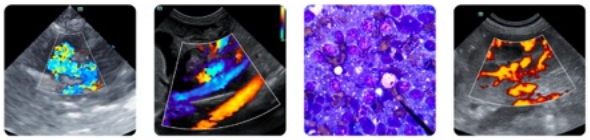


PATIENT

Fred Nornhold

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

14 years

WEIGHT

7.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather Platzer

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Bohling

INVOICE

74993

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Patient is hyperthyroid and has been managed on transdermal Methimazole. Patient has always been a picky eater- but has been loosing weight over a period of time. Patient is now not interested in any food, client has tried a variety -- patient has lost 1 lb in 1 month. Patient has a heart murmur and was dehydrated on exam. Patient is very lethargic. Patient is on Methimazole, Mirataz, Cerenia, and Buprenex.
Abnormal PE/Chem/CBC/UA Results: - CBC: mild eosinopenia 0.13 - Chemistry panel: BUN 12, Potassium 3.2 - Pancreatic Lipase: 6.5 - Total T4: 4.9

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. The left kidney measured 3.4 cm with slight pyelectasia.

Adrenal Glands

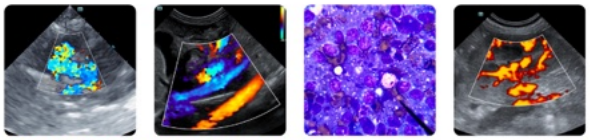
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

The **spleen** was mildly enlarged with uniform, but subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. The spleen measured 1.04 cm in width.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



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contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. The distal small intestine revealed a mass that measured 2.0 x 2.6 cm with loss of structural detail. The mass appears to be localized. However, the exact location of the mass is unclear. This may be ileocecal. There was stasis noted behind the mass.

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

Heterogenous pancreas.

Partially obstructive intestinal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical resection can be considered, ideally guided by intraoperative ultrasound. Surgical intervention with resection and anastomosis or ultrasound-guided FNA of the mass and potential chemoreduction is warranted. However, given the obstructive pattern surgical approach may be optimal. There was no overt evidence of metastatic disease. Some level of low grade pancreatitis is possible. Round cell neoplasia, granulomatous non-neoplastic lesion is possible with a remote potential for dry form FIP and less likely carcinoma.

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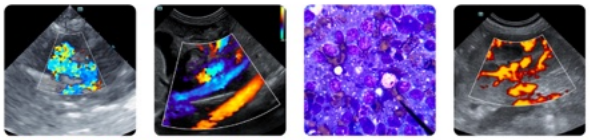

Clinical Sonography & Telecytology
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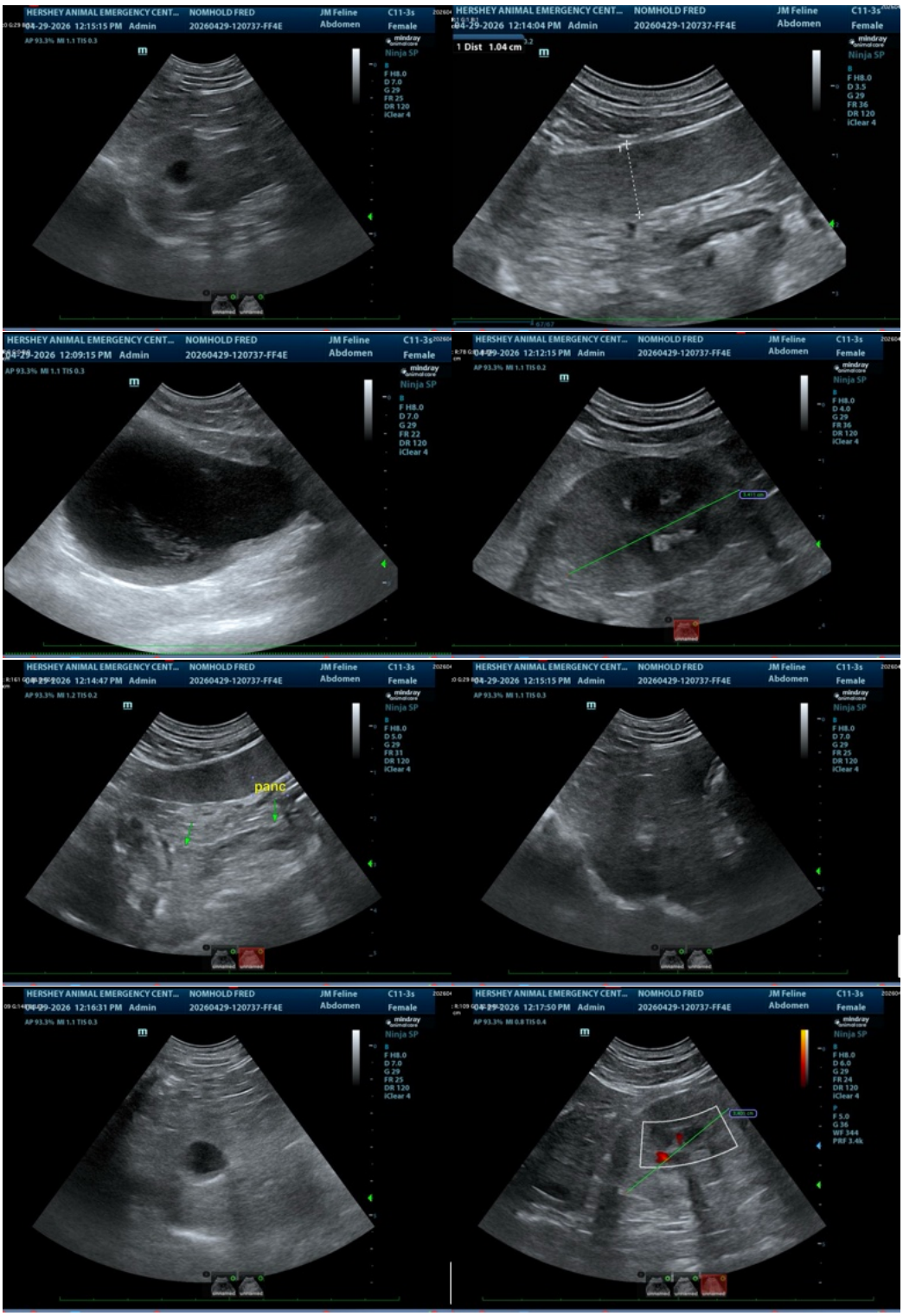

