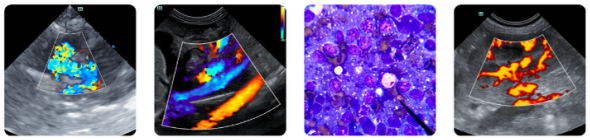

PATIENT

Wallace Houston

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

14.4 y

WEIGHT

12 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

13031

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Wt loss and PU/PD suspected to be due to uncontrolled hyperthyroidism. U/ S prior to iodine therapy

Abnormal PE/Chem/CBC/UA Results: T4:7.1, U/A WNL. CBC WNL, Chem: low potassium only

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 were noted.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was present in the kidneys. Mildly thickened, hyperechoic cortex with mildly enhanced to indistinct corticomedullary border demarcation. Adequate medullasry volume and mild dystrophic medullary mineral. No evidence of pyelectasia. No evidence of left or right hydro ureter adjacent to the left or right kidney. The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

No obvious pathology in the area of the left and right adrenal glands.

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

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

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild, progressively shadowing ingesta without evidence of obstruction to pyloric outflow.

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. Jejunum wall measured 0.25 cm.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

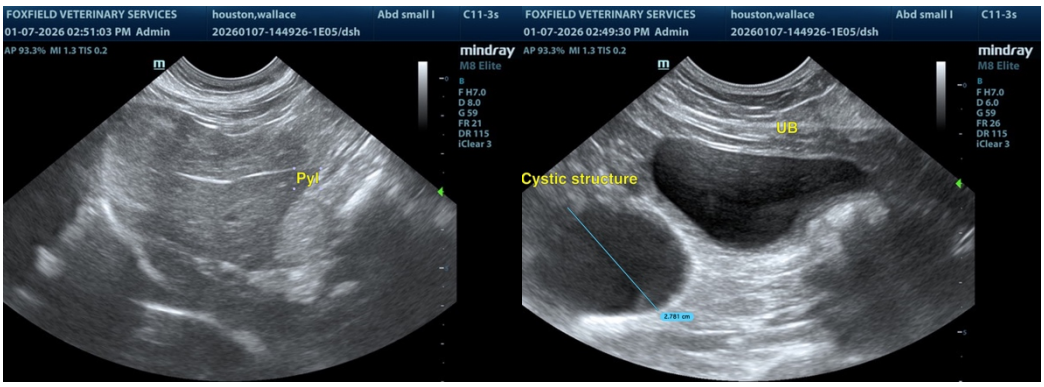
Unspecified, primarily thinly walled cystic structure cranial to the urinary bladder which did not appear to derive from the urinary bladder measuring 3.7 cm in diameter. The cystic structure contained anechoic fluid with primarily spherical appearance. No evidence of significant omental lymphadenopathy and no evidence of peritoneal effusion preset.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder
- Bilateral chronic renal changes
- Normal gastrointestinal tract with mild gastric ingesta – probable food echogenicity
- Unspecified primarily thinly walled cystic structure cranial to urinary bladder, omental cyst, cystic lymph node, abscess thought less likely. Cystic structure did not meet neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Color doppler assessment of the cystic structure is suggested if negative for vascularity. Ultrasound guided centesis for fluid analysis cytology and +/- C/S could be considered. However, the cystic structure is not likely a contributing factor to the patient's clinical signs and weight loss and potentially incidental. Sonographic monitoring of the structure would be reasonable. 3-view chest radiographs and a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor to the weight loss may be considered.



