



**PATIENT**

Roberta Fardella

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

14 Years

**WEIGHT**

6.7 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sorbo

**HOSPITAL NAME**

Mill Brook AC

**REFERRING VET**

Dr. Sorbo

**INVOICE**

45538

**DATE**

2/27/23

**PRESENTING CLINICAL SIGNS**

Hyperthyroid cat maintained on 2.5mg methimazole PO SID. O was away for a week and came back to find P has not been eating normally (~50% reduction in food intake). Hiding a lot. No other changes, no exposures to toxins, etc. Some vomiting noticed.

Abnormal PE/Chem/CBC/UA Results: Labs at a different clinic last Friday: -moderate to marked leukopenia -LFTs moderately to markedly elevated. -No azotemia. -tT4 wnl/high normal. Exam on Friday unremarkable.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate 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 aortic trifurcation was free of pathology.

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. Discreet medullary mineral noted. The kidneys measured 3.6 cm each.

**Adrenal Glands**

No overt pathology in the area of the left adrenal gland. The right adrenal gland was normal in size and shape and measured 0.38 cm.

**Spleen**

The spleen was mildly enlarged in size with medial capsule contour asymmetry. Generalized mild parenchymal heterogeneity noted. A solitary, non-disruptive, well demarcated, hypoechoic splenic nodule was noted measuring 0.45 cm in diameter in the mid spleen. The spleen overall measured 1.1 cm diameter.

**Liver**

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic, nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental duodenojejunal non-shadowing ingesta/chyme noted. No obstructive pattern, loss of intestinal wall



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layering, or intestinal masses to the level of the ileocolic junction. Jejunum wall measured 0.20 cm. Ileocolic wall measures 0.31 cm.

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

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***Pancreas***

The left limb, right limb, and base of the pancreas presented non-homogeneous to hypoechoic parenchyma compared to adjacent omentum. Normal size. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia. Evidence of pancreatic duct dilation noted.

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***Free Abdomen***

Focally mildly prominent colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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No omental masses or free fluid.

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sediment
- Chronic renal changes with minor medullary mineral
- Mild splenomegaly with medial capsule asymmetry and non-disruptive nodule
- Hepatopathy, sonographically unremarkable gallbladder
- Intact gastrointestinal wall layering with gastric and minor segmental intestinal ingesta/chyme
- Suspect chronic active pancreatitis
- Minor subjective benign/reactive colic lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA cytology warranted for further assessment. Benign inflammatory or possible merging hepatosplenic neoplastic etiologies possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for triad disease could be a consideration in this patient if evidence of weight loss and hepatosplenic neoplastic criteria is ruled out.

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Empirically, 48-72 hour hospitalization with IV fluids, empirical cholangiohepatitis/pancreatitis therapy, and as needed gastrointestinal support with assessment of clinical response would be reasonable.

