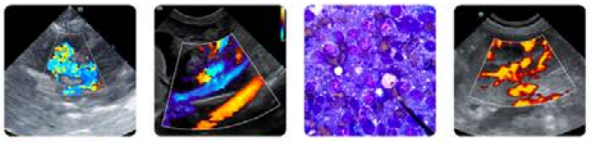


PATIENT

Cortana Bressi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years 1 Month

WEIGHT

5.84 lbs

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Dr. Lucas Budden

INVOICE

72667

DATE

2/3/26

PRESENTING CLINICAL SIGNS

Hyperthyroid, difficult to control with methimazole, preparing for I-131 therapy, weight loss and recent decreased appetite

Diagnosed hyperthyroid in May of 2024. Presented 11/12/25 for wellness and significant weight loss noted. T4 level high. Methimazole dose increased to 7.5 mg PO q12h. Recheck labs showed T4 level of 3.1. Has continued to lose weight. Seen by specialist for potential I-131 therapy. Abdominal rads performed at that time difficult to interpret due to poor serosal detail potentially due to poor body condition. Per owner has lost appetite over the past 24 hours. Ultrasound to assess for another disease process contributing to weight loss and recent hyporexia.

Current medications: Methimazole 7.5mg am, 5 mg middle of the day, 7.5 mg pm. Gabapentin to facilitate ultrasound

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 2/9, MCS 1/3, large thyroid gland palpated, no murmur of note, moderate dental tartar/gingivitis, BAR, peripheral LNs normal, no abdominal pain or organomegaly noted on abdominal palpation Lab work: 12/23/25 hyperthyroid panel Creat low 0.3 BUN normal 18 Lymphocytes low 792 Remainder of CBC/CHEM normal Thyroid normal 3.1 full body rads 1/21/26 1. Unremarkable thorax 2. Diffusely poor peritoneal serosal detail, suspect to be due to lack of abdominal fat given the very thin nature of the patient. Peritoneal effusion is a potential rule out. 3. Suspect otherwise unremarkable abdomen acknowledging limitations to fully assess the organs due to poor serosal detail. 4. No definitive contraindications to iodine therapy are seen based on this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

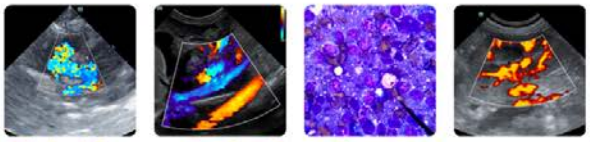
The left kidney has a normal shape and size (4.13 cm) with pinpoint non-obstructive cortical mineralizations. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.56 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.35 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.



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Spleen

The spleen is large, measuring 1.32 cm. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.36cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.30 cm. Jejunum wall measures 0.24 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. Prominent pancreatic duct noted at 0.21 cm.

Free Abdomen

There is scant free fluid. There are occasional prominent mesenteric lymph nodes. A large, rounded jejunal lymph node is visualized measuring 0.91 cm in diameter. A medial iliac lymph node is visualized measuring 0.41 cm. The omentum is primarily normal in echogenicity but somewhat hyperechoic around the spleen.

ULTRASONOGRAPHIC FINDINGS

- Large, mottled spleen – Possible differentials could include round cell neoplasia, lymphoid hyperplasia, splenitis, or congestion. Fine needle aspirate would be necessary to differentiate.
- Pancreatic changes most consistent with chronic pancreatic remodeling +/- chronic pancreatitis.

