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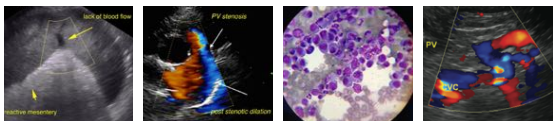


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Faith Schroeder

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed female

AGE
8 years

WEIGHT
4.2 lbs

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Edgewood AC

REFERRING VET
Dr. Kimball

DATE
7/3/23

Invoice
45066

PRESENTING CLINICAL SIGNS

History: Recently diagnosed (4/2023) with hyperthyroidism. Started on methimazole. Stopped eating about one month ago and lost significant amount of weight. Owner stopped methimazole 2 weeks ago and her appetite has returned a little but she has not gained any weight.
ABNORMAL Laboratory Findings 6/24/2023: AST- 245, ALT- 244, Alkp- 325, GGT 19, WBC 20.8 In house BW on 6/29/23: ALT- 236, Alkp- 281, WBC 16.5 Current Medications Miratax

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** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Cortical infarcts were noted in the kidneys. Moderate pyelectasia was noted in the right kidney. The right kidney measured 3.85 cm. Left renal pelvic mineralization was noted along with non-obstructive calculi. The left kidney measured 3.0 cm.

Adrenal Glands

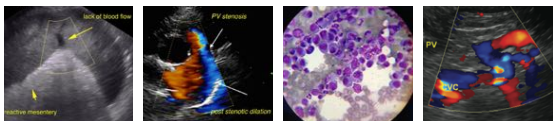
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.35 cm. The right adrenal gland measured 0.4 cm.

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.

Liver

The **liver** revealed coarse architecture and increased portal markings. The gallbladder was thickened and mildly inflamed. This is consistent with chronic inflammatory hepatopathy; however, a moderate



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amount of remodeling was noted as well as irregular contour. Color mapping demonstrated nodular changes measuring up to 1.5 cm with ill-defined margins.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Variable intestinal thickening was also 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.

Free Abdomen

A minor amount of free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Undefined nodular hepatic changes with variable intestinal thickening.

Pyelectasia/mild hydronephrosis of the right kidney. Pelvic mineralization of the left kidney.

Variably thickened small intestine with reactive mesentery and slight free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned about numerous organ systems in this patient. The patient is likely passing calculi periodically. The right kidney reveals a hydronephrosis pattern. Nodular changes and remodeling of the liver is concerning. Ultrasound-guided FNA of the liver nodules is recommended to assess for underlying neoplasia. Supportive care followed by recheck sonogram is recommended in 48-72 hours with full urinary work-up and blood pressure measurements are indicated. The patient may be anorexic for the hepatic pathology or urinary pathology. The prognosis is very guarded.

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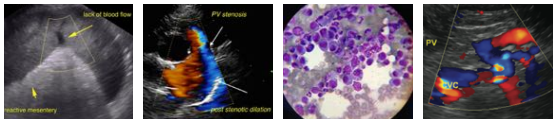

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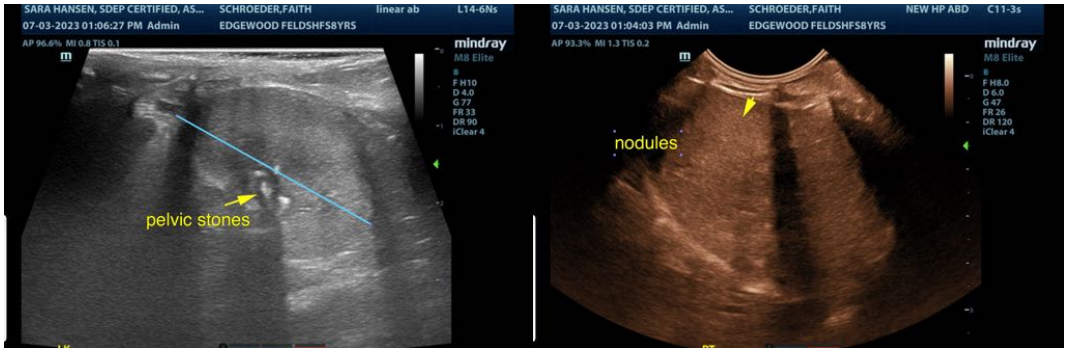