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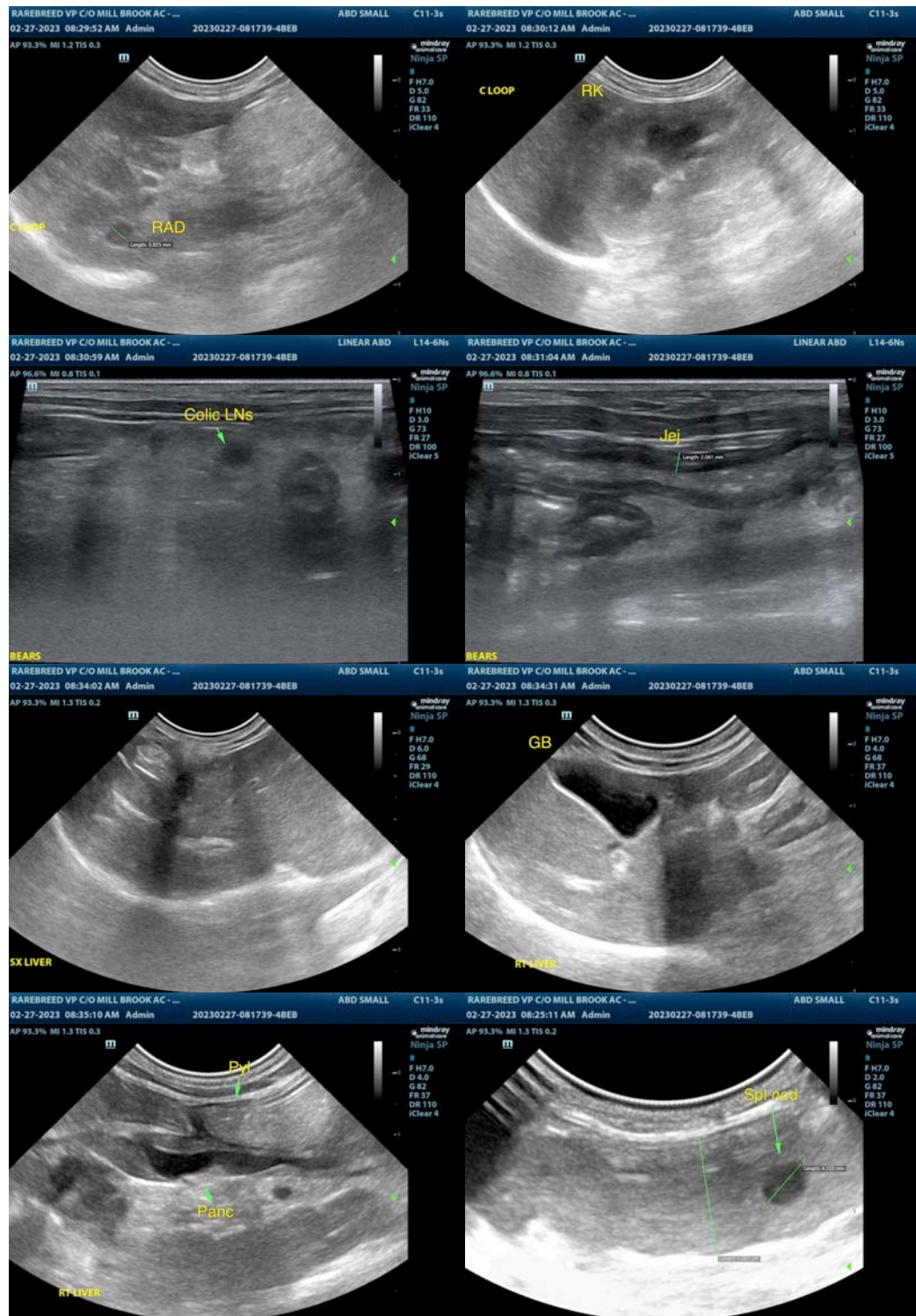
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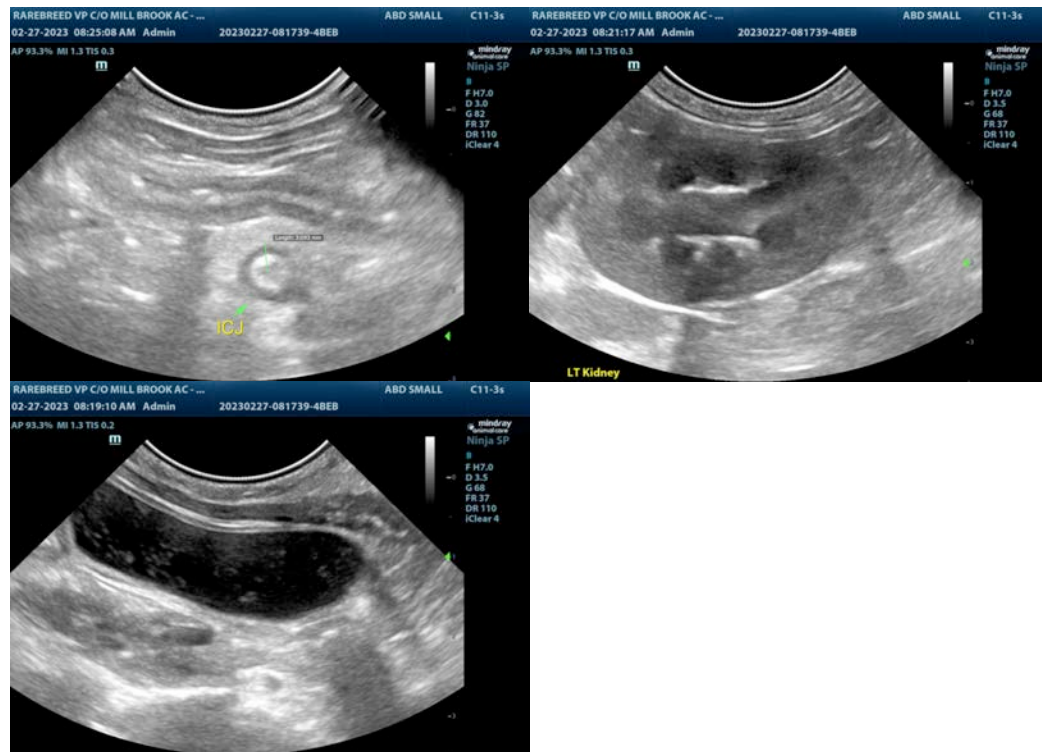
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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