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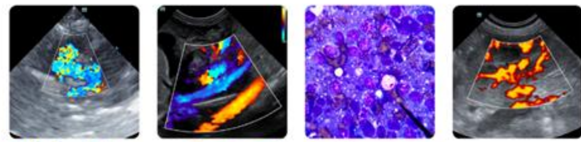


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Twix Wasco

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
13yr

WEIGHT
8.48lb

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

IMAGING PERFORMED BY
Amanda Crook

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr Shelby Young

INVOICE
22858

DATE
11/5/2025

PRESENTING CLINICAL SIGNS

Clinical & PE History (please bullet point/limit clinical history): Presented 10/23 for weight loss, inappetence, lethargy. PE unremarkable besides BCS 4/9. Labs showed mixed hepatopathy, bilirubinuria, and elevated TT4. Started treatment for hyperthyroidism. Recheck today, 0.5lb weight loss. Pt still lethargic & inappetent. Recheck labs show controlled TT4, but worsened hepatopathy. Advised AUS as next step to work up weight loss. Current Medications: transdermal methimazole 2.5mg BID

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): 10/23: CBC WNL. chem 17 - gluc wnl, crea 0.5, bun 13, proteins wnl, alt 172, alkp 603, tbil 1.5, tt4 6.4, bilirubinuria. 11/5: CBC - hct 26.7 (L), MCHC 37.8 (H), RDW 27.3% (H), retic 28k, leukocytes & PLT wnl. Chem 17 - gluc wnl, crea 0.8 (wnl), BUN 15 (L), proteins wnl, ALT 64 (H), ALKP 1069 (H), TBIL 5.8 (H), TT4 1.4 (wnl). Free peritoneal fluid seen on U/S when attempted collection of cystocentesis, urine not collected. No rads at this time

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

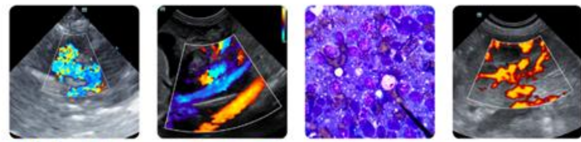
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was not definitively visualized, no overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited normal size, (0.7 cm width at the mid spleen) and minor medial capsule asymmetrical contour. Mild heterogeneous parenchyma with intermittent discrete hyperechoic splenic nodules without associated capsule distortion were present.

Liver/Gallbladder

The liver was enlarged in size. Symmetrical rounded capsule contour was present. Homogenous mildly hyperechoic hepatic parenchyma was present. No visualized masses or nodules were present. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with thin walls and moderate nondependent non-organized debris. The proximal to mid common bile duct was dilated and mildly tortuous without overt post hepatic obstruction containing anechoic content. The common bile duct measured 0.2 cm diameter.

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas exhibited mild prominent size, capsule asymmetry and mild non-homogenous to variable hypoechoic parenchyma. Mildly prominent pancreatic duct was present.

Free Abdomen

Generalized mild non-uniform omentum and mild to moderate volume peritoneal effusion were present.

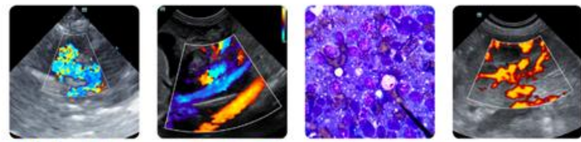
ULTRASONOGRAPHIC FINDINGS

Primary

- Non-congested hepatopathy with mild parenchyma hyperechogenicity-inflammatory disease, reactive hepatopathy, lipidosis, cholestasis, occult neoplasia possible
- Gallbladder debris with mild CBD dilation-no current overt post hepatic obstruction, possible cholangitis
- Mildly prominent non-homogenous hypoechoic pancreas, inflammation vs edema
- Overall sonographically normal GI tract
- Mild non-uniform omentum, and peritoneal effusion
- Mild chronic renal changes
- Non-enlarged spleen exhibiting subtle hyperechoic nodules-suspect benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status, using a 25g needle and with vitamin K premed, a hepatic FNA for screening cytology is warranted for further assessment. Effusion analysis cytology +/- C/S is recommended. Technically FIP is a possibility yet considered highly unlikely given patient age. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to correlate with the pancreas and assess for non-structural intestinal disease as a contributing factor to the weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology or concurrent pleural effusion. A guarded prognosis is indicated.



