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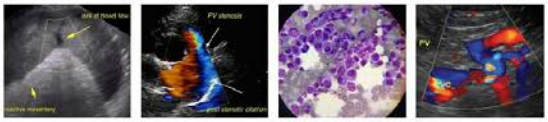

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Maxie Freeto

SPECIES

Feline

BREED

DLH/Maine Coon

SEX

Neutered Male

AGE

15 Years

WEIGHT

N/A

INTERPRETED BY

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

IMAGING BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

Advanced PC Nevada

REFERRING VET

Dr. Sarah Behrens

INVOICE

38608

DATE

6/10/22

PRESENTING CLINICAL SIGNS

6/6/22 BP 104mmHg HR 162 IOP 15mmHg OU He had some really strange lab values in May that have improved on the most current lab results. Now he has elevated kidney values. He isn't eating very well and has been losing weight. We are having difficulty regulating his T4, as wel
Abnormal PE/Chem/CBC/UA Results: LABS/ECG and RADS attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN & THYROID

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 is normal/borderline enlarged (4.23 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is small in size (2.04 cm) and irregular, with decreased corticomedullary distinction. There is no evidence of 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 0.31 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.

Spleen

The spleen is normal/borderline large in size (0.94 cm), echotexture is homogenous, and 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. The spleen appears relatively normal, but is borderline large. I suspect this is normal for this large cat.

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 gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

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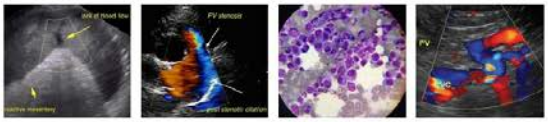

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Gastrointestinal

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. The duodenum measured as normal (between 0.13-0.38cm in wall thickness) and the jejunum measured as normal (between 0.15-0.36cm.) 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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are occasional prominent mesenteric lymph nodes measuring 0.43 cm and 0.38 cm.

Cervical Region

The right thyroid is imaged. It is heterogeneous and measures at 0.32 cm in width. There is a poorly differentiated hypoechoic nodule towards the cranial pole measuring 0.35 cm x 0.40 cm. This nodule could represent parathyroid tissue or hyperplastic/neoplastic thyroid tissue.

The left thyroid is visualized and is larger, measuring 0.53 cm. The parenchyma is heterogeneous. No focal lesions are observed.

The remaining cervical structures (lymph nodes, salivary glands, etc.) appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Small, irregular right kidney with decreased corticomedullary distinction and large left kidney (likely compensatory) with decreased corticomedullary distinction – most likely due to previous renal disease and a shrunken right kidney resulting in a hypertrophy of the left kidney. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis.
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Heterogenous right thyroid with poorly differentiated hypoechoic nodule/large heterogenous left thyroid

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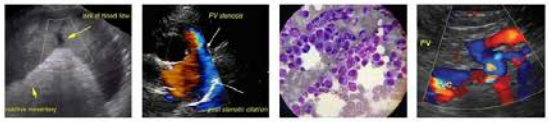

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no focal lesions visualized associated with the gastrointestinal tract, but unfortunately GI disease is still possible. If this is a concern, consider a GI panel to Texas A&M for a qualitative fPLI, TLI, cobalamin and folate.

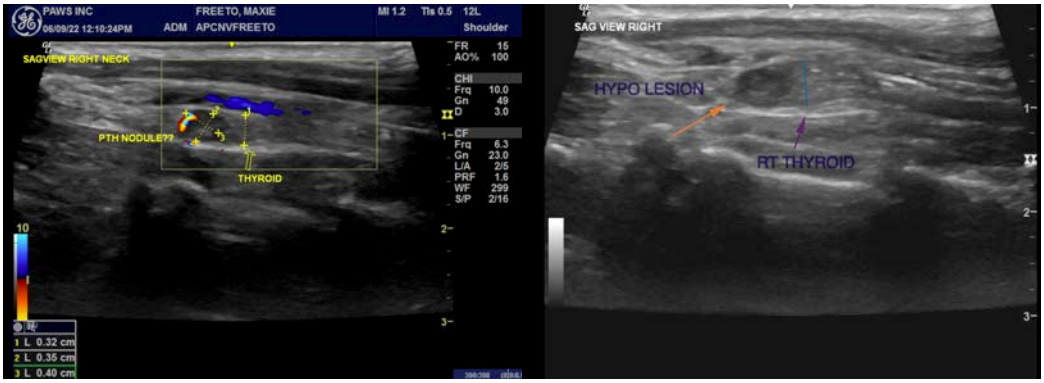
The right kidney is small, and the left kidney is large. Both kidneys have decreased corticomedullary distinction. I suspect the right kidney is small due to previous injury, and the left is larger to due compensatory change. Recommend blood pressure evaluation and continued monitoring with treatment for chronic renal disease.

This cat primarily has chronic age related changes observed on today's scan. If possible, consider regulation of the thyroid disease to see if the weight stabilizes (I-131?).

The cervical region was evaluated. The right thyroid gland has a poorly differentiated hyperechoic nodule. This could represent parathyroid tissue or hyperplastic/neoplastic thyroid tissue. This cat is not hypercalcemic, so this is more difficult to say for sure. A fine needle aspirate could be considered, surgical thyroidectomy, or a nuclear scan to better determine the nature of this tissue.

The left thyroid gland is large and heterogeneous with no focal lesions. This is mor consistent with a typical hyperthyroid gland.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.



