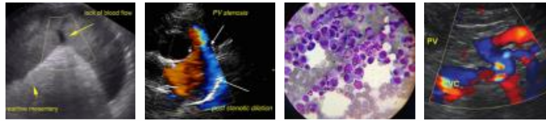


PATIENT

Flora Romano

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

7.56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Amazon Park Animal Clinic

REFERRING VET

Dr. Jones

INVOICE

12612ag

DATE

01/06/2023

PRESENTING CLINICAL SIGNS

Came in 11/23/2022 for weight loss and occasional vomiting - T4 was 8.5 and all else was normal. She was started on oral methimazole at 2.5 mg twice daily orally, but after 2 to 2 1/2 weeks it had to be switched due to vomiting, so the same dose was used in transdermal gel form. She continued vomiting, and still vomits once daily even though methimazole was stopped 7 days ago. Radiographs show possibly thickened bowels. She is a good candidate for I131 if there are no other underlying disease factors. ABNORMAL Labratory Findings T4 3.8, BUN 17, SDMA 6, creatinine 0.8, normal CBC and rest of chemistries on 12/30. Blood Pressure Measurments Systolic 190, diastolic 108, MAP 135 (average of 3)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands exhibited subjective borderline mild prominent size with maintained symmetrical capsule contour and homogenous parenchyma. The left adrenal gland measured 0.47 cm. The right adrenal gland measured 0.42 cm width. This is likely a patient variant or mild stress hyperplasia. No evidence of adrenal pathology.

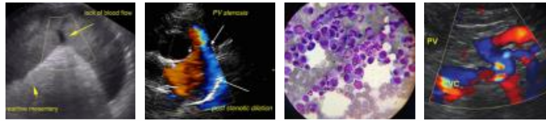
Spleen

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.

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 normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal



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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. No evidence of gastric inflammatory or neoplastic criteria. The pylorus wall measured 0.27 cm in width.

The small intestine presented intact borderline mild prominent wall layering with a prominent mucosa layer. No evidence of loss of wall layering or intestinal masses. The duodenum wall measured 0.32 cm width. The jejunum exhibited mild variable wall thickness measuring 0.27 – 0.32 cm width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was normal in size and contour with a homogenous mildly hypoechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mid abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 2.1 cm x 0.66.

ULTRASONOGRAPHIC FINDINGS

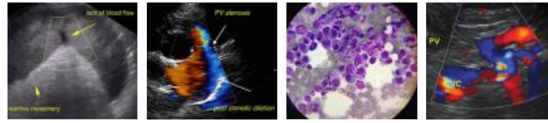
- Mild chronic renal changes
- Possible low grade pancreatitis
- Intact yet prominent small bowel walls
- Intermittent benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subjective subtle yet intact mural changes which given the patient's clinical signs and weight loss may suggest underlying mild inflammatory enteropathy. No overt evidence of GI neoplastic criteria was present which is considered less likely.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas and potential intestinal disease. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

Empirically, a canned hydrolyzed diet trial, as needed gastric protectants +/- empirical deworming if clinically indicated with assessment of clinical response would be reasonable.



