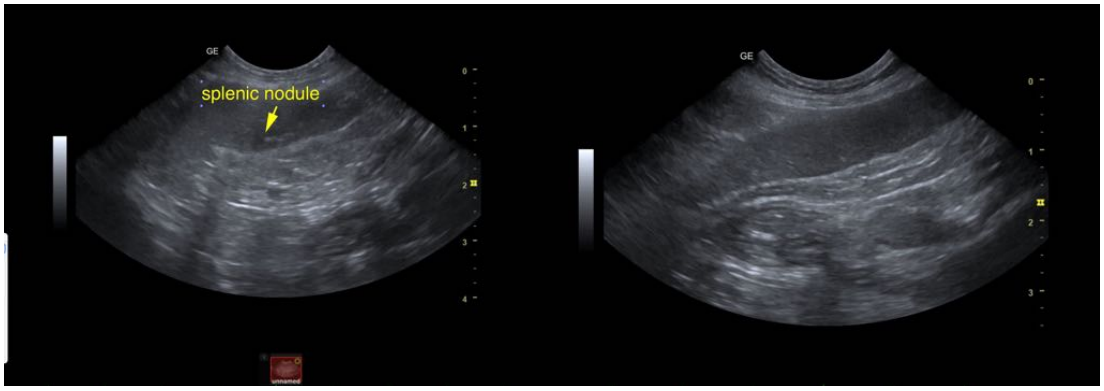


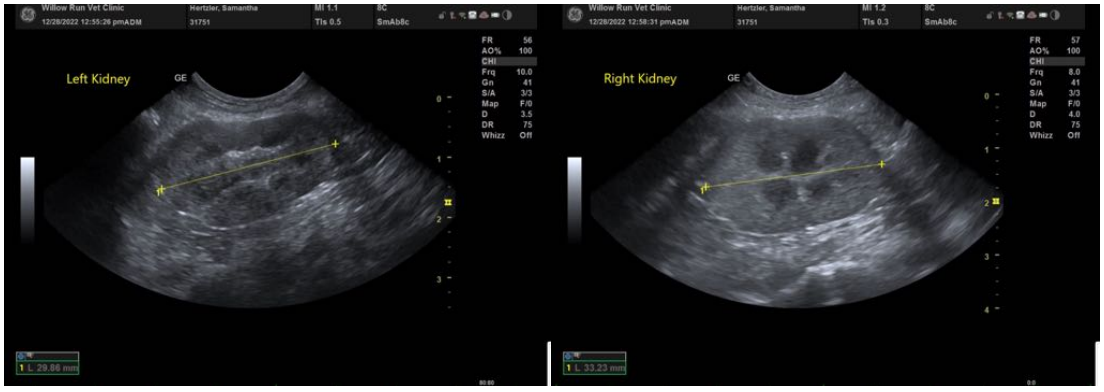

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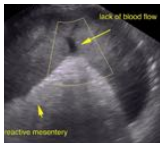
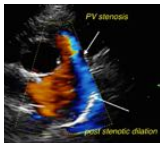
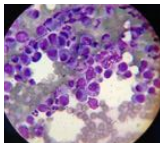
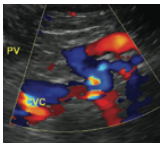

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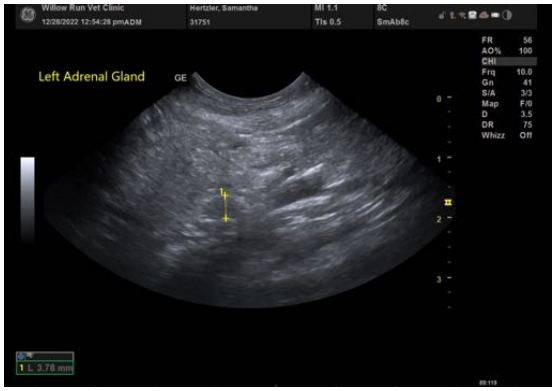


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com