



PATIENT PRESENTING CLINICAL SIGNS

Sophia Sturrock Enlarged right kidney on palpation. Hyperthyroid treated with methimazole. No clinical signs. SDMA 30; BUN 49; ALT 165; ALP 88; T4 8.1

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DLH

SEX The area of the aortic trifurcation was free of pathology.

Spayed Female Normal size and margination was 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm with scant pyelectasia. The right kidney measured 3.5 cm.

Adrenal Glands

WEIGHT The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm. The right adrenal gland measured 0.41 cm.

7.9 Pounds

Spleen

INTERPRETED BY The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width at the level of the hilus. 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.

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

IMAGING PERFORMED BY **Liver**

Pamela Harrigan, RDCS 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 mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

HOSPITAL NAME **Gastrointestinal**

Littleton AH

REFERRING VET 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.

Dr. Dawn Brooks

INVOICE 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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.29 cm.

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

DATE **Pancreas**

5/19/22 The left pancreatic limb was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum.



PATIENT *Free Abdomen*

Sophia Sturrock

Several mildly prominent to enlarged colic lymph nodes were present. Example of colic lymph node measured 1.2 cm x 0.43 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

DLH

SEX

Spayed Female

AGE

15 Years

WEIGHT

7.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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REFERRING VET

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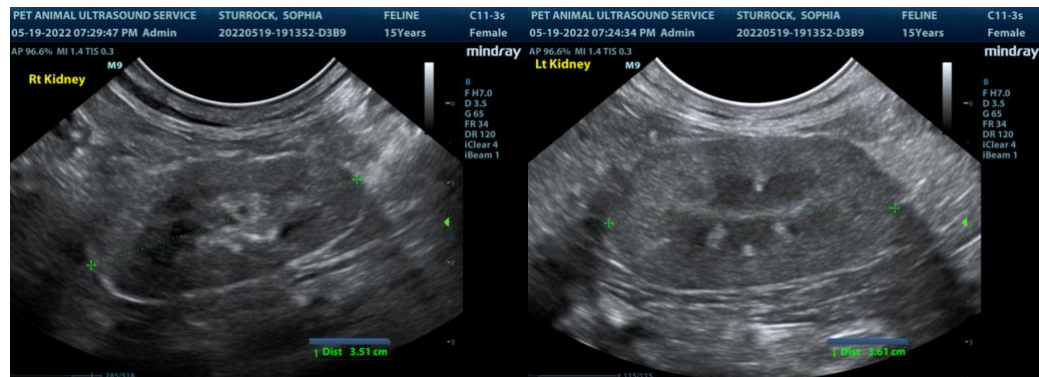
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- Bilateral mild to moderate chronic renal changes with scant pyelectasia – no evidence of right renomegaly or neoplastic criteria.
- Mildly hypoechoic pancreas – non-specific, patient variant versus potential for low-grade pancreatitis.
- Low-grade hepatopathy, benign - Suspect low-grade inflammatory hepatopathy given the ALT elevation.
- Mild benign/reactive colic lymph nodes.
- Mild gallbladder debris – non-specific, likely incidental or potentially suggestive of mild non-clinical cholestasis. Gallbladder debris has at times been associated with mild cholangiohepatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the liver using 25-gauge needle and assuming normal clotting status could be considered for screening cytology, primarily to assess for evidence of inflammatory cells. However, given the low-grade ALT elevation, continued monitoring with hepatosupportive meds would be reasonable.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. If clinically indicated, further correlation with spec fPL recommended. Given the potential propensity for masking of renal disease with hyperthyroidism, continued monitoring of renal parameters is suggested.