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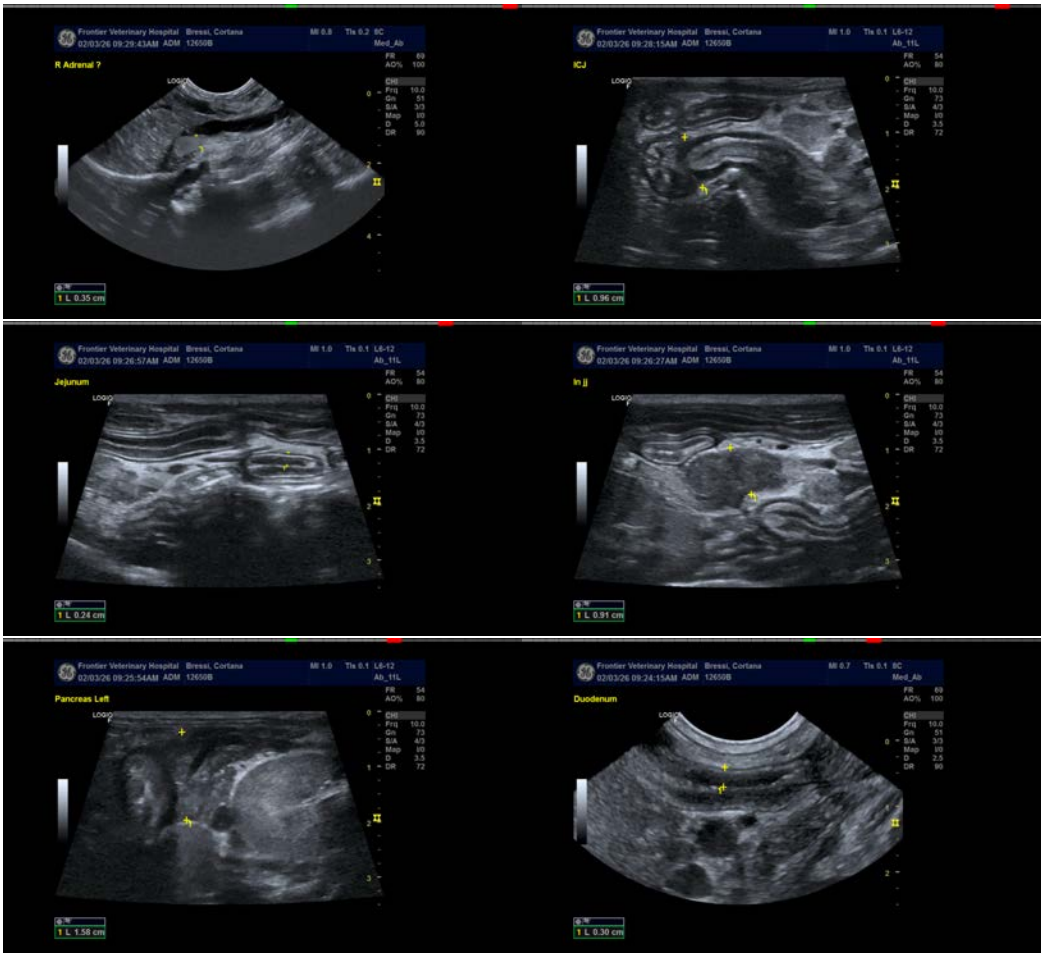
- Large, rounded jejunal lymph node – Findings could be consistent with reactive lymph node or early neoplastic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen appears large and mottled, and there are occasional prominent/large mesenteric lymph nodes. Consider a fine needle aspirate of the spleen and a mesenteric lymph node (provided a safe window for sampling is available).

The pancreas is somewhat prominent and hypoechoic. Findings could be consistent with chronic pancreatic remodeling +/- chronic active pancreatitis. Correlate with a PLI level and consider empirical treatment for pancreatitis.

If splenic cytology is normal but there is concern for underlying gastrointestinal disease, you could consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate. If changes are present consistent with gastrointestinal disease, further evaluation may be warranted.



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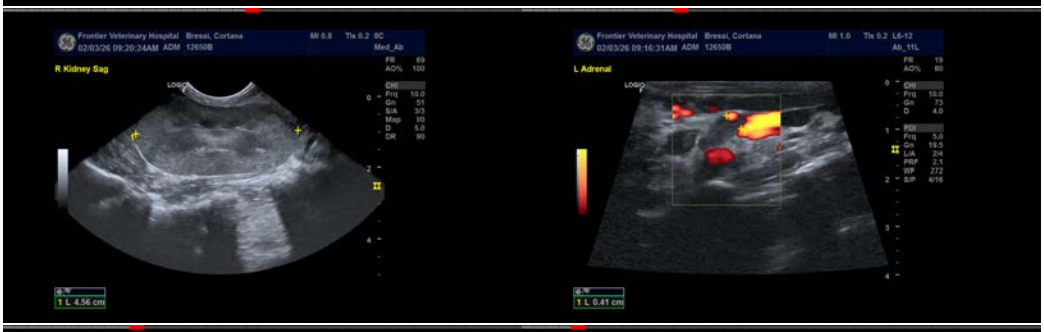

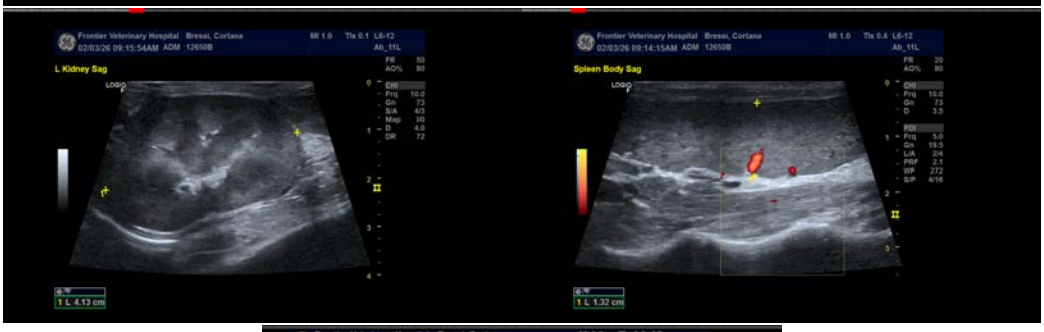

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

info@sonopath.com