



PATIENT

Sushi Helle

PRESENTING CLINICAL SIGNS

13 yo MN Siamese, recently diagnosed with hyperthyroidism. Elevated Tbili at 2.3 and elevated ALT
Abnormal PE/Chem/CBC/UA Results: T4: 19

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Siamese

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.

SEX

MN

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with minor 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 left kidney measured 4.75 cm in length. The right kidney measured 4.26 cm in length.

AGE

13yr

Adrenal Glands

WEIGHT

10lb

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 0.93 cm.

IMAGING PERFORMED BY

Elaina Petrone

Liver

The liver images submitted revealed increased portal markings and coarse architecture. The liver was hypoechoic and swollen.

HOSPITAL NAME

Long Branch Animal
Hospital

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.

REFERRING VET

Elaina Petrone

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

INVOICE
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Pancreas

DATE

07/10/2023

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.



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Free Abdomen

SPECIES

Feline

No omental masses or peritoneal effusion was present.

The mesenteric lymph nodes presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The nodes measured up to 1.91 cm x 0.8 cm.

BREED

Siamese

ULTRASONOGRAPHIC FINDINGS

- Cholangitis liver pattern.
- Mesenteric lymphadenopathy-potential emerging round cell neoplasia.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatosplenic FNA is indicated assuming normal clotting status. Assessment of patient history for salmonella or other toxicity is recommended. A guarded prognosis is indicated.

AGE

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WEIGHT

10lb

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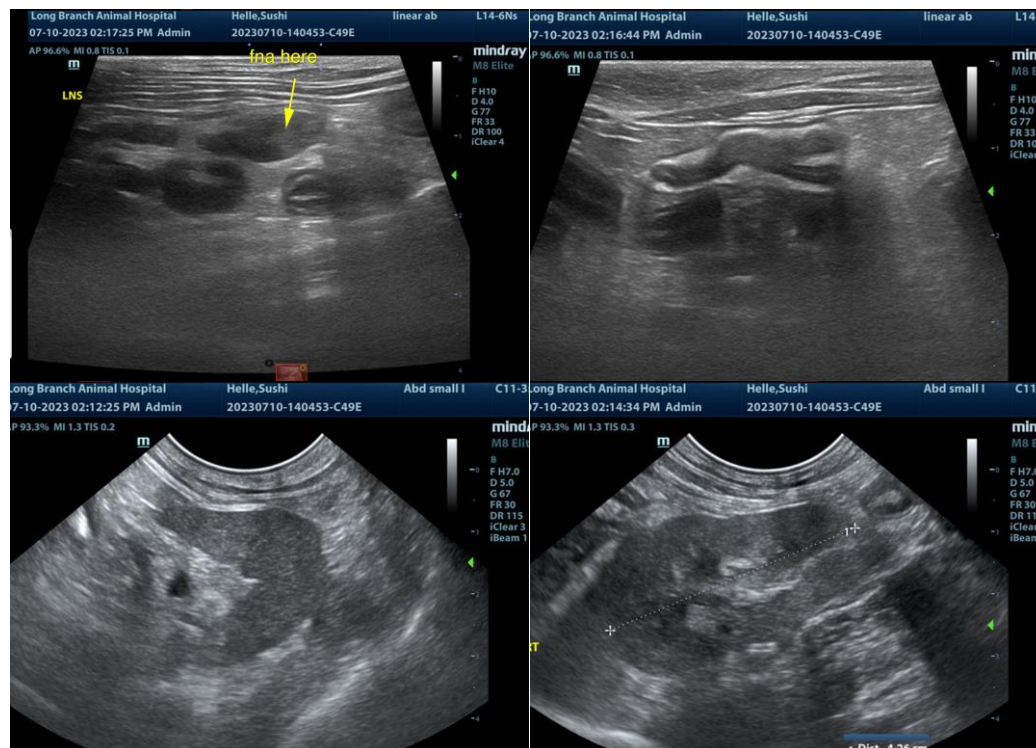
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SPECIES

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SEX

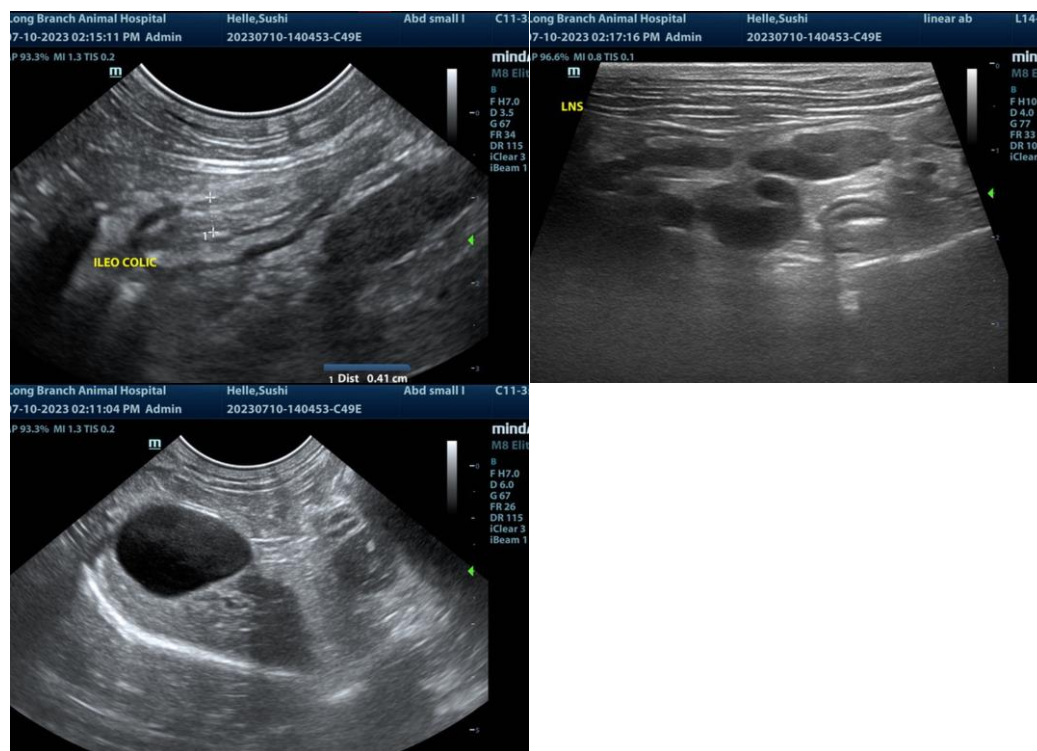
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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