PATIENT

Sophia Sturrock

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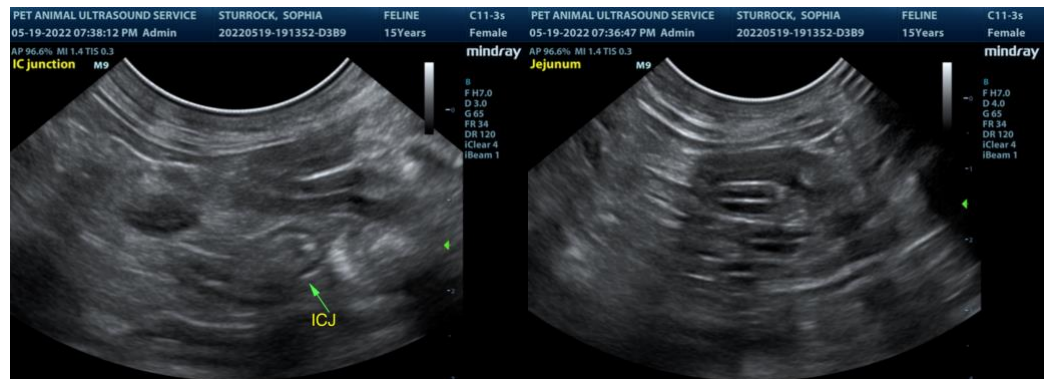
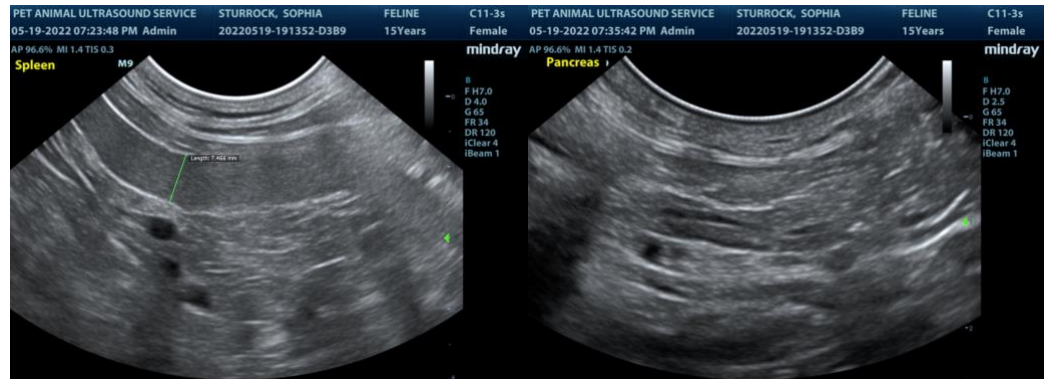
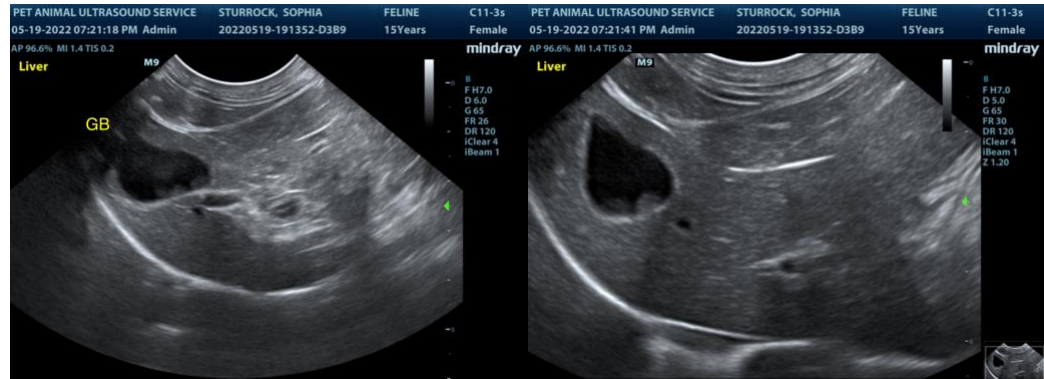
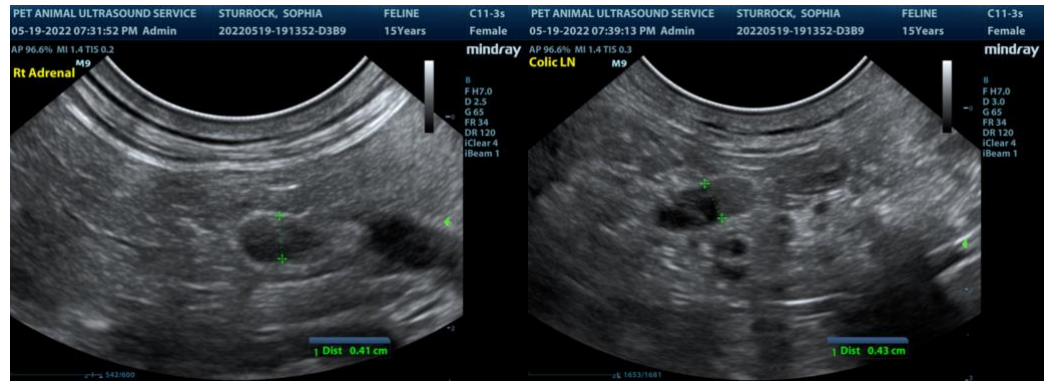
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PATIENT

Sophia Sturrock

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

SPECIES

Feline

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.

BREED

DLH

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