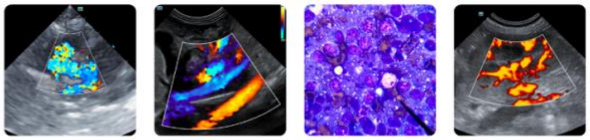



**PATIENT**

Gibbs Shonts

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

5.9 kg

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary Emergency Center

**REFERRING VET**

Dr. Law

**INVOICE**

13888

**DATE**

02/20/26

## PRESENTING CLINICAL SIGNS

- inappropriate urination, vomiting, and weight loss.
- Previous Health Concerns Hypertrophic cardiomyopathy with grade 2 heart murmur, not currently medicated due to client's inability to administer medication
- Current Medications: None - not currently medicated for cardiomyopathy due to client's inability to administer

Abnormal PE/Chem/CBC/UA Results: CBC: Normal - Chemistry panel: - ALT: Too high to read - ALP: 243 - Pro BNP: Abnormal at 1387 - Thyroid: Extremely elevated at 16.5 - Ionized calcium: Mild decrease - Urinalysis: - Hyaline and non-hyaline casts present - Proteinuria - Specific gravity >1.050 - Leukocytes present

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.8 cm in length.

### *Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 3.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 4.3 mm.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

### *Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

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Diffusely, the patient's small intestine appears normal in thickness at 2.3 mm in width and small intestine has normal layering. It does not appear that the patient has gastrointestinal disease as a cause of their clinical signs.

***Pancreas***

The pancreas is diffusely hypoechoic without surrounding hyperechoic fat.

***Free Abdomen***

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

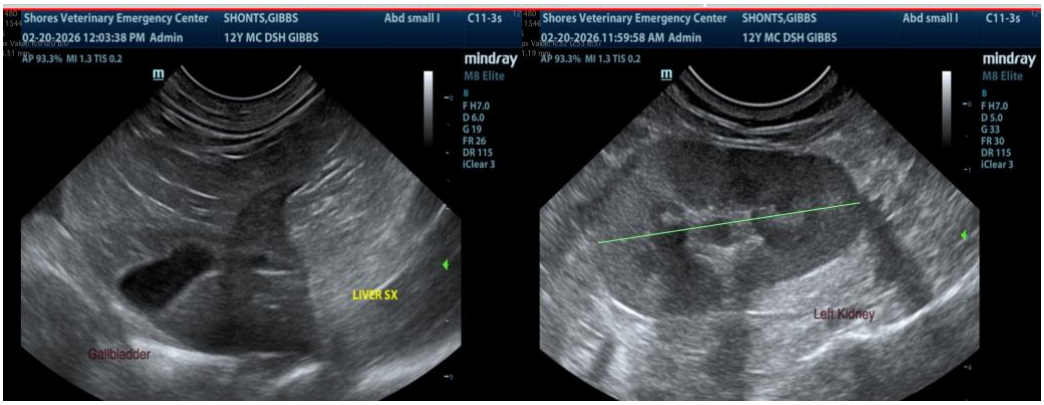
- Diffusely hypoechoic pancreas.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

It does appear that the patient has mild pancreatic inflammation that is most likely reactive in this case. The patient's clinical signs and lab work abnormalities are most likely due to their uncontrolled hyperthyroidism causing the patient's weight loss and vomiting. No cause for the patient's inappropriate urination is seen on this exam.

Suspected patient's heart murmur and reported hypertrophic cardiomyopathy are also due to uncontrolled hyperthyroidism. The markedly elevated ALT is also most likely due to the patient's hyperthyroidism. Since the owner is unable to administer oral medications, in this case, recommendation is to pursue I-131 therapy to treat the patient's hyperthyroidism. Prior to administering I-131 therapy, recommend an ultrasound guided fine needle aspirate to the patient's liver and submitting for cytology to rule out the possibility of round cell neoplasia as potentially being the cause of the elevated ALT. Although as previously stated, I suspect the patient's elevated ALT is most likely due to their uncontrolled hyperthyroidism.

After receiving I-131 therapy, recommend rechecking liver values every four to six weeks to verify that ALT returns to normal after treatment has been administered. Prognosis is currently open pending outcome of liver aspirate and I-131 therapy.



