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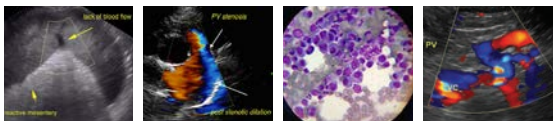

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Poppy Lassiter

SPECIES
Feline

BREED
DMH

SEX
Spayed Female

AGE
10 Years

WEIGHT
4.62 Pounds

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

IMAGING PERFORMED BY
Jenna Walsh, CVT

HOSPITAL NAME
West Eugene AH

REFERRING VET
Dr. Sundholm

INVOICE
41648

DATE
9/24/22

PRESENTING CLINICAL SIGNS

Poppy was diagnosed with hyperthyroid disease several years ago. Currently she is on liquid, oral methimazole. Her thyroid has been elevated despite increases to her dose. The owners are interested in referral for I-131 therapy, and the specialist requested full workup. This includes 3-view whole body radiographs and CBC/Chem/T4/UA. Poppy has been doing well clinically, besides continued weight loss. She has no history of a heart murmur ABNORMAL Laboratory Findings CBC/Chem/T4/UA/Fecal done 9/6/22 - WNL except T4 = 6.4 Current Medications methimazole compounded liquid: 6mg BID Radiographic Findings WNL except osteopenia, like due to hyperthyroidism. An echo performed by Animal Sounds on 9/14/22 was WNL. Primary Question/Differential to Be Answered in This Exam evaluate for underlying disease contributing to poor response to oral methimazole - IBD, neoplasia

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/UA/Fecal done 9/6/22 - WNL except T4 = 6.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor non-dependent particular sediment was present without evidence of calculus formation, which may indicate minor cellular debris/protein, crystalline debris, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 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 3.5 cm with mild pyelectasia.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm. The right adrenal gland measured 0.54 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.68 cm in width. 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.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. Several non-disruptive, non-homogeneous, mildly hyperechoic to cystic intraparenchymal nodules noted. Example measured 1.4 cm diameter. 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.

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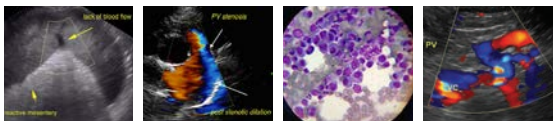

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor non-shadowing ingesta/chyme present in the lumen. Gastric body wall measured 0.24 cm.

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 measures 0.22 cm. Jejunum wall measured 0.21-0.22 cm. Ileocolic wall measured 0.35 cm in width.

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

Pancreas

The pancreas was normal in size Subtle non-homogeneous to hypoechoic pancreatic parenchyma noted compared to adjacent non-inflamed or reactive omentun. No effusion.

Free Abdomen

Focal, mildly prominent to enlarged intermittent mesenteric nodes were present. Example measured 2.0 cm x 0.38 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes were not consistent with inflammatory or neoplastic criteria.

No omental masses or evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

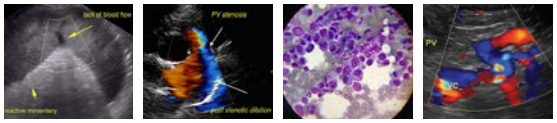
- Bilateral chronic renal changes with minor left kidney pyelectasia
- Minor urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract
- Mild non-homogeneous to subtle hypoechoic pancreas
- Non-specific yet likely benign hepatic nodules – consistent with probable benign cystic biliary adenomas.
- Focal to intermittent benign/reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