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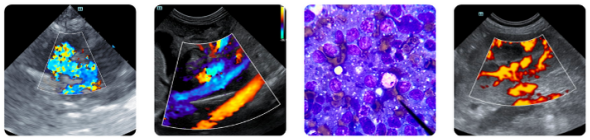

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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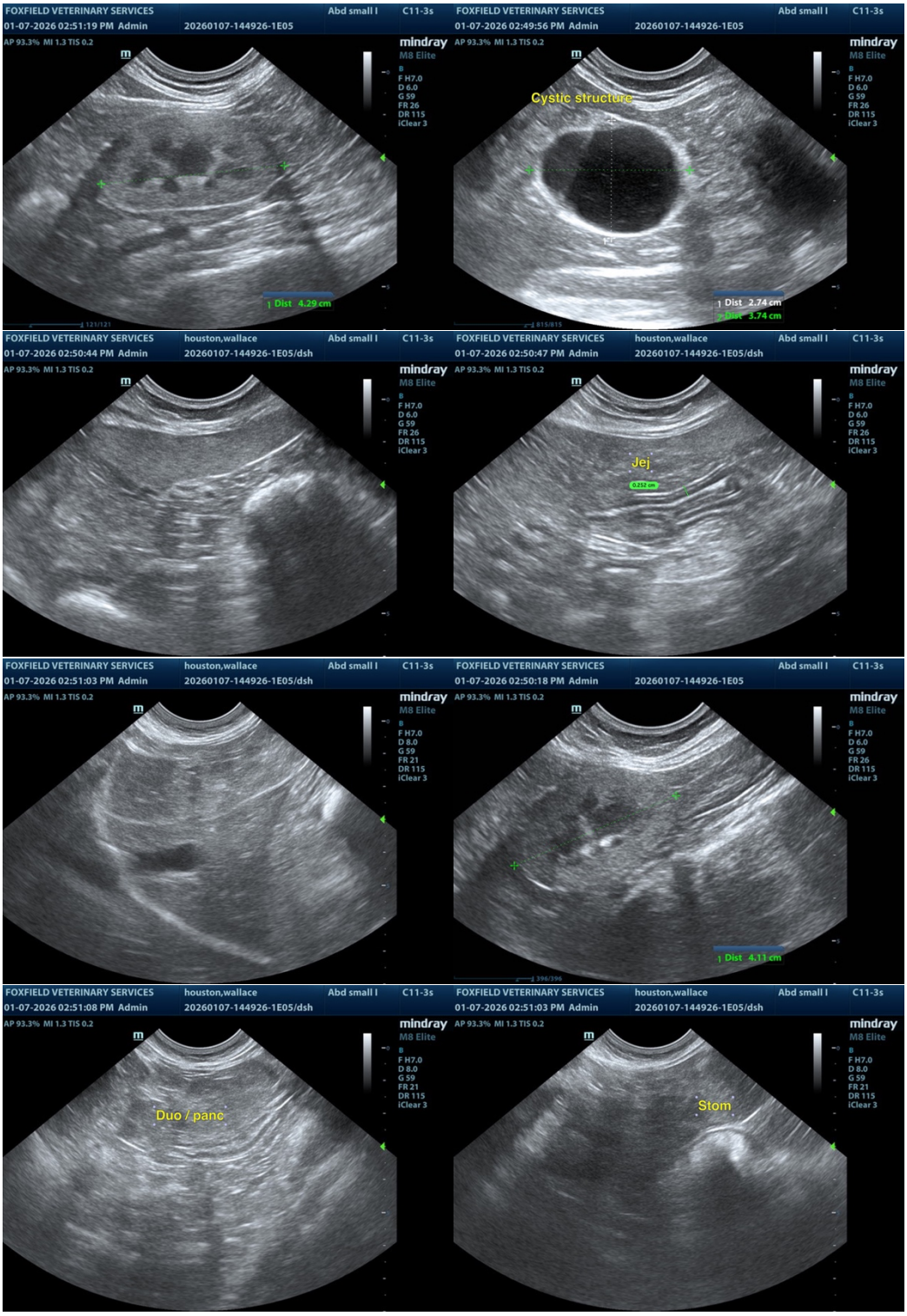

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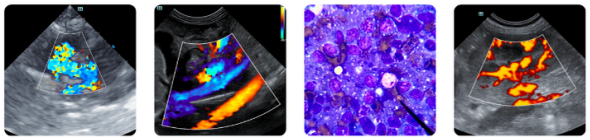

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com