



PATIENT

Zim Martelle

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

14 y 5 m

WEIGHT

7.86 lbs.

PRESENTING CLINICAL SIGNS

Hyperthyroid patient- currently managed with Methimazole transdermal cream 3.75mg/0.1mls-0.1mls BID. Patient has been progressively losing weight over the past year, despite T4 being low-normal. 3/28/22- T4=1.2ug/dl, 8.9lbs, 09/02/22, T4=0.7ug/dl, 7.8lbs. SDMA has been consistently 15, with BUN 38 and creatinine 1.8 with SG of 1.014. No protrinuria- urinalysis normal except for low SG. New SDMA on 12/6/2022 was 9. Fecal negative. Lateral and VD chest/abdominal radiographs reveal increased heart size, with sternal contact, GI tract appeared thickened, and renal silhouettes small. SNAP cardiac pro-BNP was abnormal. Appetite normal throughout. No hx of recurrent vomitus/regurgitation nor diarrhea. Given weight loss in the face of a normal T4, stable renal values, and increased BNP with cardiac sternal contact, recommend bicavity ultrasound to rule out any potential neoplastic process that may lead to weight reduction of this nature.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

Borderline bilateral subnormal size was 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. Minor right kidney pyelectasia was present. The left kidney measured 3.1 cm in length. The right kidney measured 2.9 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.84 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were

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IMAGING PERFORMED BY

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normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with minor, echogenic, incidental luminal gallbladder debris. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, echogenic ingesta exhibiting subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.24 cm.

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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 duodenum wall measured 0.30 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.28 cm width.

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

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Pancreas

The pancreas exhibited normal size and contour with subtle nonhomogeneous hypoechoic parenchyma compared to adjacent, mildly hyperechoic, peripancreatic omentum. Minor pancreatic duct dilation was noted.

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Free Abdomen

Minor benign to reactive colic lymphadenopathy, not consistent with inflammatory or neoplastic lymphatic criteria, was present. No evidence of omental masses or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with borderline subnormal kidney size and minor right kidney pyelectasia
- Sonographically unremarkable gastrointestinal tract with gastric ingesta
- Suspect low-grade chronic to chronic active pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology, i.e., intraabdominal neoplastic criteria.

The presence of gastric ingesta may suggest recent meal ingestion. Correlation with most recent meal ingestion is recommended. Some degree of possible mild gastric hypomotility or nonobstructive delayed gastric emptying with potential nonobstructive hairball density may be considered if documented NPO or clinical history of hairballs. A GI panel to include PLI/TLI/Cobalamin/Folate is suggested for further assessment of the pancreas, as well as assessment for nonstructural intestinal disease as a contributing factor to the patient's weight loss.