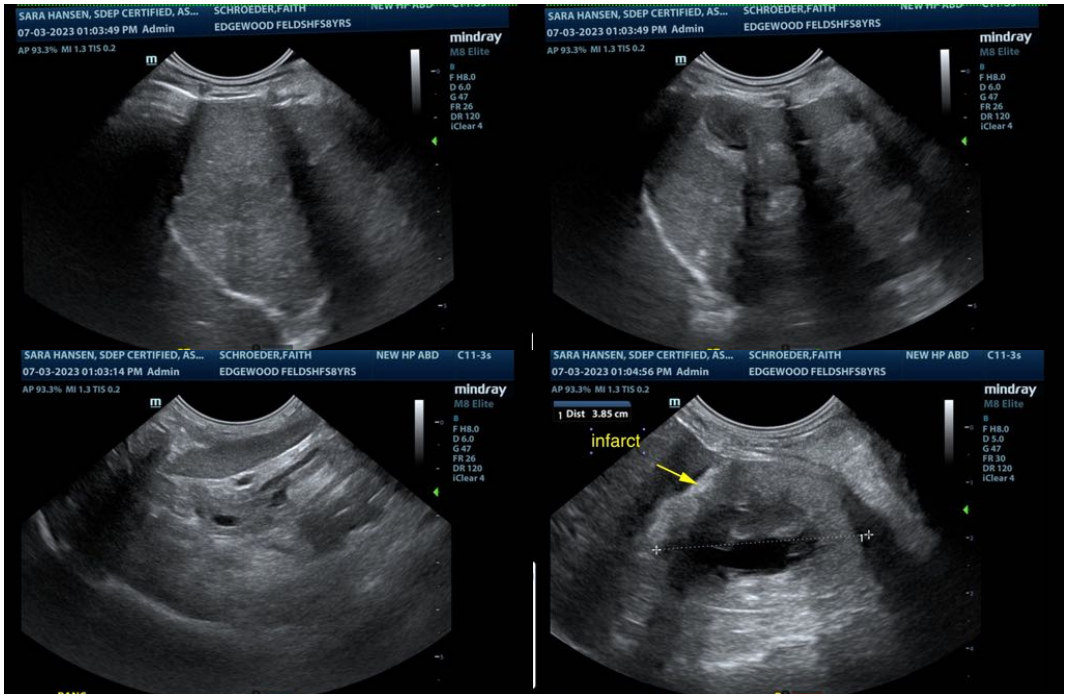

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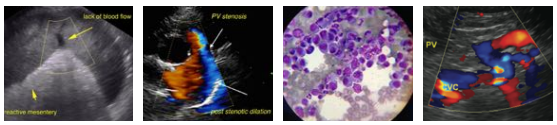

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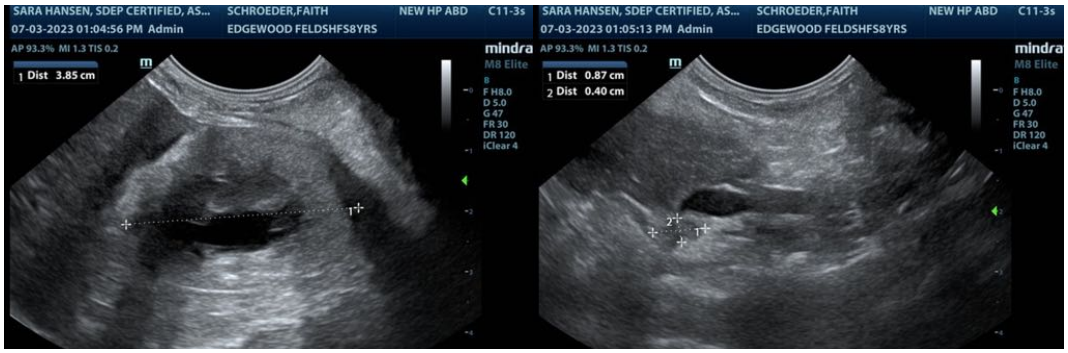

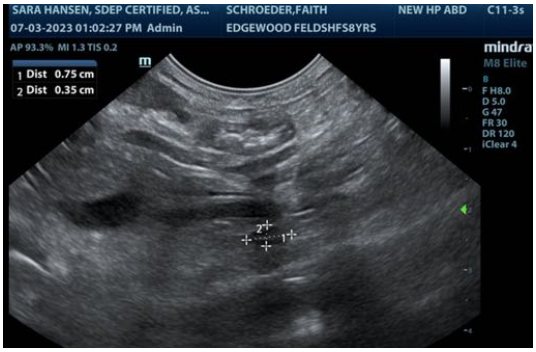

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com