

**DATE**

8/12/21

PRESENTING CLINICAL SIGNS

Pet presented to Everhart as a follow-up for UTI management from the ER mid-May. Rechecked senior profile with U/A Mid-June and diagnosed hyperthyroidism and started on oral methimazole. Liver value elevations at that visit suspected from unregulated thyroid disease. Recheck levels showed some improvement in both thyroid and ALT but Methimazole increased to attempt better regulation. Most recent recheck shows normal thyroid but ALT elevations worsening with new ALKP elevation. Pet is clinically improving but concern for liver value changes.

PATIENT

Azriel Vanhorne

Current Medications: Methimazole current liquid 3.75 mg BID (was started on 2.5 mg BID but adjusted in July).

SPECIES

Feline

Lab Results: 6/16/21: ALT 551, T4 9.2. 7/9:21: ALT 202, T4 5.9.

8/10/21: ALT 293, ALKP 481, T4 2.4.

Date of Previous IntraPet Ultrasound: No previous

Sedation: IV sedative utilized for AUS

Stat Report: not requested

BREED

Domestic Shorthair

SEX

Female

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.

AGE

2004

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.56 cm with a cortical infarct at the caudal pole and slightly increased cortical echogenicity. Pinpoint mineralization was noted and non-obstructive. The left kidney measured 3.67 cm with mineralization that measured 0.28 cm. The left kidney revealed slight pyelectasia, possibly owing to scarring or embedded infection.

WEIGHT

11.85 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.58 cm.

HOSPITAL NAME

Everhart VH

REFERRING VET

Dr. AN

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

INVOICE

91193

Liver

The **liver** revealed slight, coarse architecture. The gallbladder and common bile duct 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. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Slight mesenteric lymphadenopathy was noted.

Pancreas

The **pancreas** was hypoechoic and mildly irregular. The left base measured 1.38 cm.

ULTRASONOGRAPHIC FINDINGS

Non-specific, low-grade inflammatory hepatopathy.

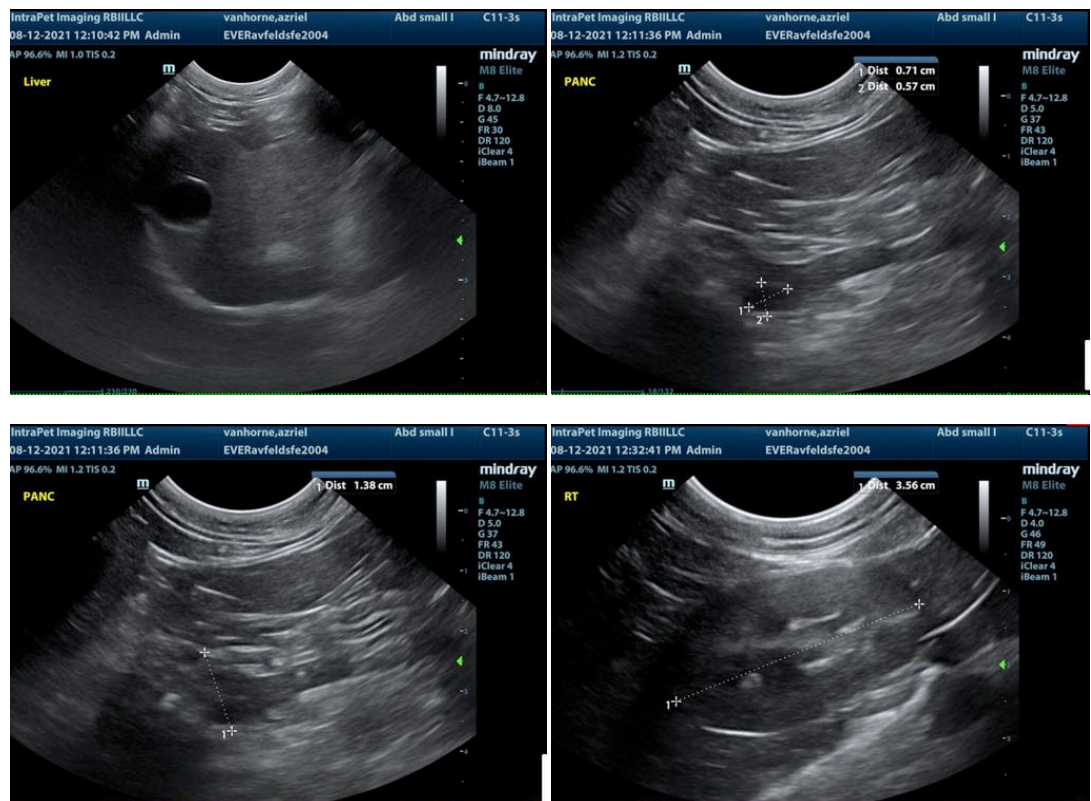
Mild to moderate degenerative renal changes. Interstitial nephrosis pattern with infarcts and mineralization.