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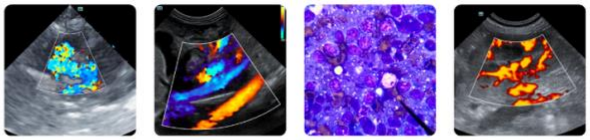

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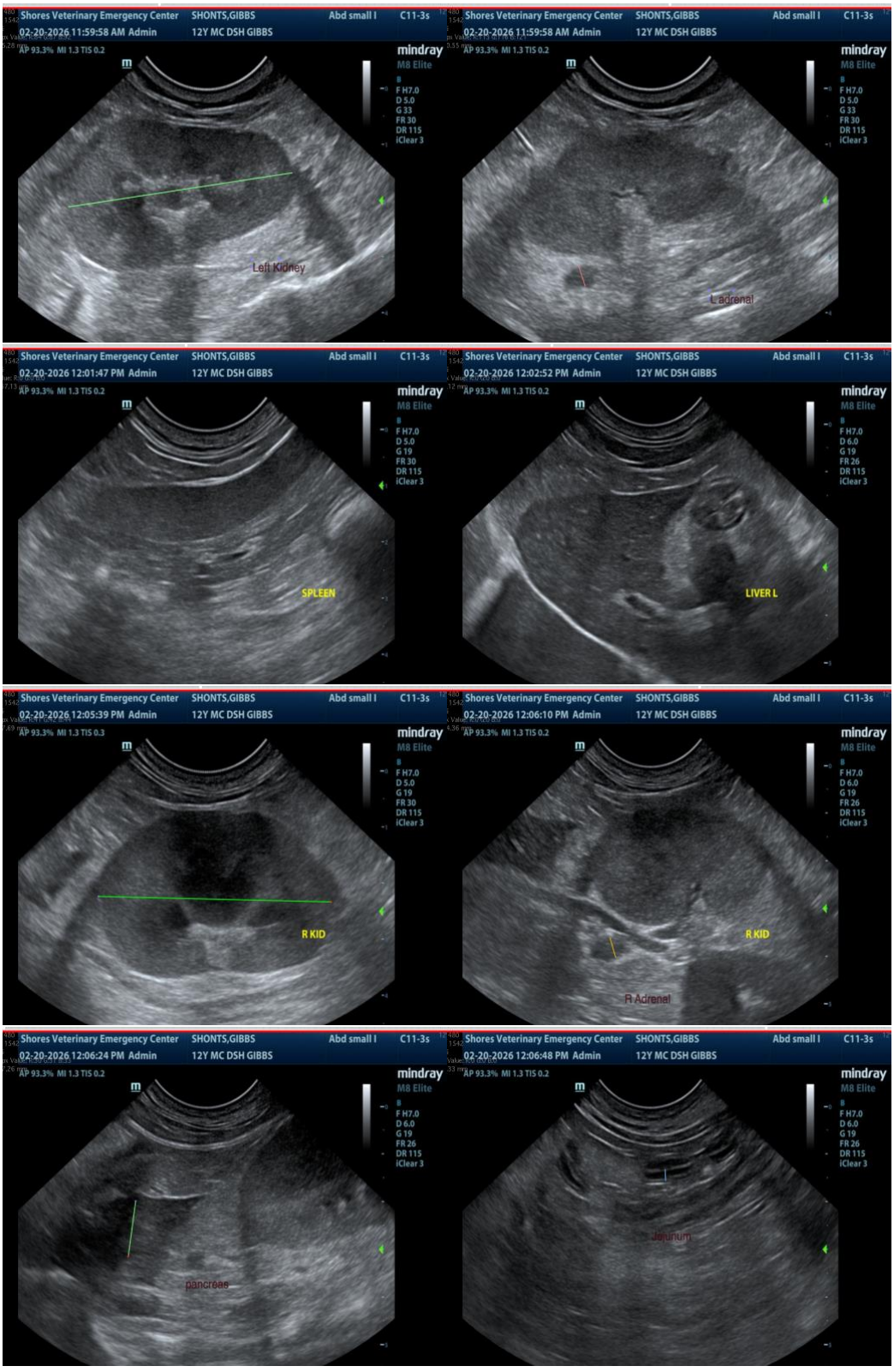

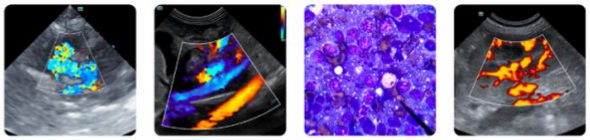



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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Greg Kuhlman**, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com