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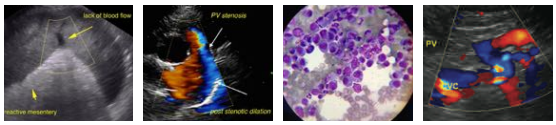

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Titan Hatfield

SPECIES
Feline

BREED
Bombay

SEX
Neutered male

AGE
12 years

WEIGHT
11.6 lbs

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Salem AC

REFERRING VET
Dr. Sirianni

DATE
12/23/21

Invoice
94887

PRESENTING CLINICAL SIGNS

GI: chronic diarrhea. Started after his anal gland abscess and repair in October and never resolved. Owner describes Titan's stool as liquid. Abdominal palp - nsf Chronic diarrhea r/o: AFR, adverse drug reaction (Methimazole), parasites, IBD, open Current Medications Methimazole
Abnormal PE/Chem/CBC/UA Results: Titan's BW confirms he is hyperthyroid. T4 = 7.6. AST 439, ALT 1574, ALKP 342, TBILI 0.5 It also reveals significantly elevated liver values and mildly elevated bilirubin (so he is slightly jaundiced). Liver values can certainly be elevated secondary to the unregulated hyperthyroidism, but he could also have primary liver disease (inflammation, infection, cancer). Primary liver disease could also be the source of his diarrhea. Rechecked bloodwork today.

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 3.75 cm. The right kidney measured 3.97 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 right adrenal gland measured 0.39 cm. The left adrenal gland measured 0.37 cm.

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. The spleen measured 0.8 cm.

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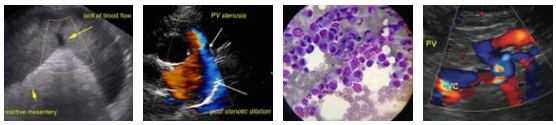

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Liver

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.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The gastric lumen was fluid filled. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Minor epigastric lymphadenopathy 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

Minor intestinal thickening.

Age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplastic criteria or foreign bodies. The **liver** structurally appears unremarkable. However, given the liver enzyme elevations FNA is warranted to assess for hepatitis versus occult, emerging, round cell neoplasia. Treatment for enterotoxins, Salmonella and similar is recommended. Enrofloxacin and Clindamycin combination or Enrofloxacin and Metronidazole, supportive care and further treatment based on hepatic FNA results.

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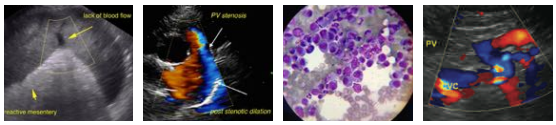

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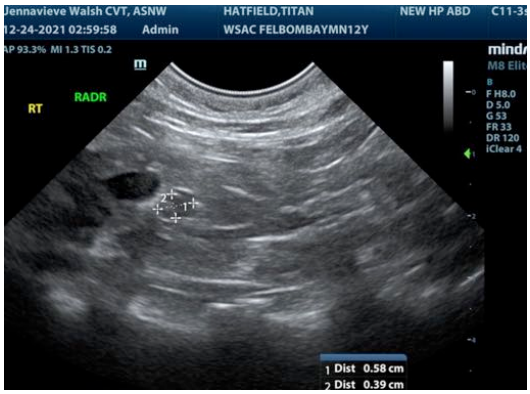

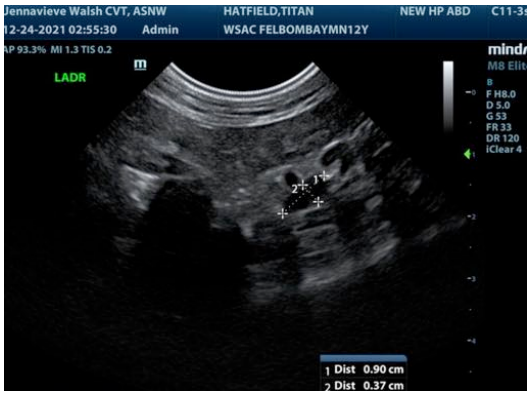

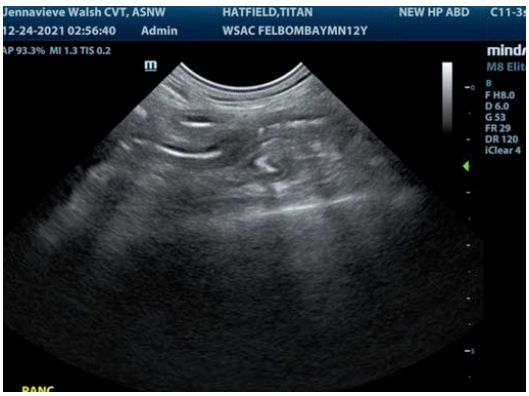

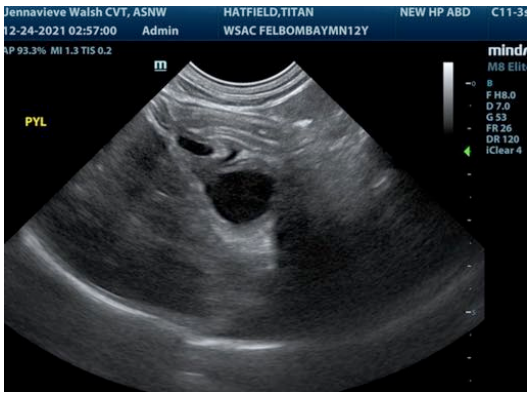

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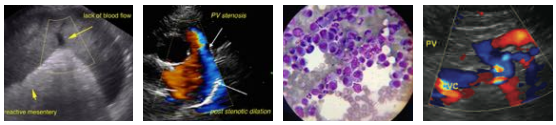