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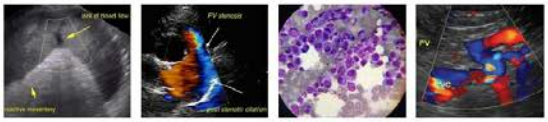

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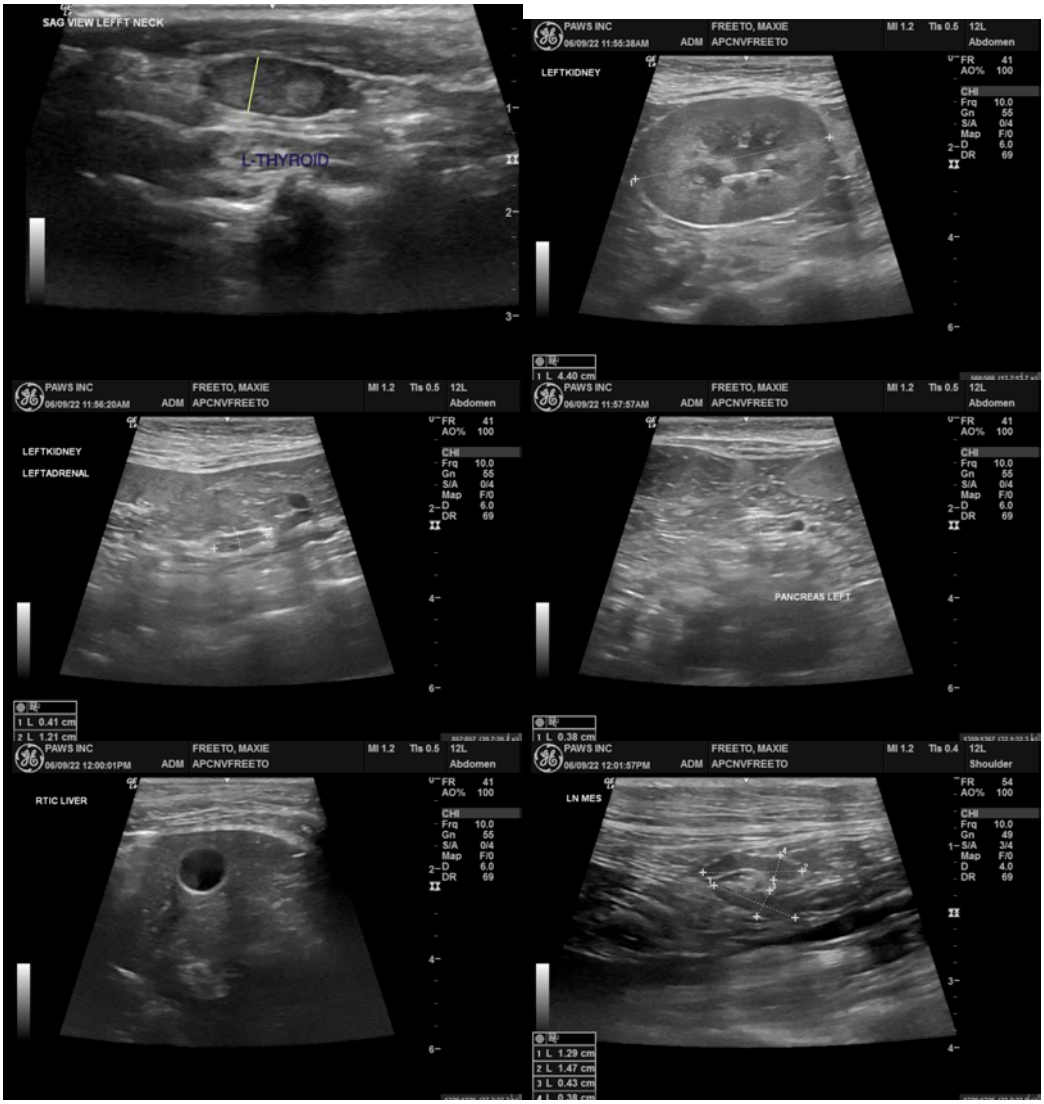

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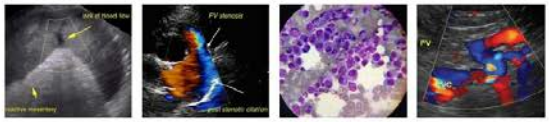

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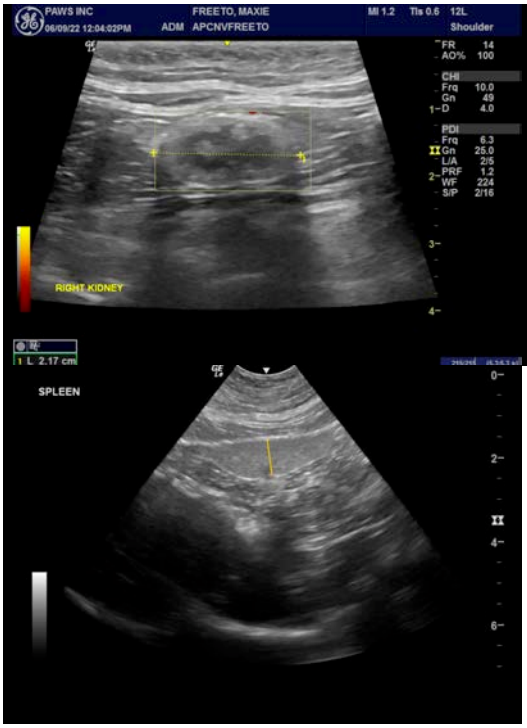

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
kathleen.sennello@sonopath.com