



PATIENT

Bella Gonsalves

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 yrs 9 months

WEIGHT

15 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

15970

DATE

1/26/23

PRESENTING CLINICAL SIGNS

Obese cat. Patient has a history of uncontrolled hyperthyroidism with possible thyroid carcinoma. The patient was treated with 3 rounds of I131 October, November and December 2020. The patient has been symptom free and had normal T4 and labs since that time, 1/20/23 the owner noted the patient had lost some weight and previous thyroid mass had grown in size. Right thyroid mass now 3.9 cm x 2.9 cm (6/29/202 right thyroid mass 1.5 x 1cm). T4 1.6. AUS to look for cause of weight loss. Radiography results: 1) Equivocal cardiomegaly (noting reported thyrotoxic cardiomegaly) vs overestimation from patient overconditioning. 2) Mild diffuse mixed bronchial and unstructured interstitial pulmonary pattern; this finding is nonspecific, and differential diagnoses include inflammatory/allergic airway disease (e.g. feline asthma), infectious etiologies, fibrosis, or a combination thereof. Clinical correlation may be of benefit in determining the significance of this finding. 3. Left paralumbar metallic ballistic foreign body, most likely incidental. 4. Unremarkable abdomen. *Abdominal ultrasound + limited thyroid.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Right kidney lateral infarct was noted. The left kidney measured 3.6 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

Spleen

The spleen exhibited minor folding, which is not indicative of splenic pathology and likely a patient / age-related variant. The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.86 cm width at the level of the hilus.

Liver/ Gallbladder



PATIENT

Bella Gonsalves

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 yrs 9 months

WEIGHT

15 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

15970

DATE

1/26/23

Mild hepatomegaly was noted exhibiting symmetrical contour and uniform increased parenchyma echogenicity with mild to moderate coarse echotexture. No masses or nodules were present. Normal vascular volume was present. The gallbladder was non-distended in size containing primarily anechoic content with mild nonorganized echogenic luminal gallbladder debris. The cystic and common bile ducts were normal. No evidence of gallbladder distention consistent with post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.23 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The ileocolic wall measured 0.36 cm width. The jejunum wall measured 0.24 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas exhibited normal size, mild capsule asymmetry, and isoechoic to heterogeneous parenchyma compared to adjacent non-reactive omentum.

Free Abdomen

No omental masses, significant lymphadenopathy, or peritoneal effusion were noted.

An ill-defined caudate lobe intraparenchymal cyst / possible pancreatic cyst, with the possibility of segmental, dilated mid to distal common bile duct with suspect mucus in the area of the caudate liver lobe / pancreas base was noted. An example of a possible cyst vs. common bile duct dilation measured 1.0 cm in diameter.

Thyroid

A moderately sized, irregular, nonhomogeneous mass associated with the likely right thyroid lobe was noted measuring 4.5 cm in diameter. Focal cavitated component within the mass parenchyma containing primarily anechoic fluid with mild echogenic content was noted measuring 1.2 cm in diameter. Doppler assessment of the thyroid mass revealed subjective moderate to significant mass vascularity.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic renal changes with right kidney lateral infarct
- Mild hepatomegaly exhibiting parenchyma hyperechogenicity, non-distended gallbladder with mild luminal debris
- Caudate lobe vs. pancreas base cyst, possible regional dilated common bile duct with nonobstructive mucus
- Heterogeneous pancreas - age/patient variant, potential for low-grade / chronic pancreatitis possible



PATIENT

Bella Gonsalves

- Sonographically unremarkable gastrointestinal tract
- Nonhomogeneous mild irregular thyroid lobe mass with focal intraparenchymal cavitation