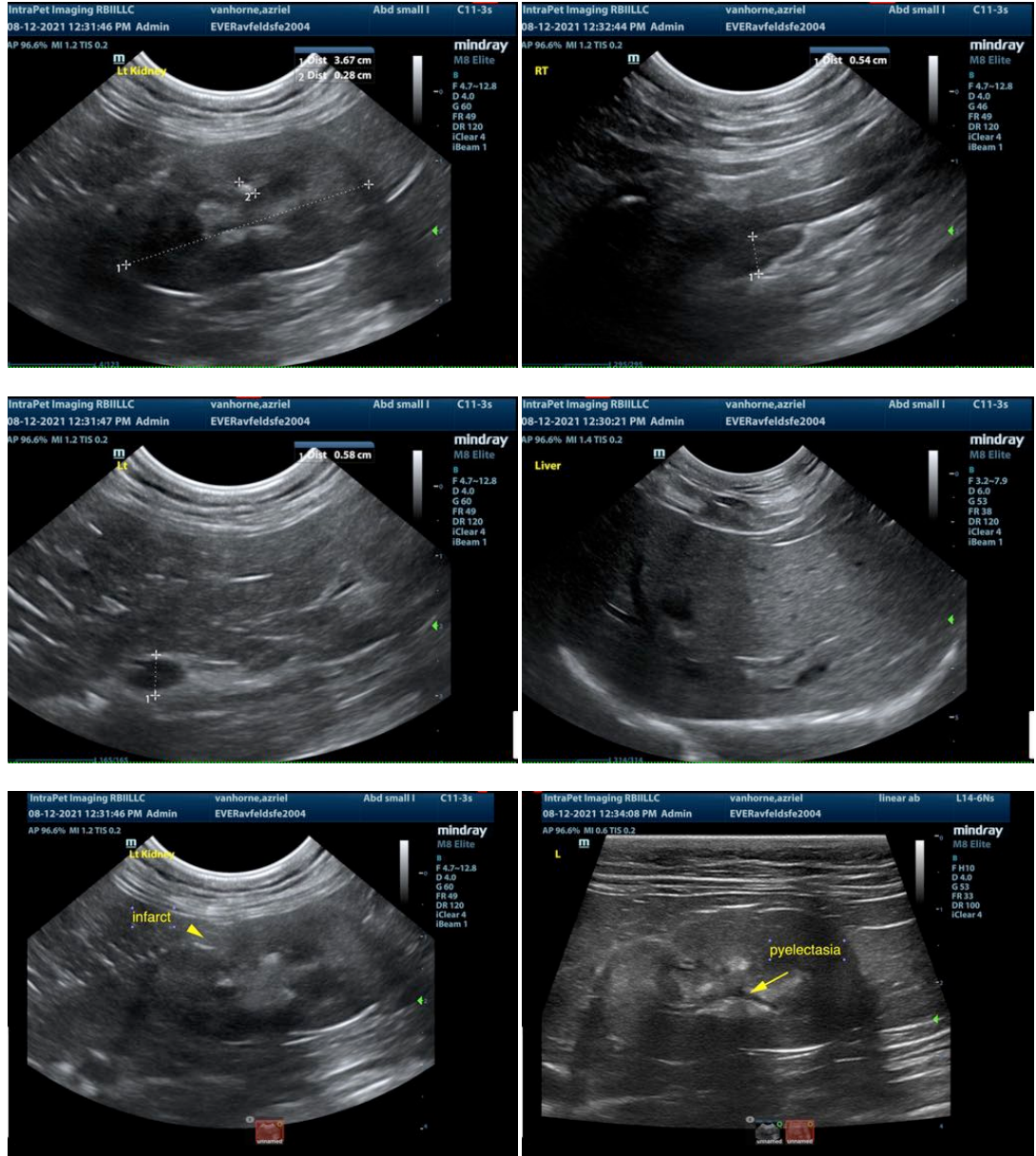
Pyelectasia, potentially due to scarring or embedded infectious depending upon urinalysis results.

Prominent irregular pancreas. Possible low-grade inflammatory or history of inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver could be considered for further definition given the liver enzyme elevations. I am not suspicious of neoplasia. The kidneys do not appear to have any significant degenerative changes, yet infarcts and mild dystrophic changes are present. The calculi were non-obstructive.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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
 Eric.Lindquist@SonoPath.com