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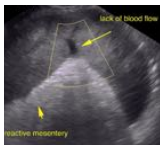
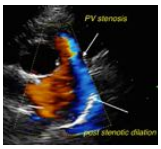
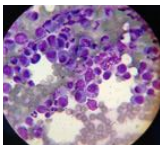
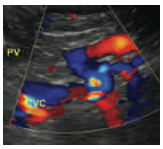
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT
Daisy McNulty

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
13 years

WEIGHT
6.09 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Shari Reffi, CVT

HOSPITAL NAME
Andover AH

REFERRING VET
Dr. Lind

INVOICE
97937

DATE
3/30/22

PRESENTING CLINICAL SIGNS

History: Dx with hyperthyroidism 2 years ago. O took for I 131 tx-rDVM wanted u/s done prior to tx. Garden State won't treat w/ I131 until AUS performed due to elevated liver enzymes. Current meds: Methimazole 5mg bid
Abnormal PE/Chem/CBC/UA Results: Thin muscle wasting, moderate tartar. AST 210, ALT 733, ALKP 207, BUN 56, Creat 2.9. T4 8.7. USG 1.017, Urine MA 2, Renal tech index-Pos. CBC-wnl

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 3.7 cm. The right kidney measured 3.47 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 0.42 cm. The right adrenal gland measured 0.4 cm.

Spleen

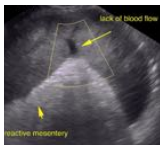
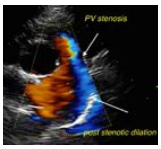
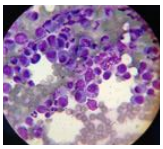
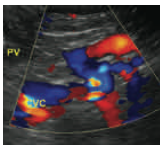
The **spleen** was slightly enlarged and measured 0.96 cm. This may be owing to sedation. Hyperechoic, lipogranulomatous nodule measured 0.3 cm.

Liver

The **liver** revealed non-specific, coarse architecture with slightly increased portal markings. Minor, tortuous cystic duct was noted. This is consistent with non-specific inflammatory hepatopathy. This is likely owing to thyrotoxic state. There is no evidence of neoplasia.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Non-specific inflammatory hepatopathy.

Geriatric abdomen with prominent pancreas.

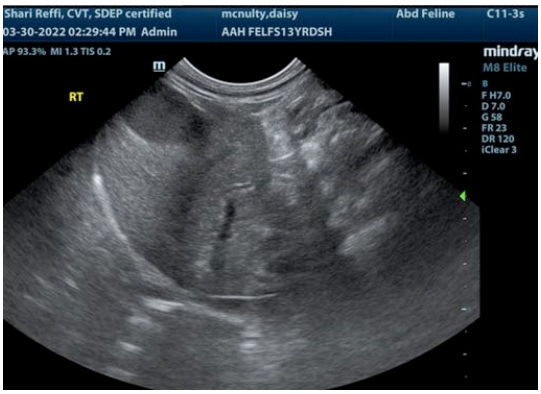
Kidneys do not appear end stage, therefore, prerenal disease should be considered.

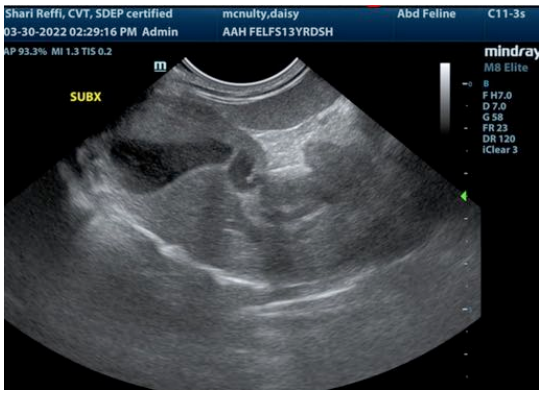
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition. There was no evidence of neoplasia. If weight loss is an issue malassimilation may be underlying disease.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services