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 yrs 9 months

WEIGHT

15 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

15970

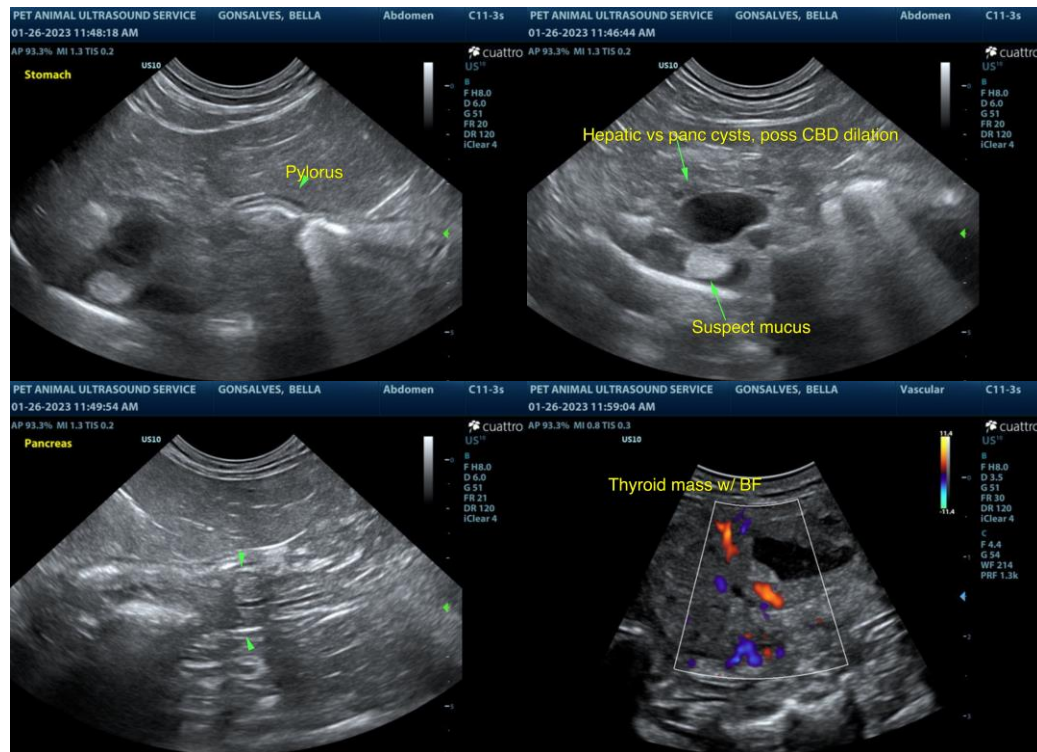
DATE

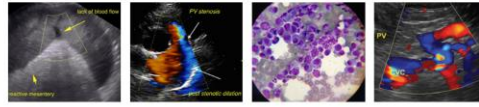
1/26/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The confirmed thyroid mass did not have the sonographic appearance of a typical uniform thyroid adenoma which suggests neoplastic process, likely thyroid carcinoma. The focal parenchymal cavitation may indicate focal necrosis, intra-mass hemorrhage, or cyst. FNA cytology of the thyroid mass, assuming normal clotting status and using a 25-gauge needle, could be considered for further assessment.

Assessment of hepatic enzyme levels +/- screening hepatic FNA cytology if clinically indicated and a GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult disease as a contributing factor to the patient's weight loss. Further renal staging to include urine C/S and protein:creatinine ratio on sterile urine sample may be considered.





PATIENT

Bella Gonsalves

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 yrs 9 months

WEIGHT

15 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

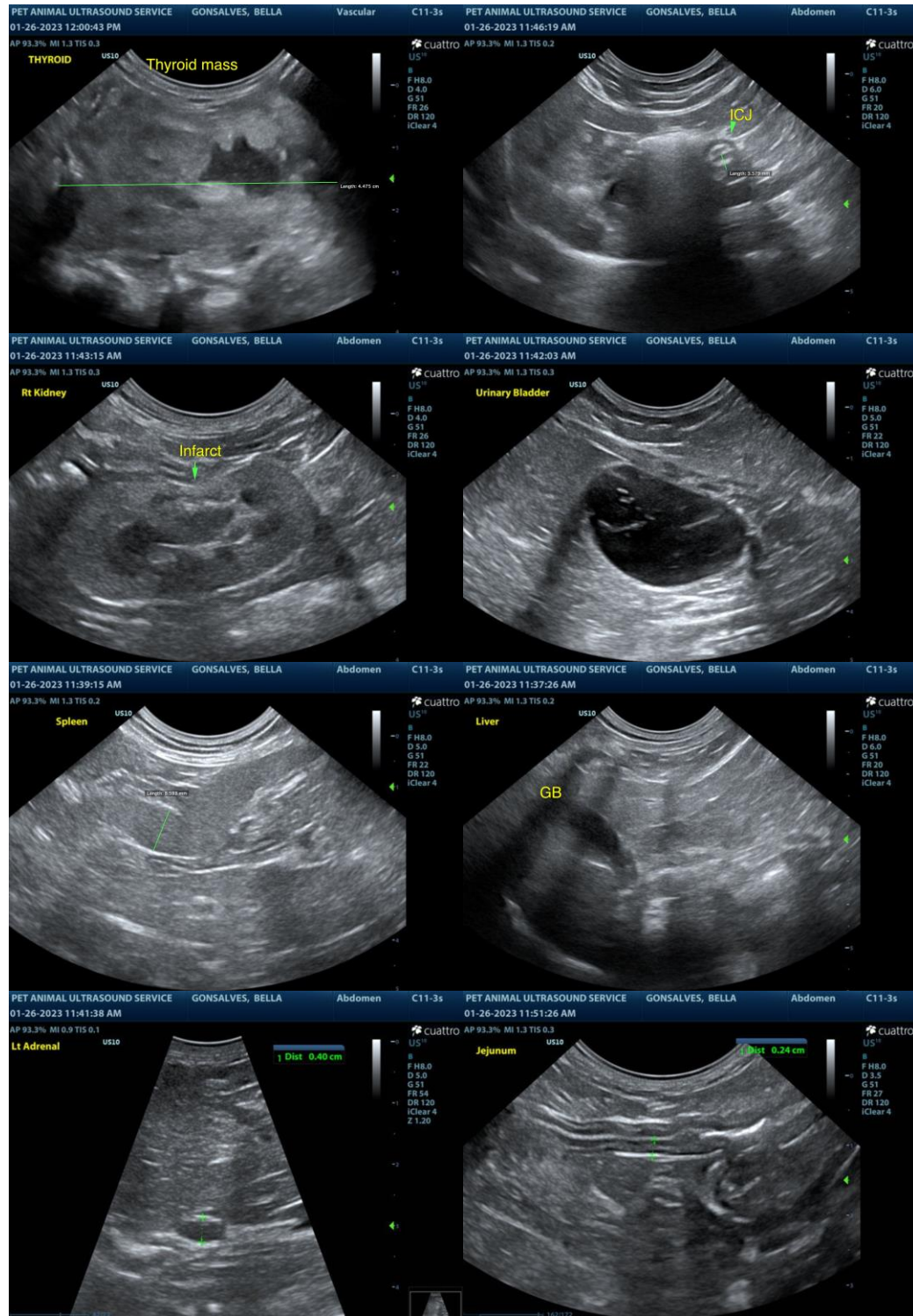
Katherine Pietsch, DVM

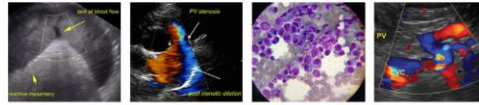
INVOICE

15970

DATE

1/26/23





PATIENT

Bella Gonsalves

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

11 yrs 9 months

WEIGHT

15 lbs.



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Katherine Pietsch, DVM

INVOICE

15970

DATE

1/26/23