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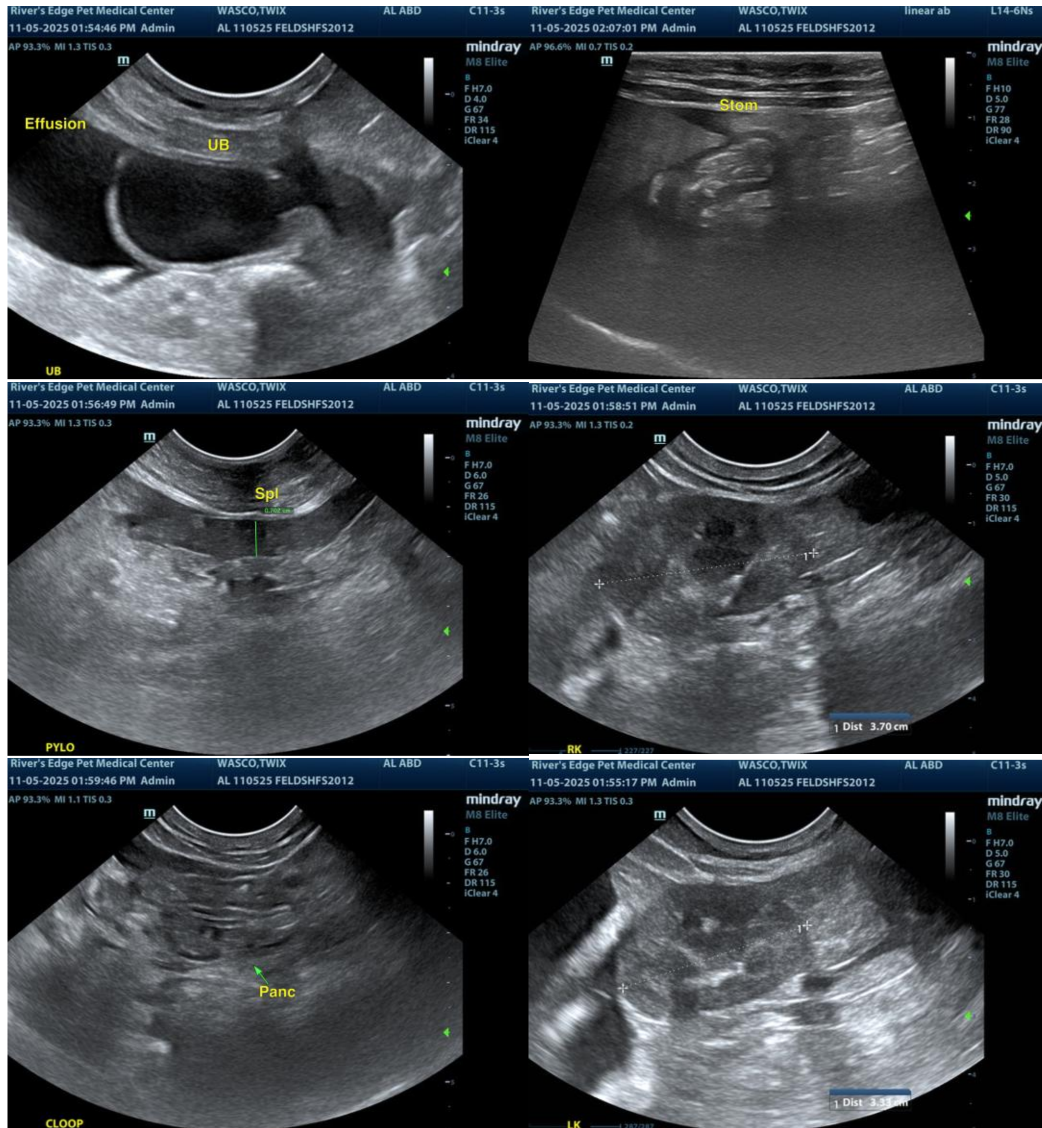