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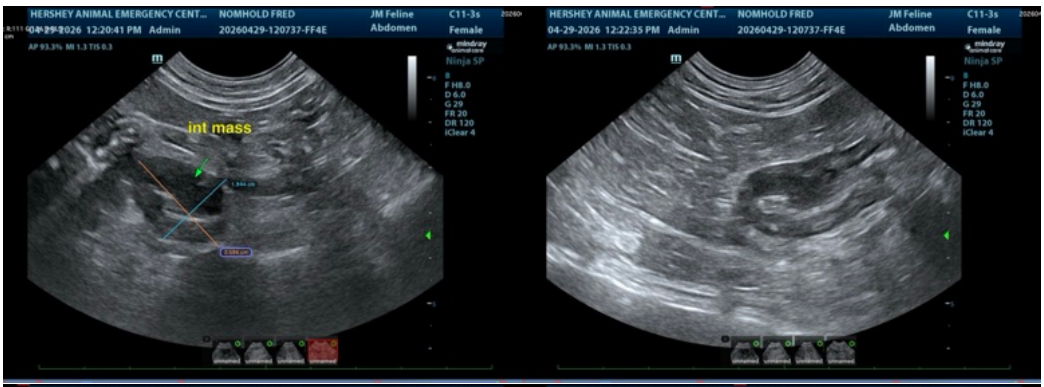

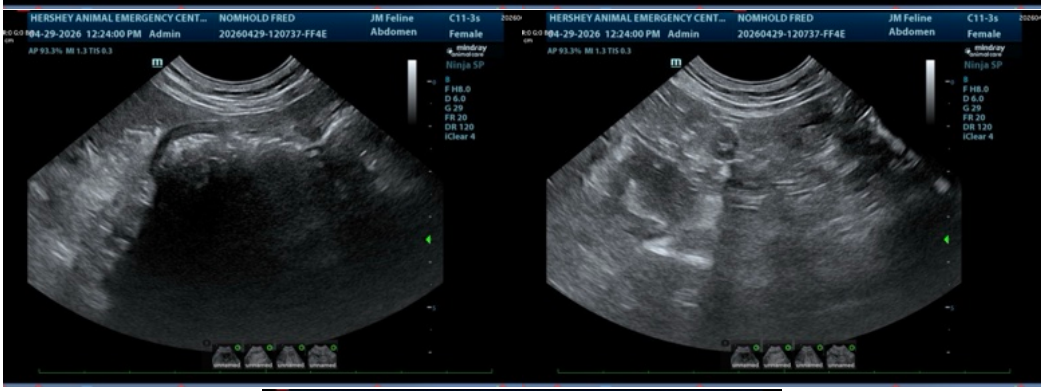

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com