



**PATIENT PRESENTING CLINICAL SIGNS**

Tux Hanzl Uncontrolled hyperthyroid, weight loss on Felimazole, heart murmur, elevated liver values, history of vomiting prior to Felimazole.

**SPECIES** Medication: Felimazole 3.75 BID

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**SEX**

MN

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

2012

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

8.5

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

**INTERPRETED BY**

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

**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 0.63 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

Dr. Smith

**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 measured 0.24 cm in width.

**INVOICE**

12429ag

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 jejunum wall measured 0.24 cm in width.

**DATE**

12/15/2022

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



**PATIENT** *Pancreas*

Tux Hanzl The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES** *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

- DSH
  - Mild age-related renal changes
  - Hepatopathy-primary parenchymal disease i.e. inflammatory/immune mediated disease cholangiohepatitis, hepatopathy secondary to hyperthyroidism, vacuolar hepatic changes, non-obstructive cholestasis or other hepatopathy possible. Infiltrative neoplasia considered unlikely
- SEX
  - Sonographically normal gallbladder/CBD-no evidence of post hepatic cholestasis
  - Unremarkable GI tract/pancreas
- MN

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2012 Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology is warranted for further assessment. Continued therapy for hyperthyroidism with as needed hepatosupportive medications and continued monitoring of hepatic response would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**WEIGHT**  
8.5

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**INTERPRETED BY**

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Rebekah Jakum, CVT  
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**HOSPITAL NAME**

Alburtis AH

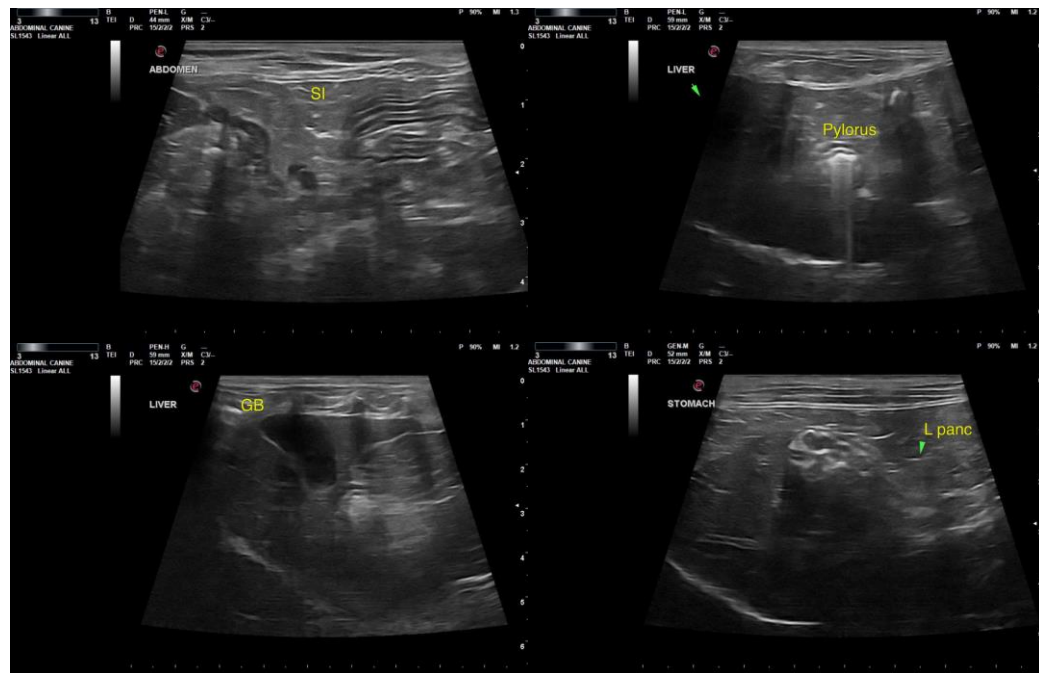
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**DATE**  
12/15/2022





**PATIENT**

Tux Hanzl

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2012

**WEIGHT**

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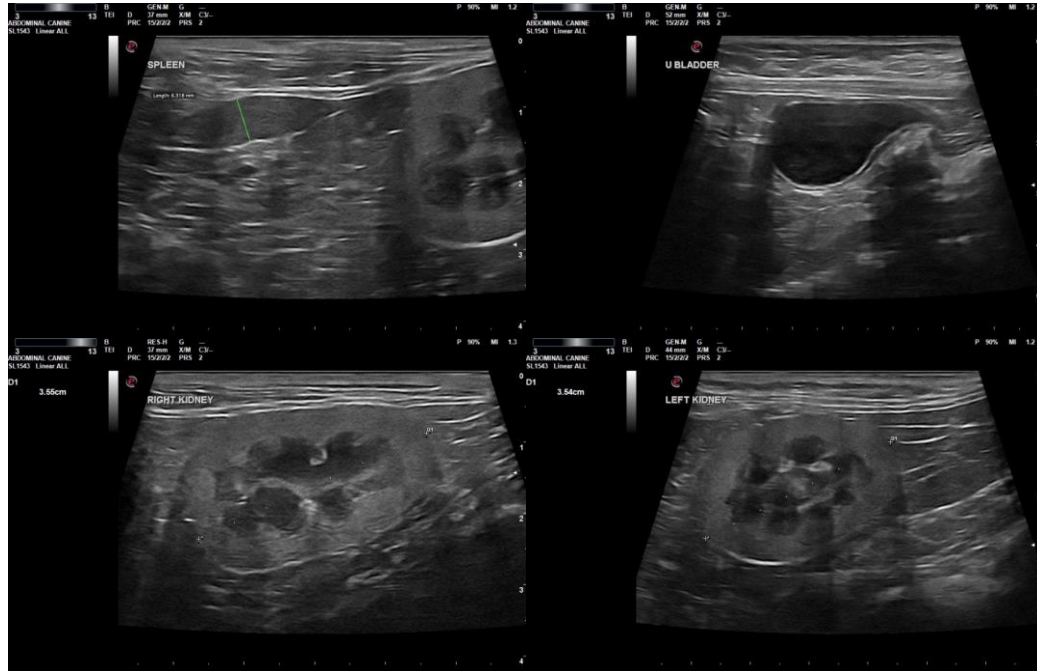
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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