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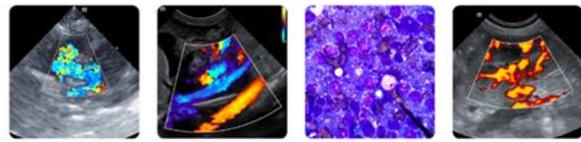

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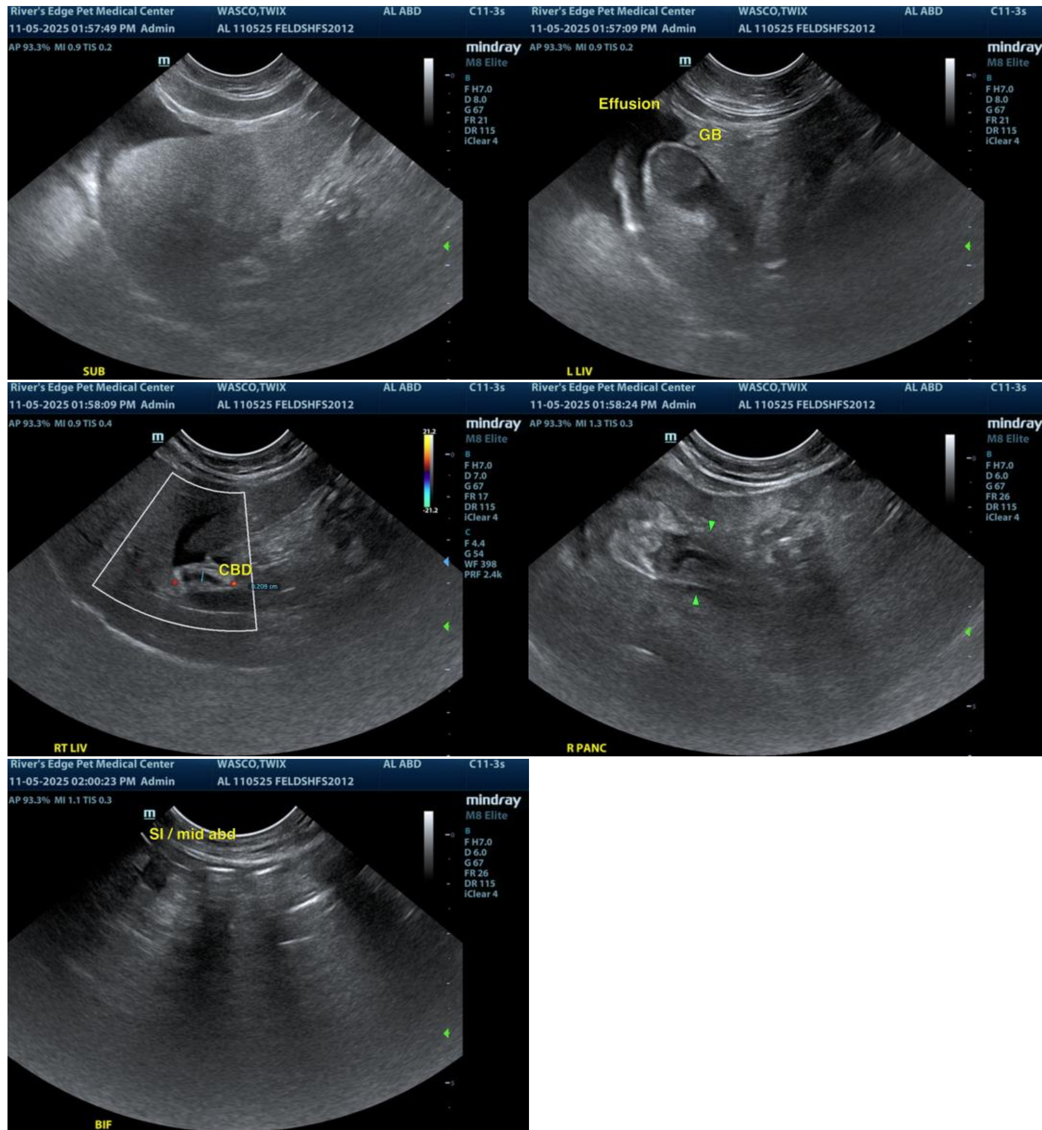

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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