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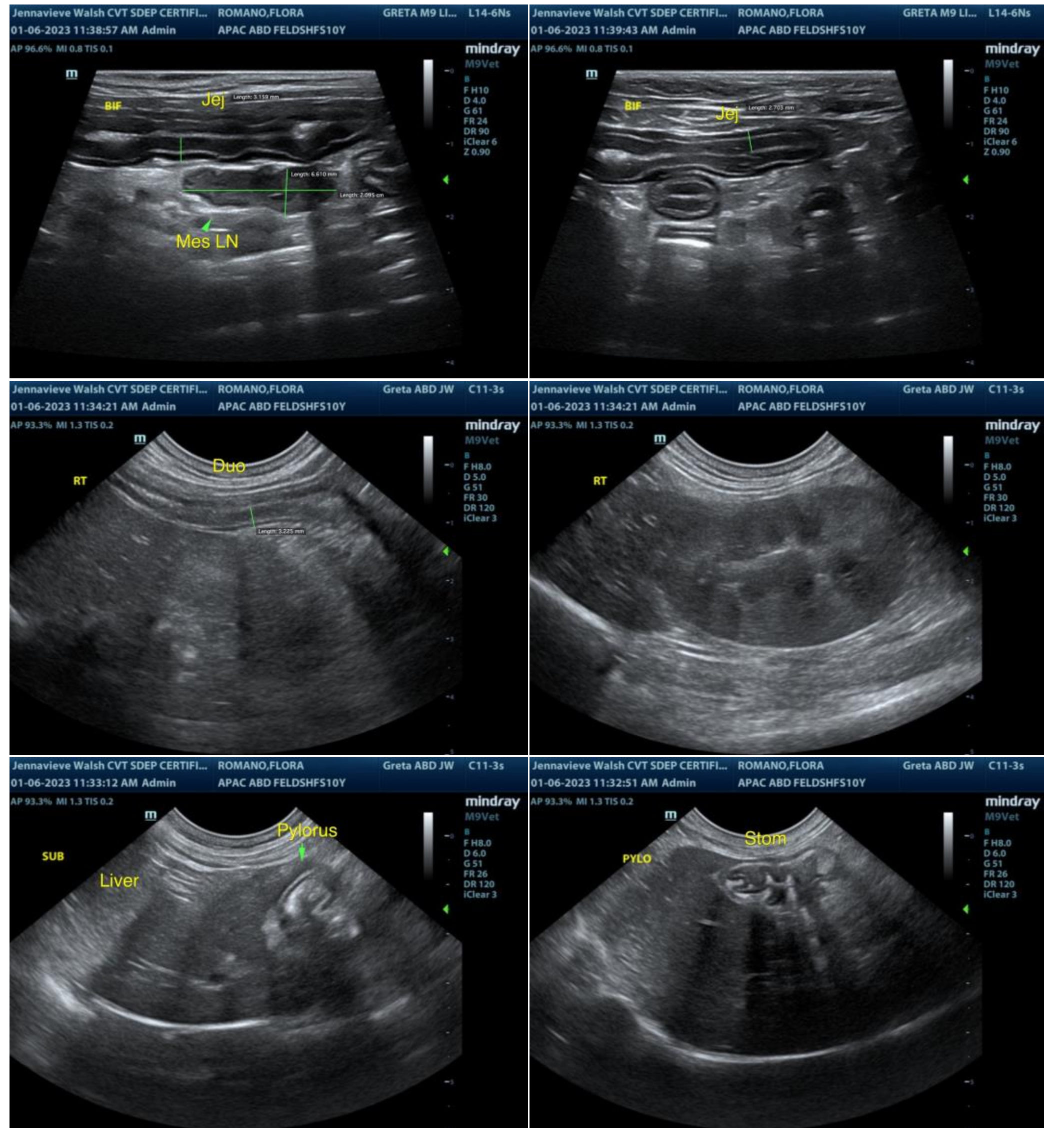

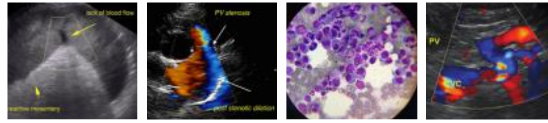

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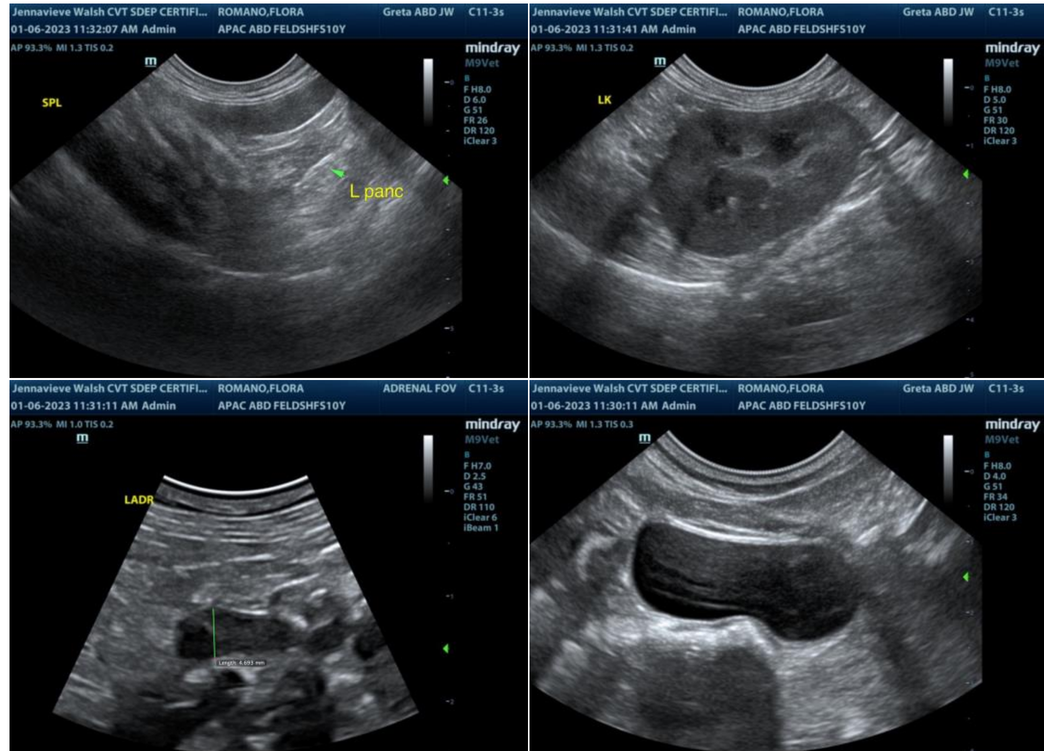

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com