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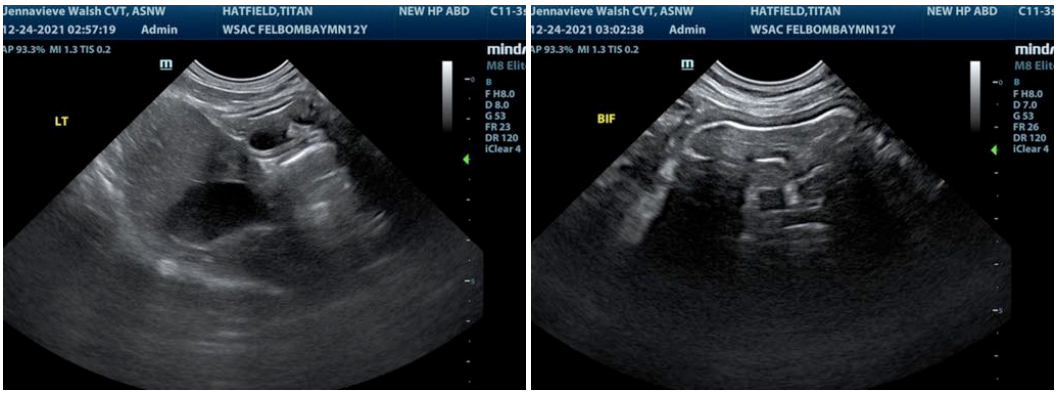

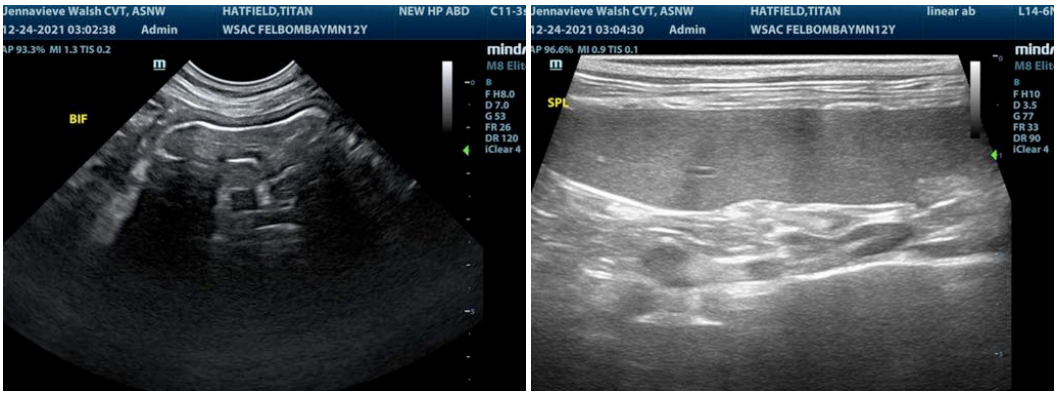

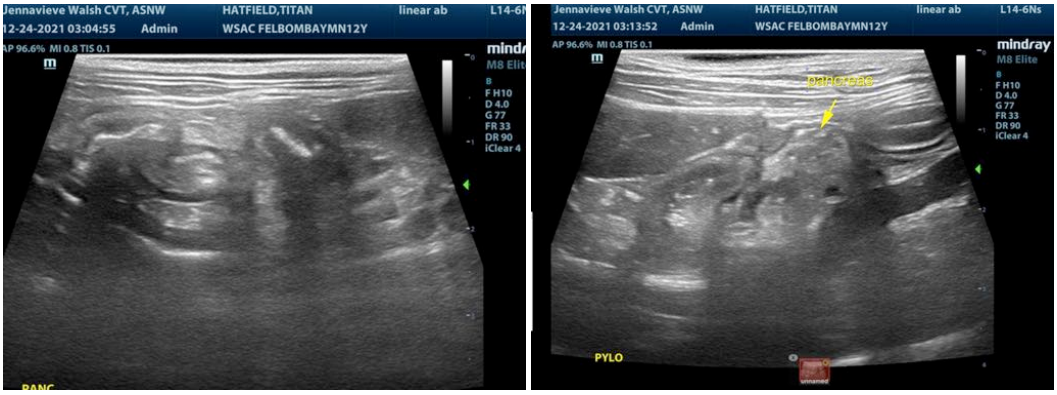

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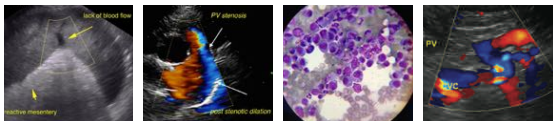

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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