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Clinical Sonography & Telecytology
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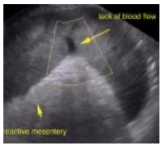
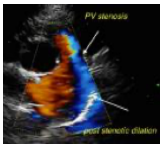
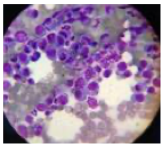
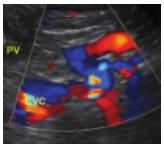

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jasmine Paul

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

17 years

WEIGHT

6.75 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Christina Sitton

HOSPITAL NAME

Sherwood Family PC

REFERRING VET

Christina Sitton

INVOICE

13974

DATE

8.4.23

PRESENTING CLINICAL SIGNS

History: vomiting and continued weight loss hyperthyroid, managed on 1.25 mg methimazole BID

Abnormal PE/Chem/CBC/UA Results: current labs pending lab-work in 2/2023 showed CREA 1.4 mg/dL 0.9 - 2.3 w/ USG 1.013 T4 1.2 ug/dL 0.8 - 4.7 in 5/2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left kidney 3.10 cm) (right kidney 3.00 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size (left 0.34 cm) (right 0.37 cm), position, and appearance of the visible peri-renal vasculature.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, with increased echogenic appearance, prominent portal markings, and regular curvilinear capsule. No nodules evident. Large, irregular, mottled in appearance, echogenic parenchymal mass (measuring 2.00 x 2.10 cm) in the cranial lobe.

Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Small amount of ingesta within the stomach.

Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

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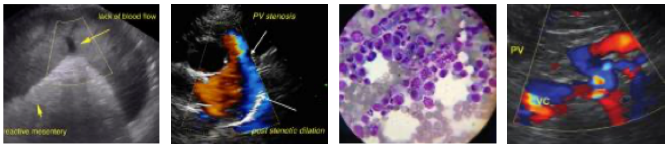

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatopathy
- Hepatic mass

Secondary Findings

- None

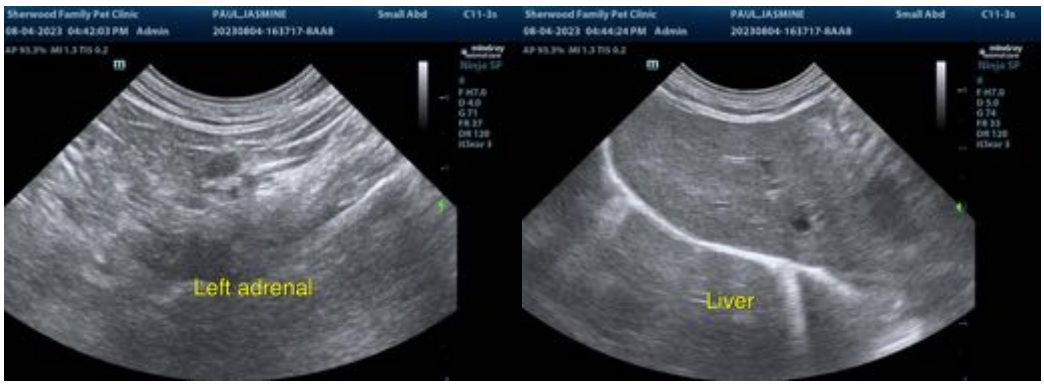
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the hepatopathy would be metabolic secondary to the hyperthyroidism, cholangiohepatitis complex, early lipidosis, granulomatous disease, and infiltrative neoplasia.

Etiologies for the hepatic mass would be granuloma, organized hematoma or abscess and neoplasia.

Further assessment needs to be based on the pending results but could include FNA cytology of the liver and the hepatic mass. Although the presenting clinical signs can be attributed to hyperthyroidism, an underlying enteropathy would still be a possibility, even though the GIT tract appears ultrasonographically normal, with possible etiologies for that being inflammatory bowel disease, parasitic enteritis, and dietary hypersensitivity. If there is not a satisfactory improvement with the treatment of hyperthyroidism, further assessment of the GIT tract would be fecal analysis, cobalamin assay, and possibly endoscopy of the upper GIT tract, with biopsies.

Specific therapy would be dependent on an etiological diagnosis.



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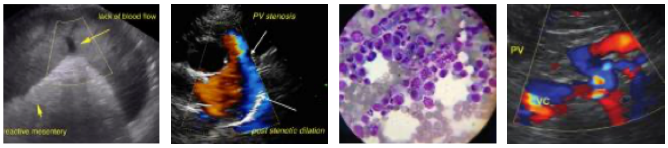

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com