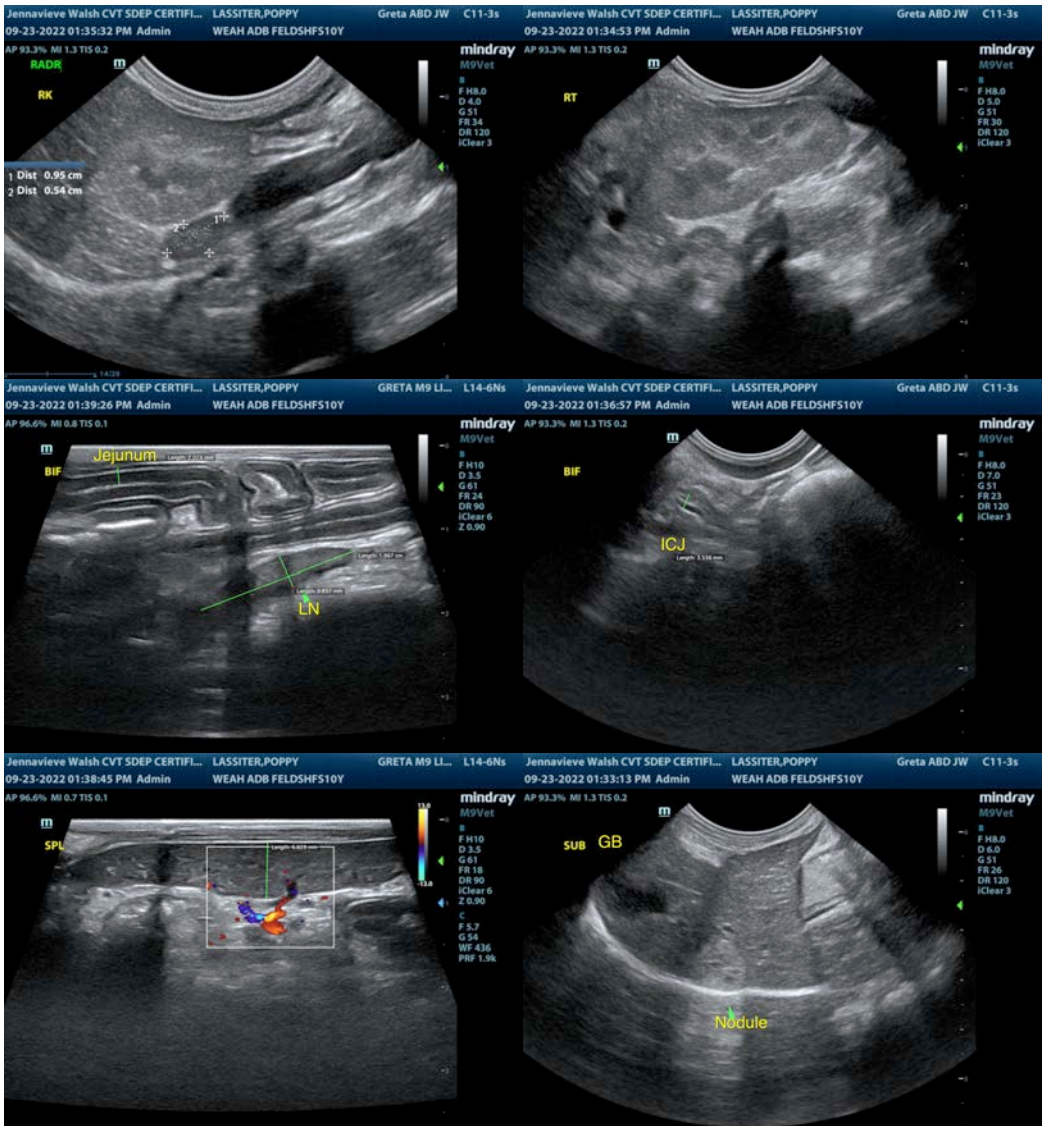
Overall, largely mild geriatric to age related abdomen without evidence of significant abdominal visceral pathology. Sonographic monitoring of the hepatic nodules for evidence of progression +/- screening FNA cytology could be considered.

GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for or rule out occult pancreatic inflammation or non-structural intestinal disease as a contributing factor to the weight loss.

The pyelectasia of the left kidney may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein:



creatinine ratio on sterile urine sample is recommended.



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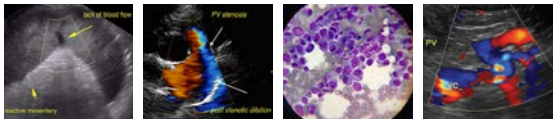

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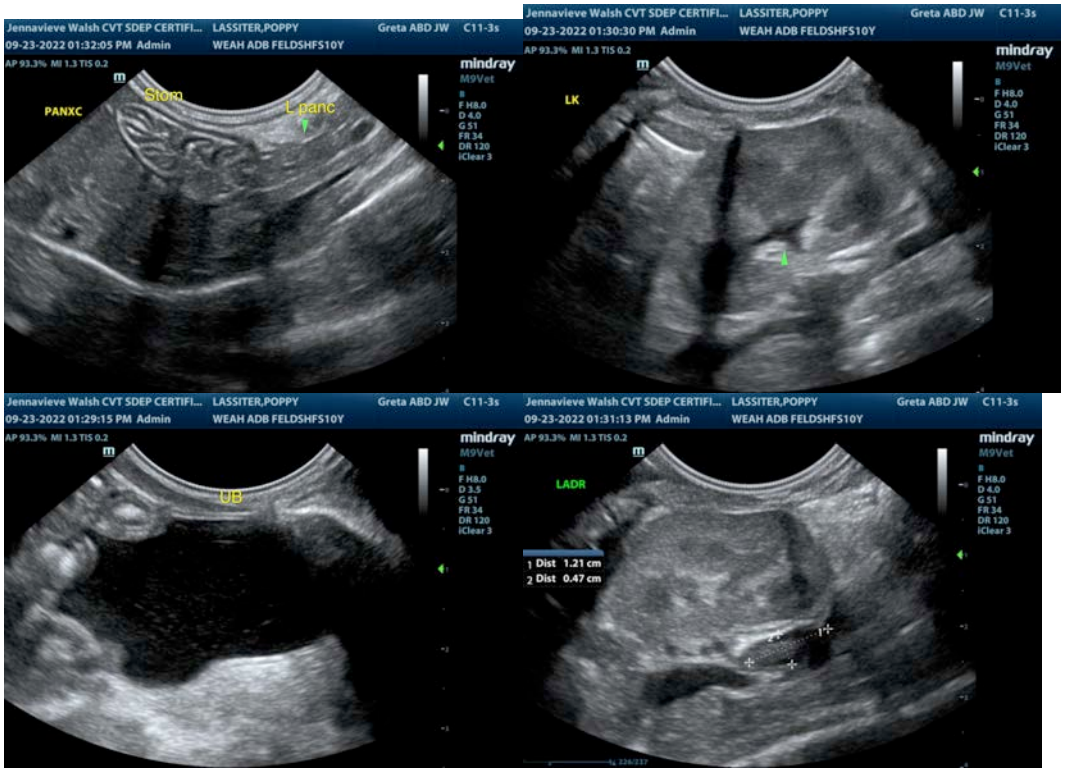

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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