



**PATIENT PRESENTING CLINICAL SIGNS**

Lynx Lang 2/6 left apical murmur, hyperthyroid, weight loss, decreased grooming, non regenerative anemia.  
Medication: Methimazole

**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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

DLH

**SEX**

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

**AGE**

2009

Mildly enlarged size and asymmetrical margination were noted in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.

**WEIGHT**

7.6

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**INTERPRETED BY Spleen**

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

The spleen was mildly enlarged measuring 1.3 cm width at the mid-spleen. The spleen exhibited mild asymmetrical medial capsule contour with maintained finely textured homogeneous parenchyma. No splenic masses or nodules were present.

**IMAGING**

**PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Brodheads ville VC

The liver presented mildly enlarged in size. 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.

**REFERRING VET**

Dr. Goldstein

The gallbladder was non-distended in size containing anechoic content with mild echogenic gallbladder sediment. The proximal common bile duct was mildly dilated and tortuous without overt post-hepatic obstruction. Mild sediment and mucus were present in the proximal common bile duct.

**INVOICE**

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**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 width measured 0.23 cm.

**DATE**

6/21/23



**PATIENT** Lynx Lang  
 The small intestine presented intact generalized mildly thickened wall with maintained wall layer detail. Subjective propensity for generalized prominent intestinal mucosa layer was noted. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.30 cm width.

**SPECIES** Feline  
 Normal visible colon wall layers were present with subjective semi-formed fecal matter in lumen.

**Pancreas**

The left pancreatic limb was normal in size and contour with nonhomogeneous, hypoechoic parenchyma compared to adjacent omentum.

**BREED**

DLH **Free Abdomen**

Intermittent mesenteric nodes were present. The lymph nodes were mildly prominent without evidence of peripheral inflammation and maintained a normal width: length ratio (<0.5). Intermittent scant pockets of peritoneal free fluid were noted.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2009

**WEIGHT**

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- Mild urinary bladder sediment
- Bilateral mild renomegaly exhibiting hyperechoic cortical hypertrophy
- Splenomegaly - hyperplasia, hematopoiesis, incidental splenitis, early infiltrative splenic round cell neoplasia, all potentials
- Mild hepatomegaly - nonspecific
- Gallbladder sediment with nonobstructive proximal common bile duct dilation - suspect cholangitis
- Intact yet generalized mildly thickened small bowel wall
- Pancreatitis
- Intermittent minor mesenteric lymphadenopathy and scant peritoneal free fluid

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bilateral kidneys are nonspecific with considerations including chronic nephritis, i.e., interstitial nephritis and renal fat deposition, with the potential for emerging renal neoplasia thought less likely yet cannot be definitively excluded. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

BrodheadsVille VC

**REFERRING VET**

Dr. Goldstein

Assuming normal clotting status and using a 25-gauge needle, screening hepatosplenic FNA cytology is warranted for further assessment, given the patient's weight loss.

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If managed hyperthyroidism, Triad Disease could be a consideration in this patient. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs if not done to rule out occult intestinal, pancreatic, or thoracic pathology as a contributing factor may be considered.

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**PATIENT**

Lynx Lang

**SPECIES**

Feline

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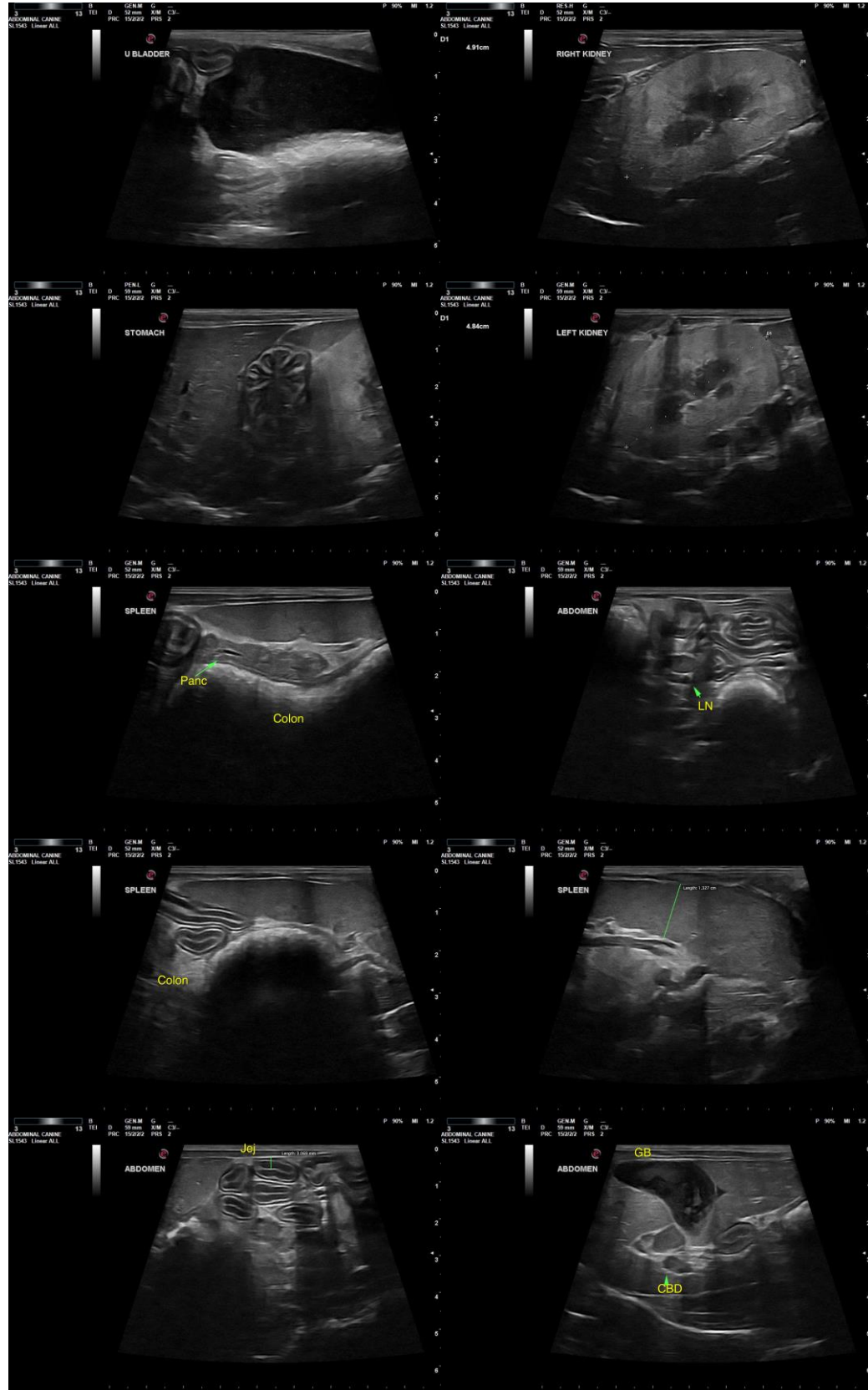
Dr. Goldstein

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**PATIENT**

Lynx Lang

**SPECIES**

Feline

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.

**BREED**

DLH

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.

**SEX**

MN

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