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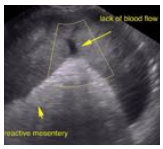
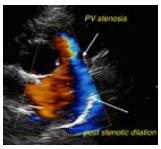
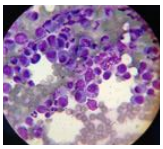
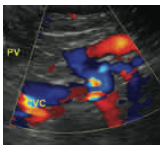

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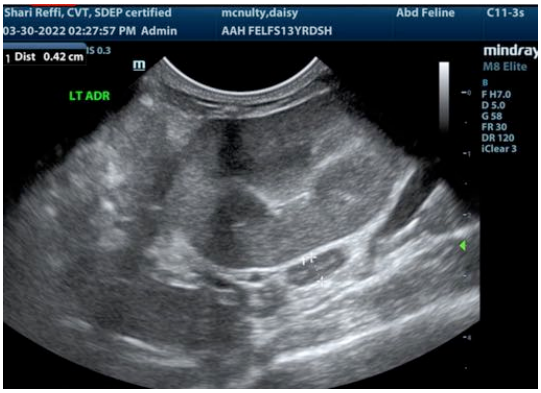

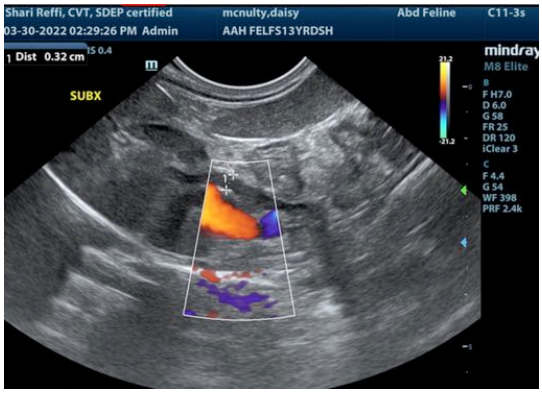

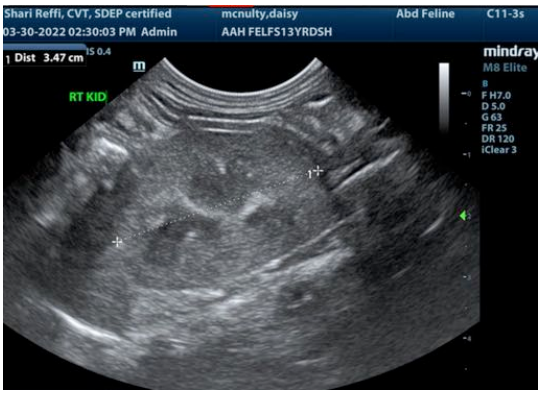

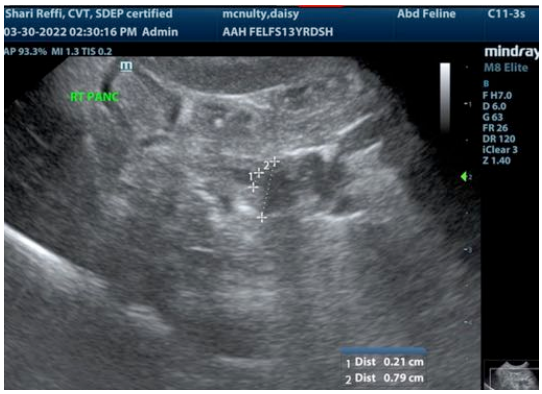

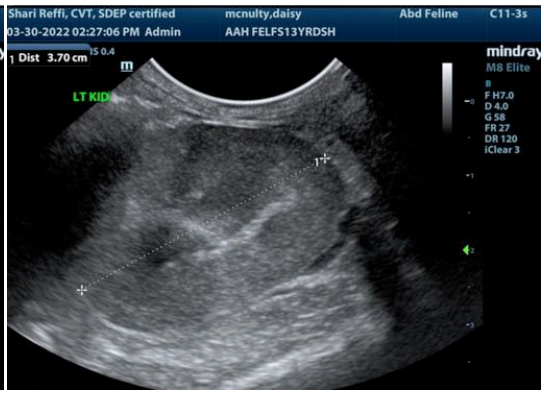

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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