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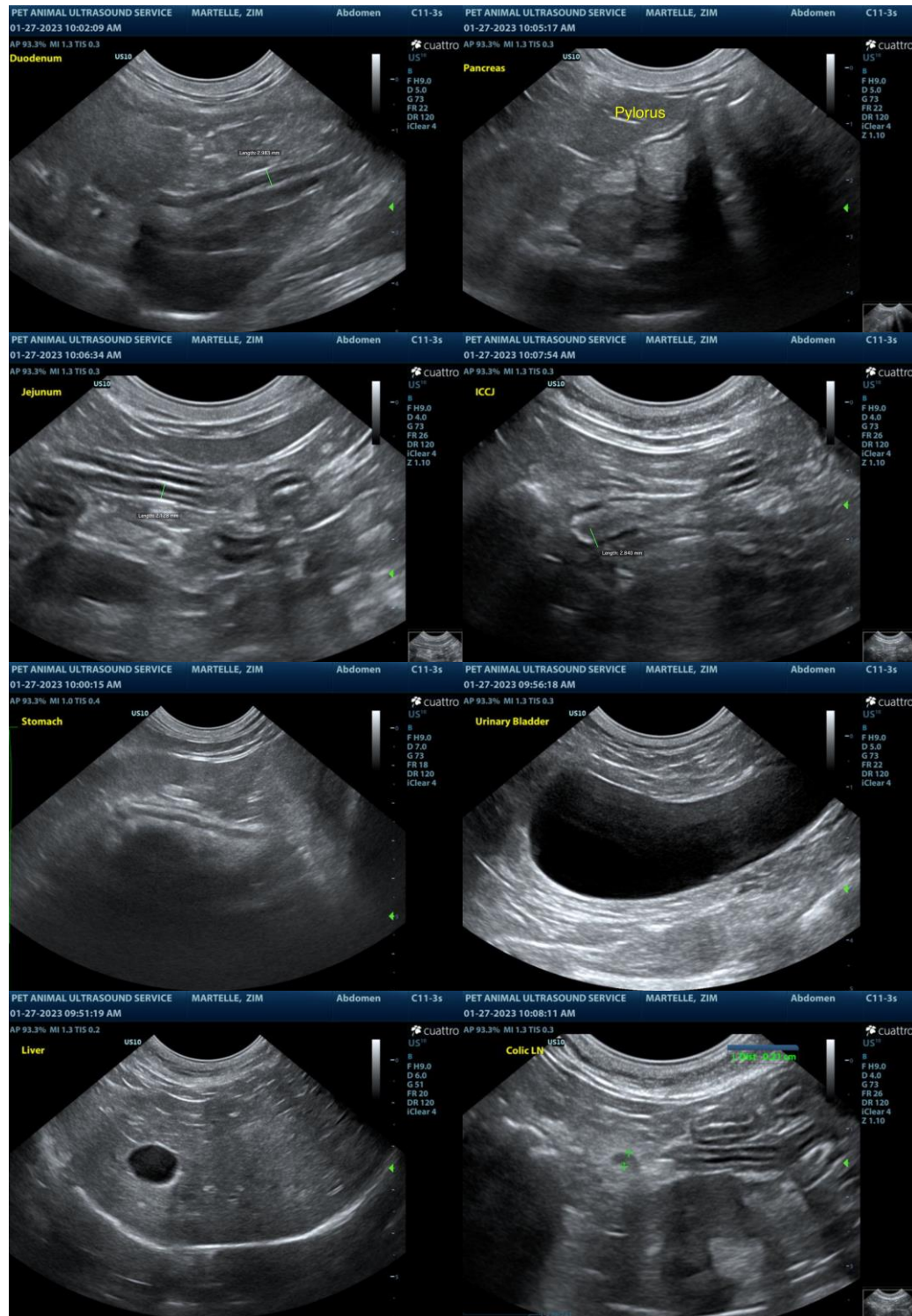
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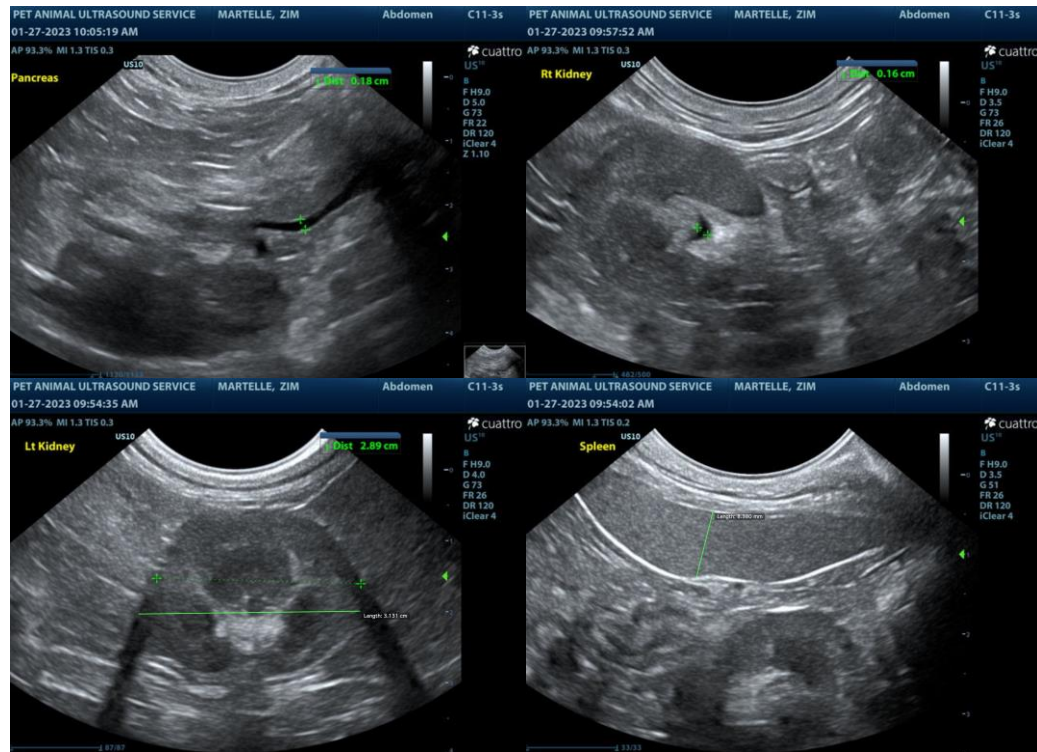
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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