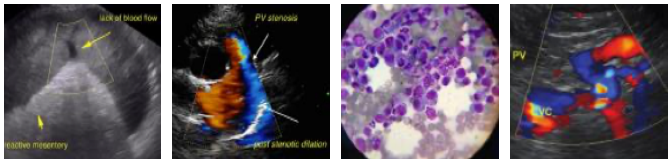

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PATIENT

Missy Kitty Rosas

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

15 years

WEIGHT

6.6 lbs

INTERPRETED BY

Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

Lucas Budden

INVOICE

12458

DATE

3.18.23

PRESENTING CLINICAL SIGNS

History: Clinical signs: vomiting, weight loss, inappetence History: Seen 2/14/23 for increased appetite and weight loss. See lab results. Diagnosed with hyperthyroidism. 2 days later (before starting methimazole) presented for vomiting and decreased appetite that was improving by the time of the exam. Given Cerenia, Famotidine, fluids and started on methimazole. Appetite remained low until recheck on 3/16/2023. Stopped methimazole at that time and collected recheck thyroid panel. Serum appeared icteric. Started on Miratаz and Cerenia. Started eating a little better yesterday with addition of Cerenia/Miratаz). Ultrasound to assess for cause of decreased appetite and weight loss. Medications: Methimazole 2.5 mg PO q12h, stopped this on 3/16/23 Cerenia 12 mg PO q24h Miratаz transdermal q24h

Abnormal PE/Chem/CBC/UA Results: Exam: BCS 3/9, lost 1# from 2/16-3/16, thyroid slip present, 5-6% dehydrated Labs: 2/15/2023 cbc/chem/ua/T4/UA/fecal/FeLV/FIV Fecal negative cbc/chem wnl T4 high 5 FeLV/FIV neg/neg USG 1.036 prot 2+ quiet sediment HW ending waiting on fecal 3/16/2023 cbc/chem/T4 ALT normal ALP normal Creatinine normal Platelet low 137, adequate estimate Lymphocytes low at 97 Thyroid normal 1.6

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 2.0 cm.

The kidneys are of normal size and shape and exhibit appropriate corticomedullary differentiation with a normal 1:3 cortex to medulla ratio. There is no evidence of nephrolithiasis, mineralization, pyelectasia, cystic change or hydronephrosis. The proximal ureter is not visible (normal). The left kidney is 3.1 cm in length. The right kidney is 3.5 cm in length.

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 4.9 mm at the caudal pole. The right adrenal gland height 4.2 mm at the caudal pole.

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 7.4 cm.

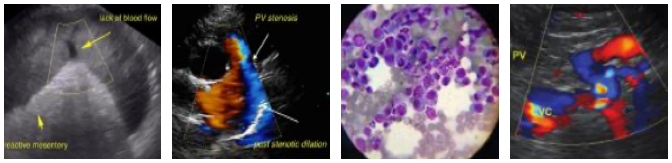
Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

Gastrointestinal

The stomach is empty. The gastric wall is subjectively normal in thickness, and exhibits appropriate wall layering, but cannot be accurately measured due to normal deviations of the rugal folds. The pylorus is of normal appearance.



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The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.3 mm. The jejunal wall measures up to 2.8 mm. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.7 mm, with intact wall layering. The ileocecal junction IS visualized and appears normal.

Pancreas

The left and right limbs of the pancreas is swollen and hypoechoic, surrounded by hyperechoic mesenteric fat. The pancreatic duct appears normal.

Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are hyperechoic. The mesenteric lymph nodes were moderately enlarged and hypoechoic with a rounded shape, measuring up to 1.3 cm. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

ULTRASONOGRAPHIC FINDINGS

Findings

- A diffusely hypoechoic and enflamed pancreas
- Rounded hypoechoic lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs of vomiting and weight loss despite control of the overactive thyroid, could be attributed to pancreatitis. However, the appearance of the lymph nodes also raises concern for the possibility of neoplasia.

Recommendations include:

- Fine-needle aspirate of affected lymph nodes, and also the affected areas of pancreas
- Three-view chest radiographs
- Ongoing supportive care, including antiemetics, analgesics, fluid therapy, and Vitamin B12 supplementation
- A GI panel or serum fPLI can also be considered for additional diagnostic information.

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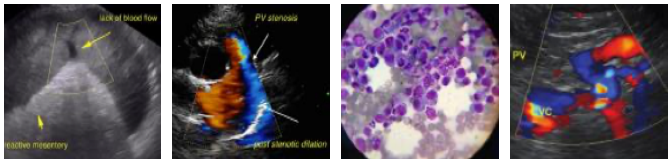

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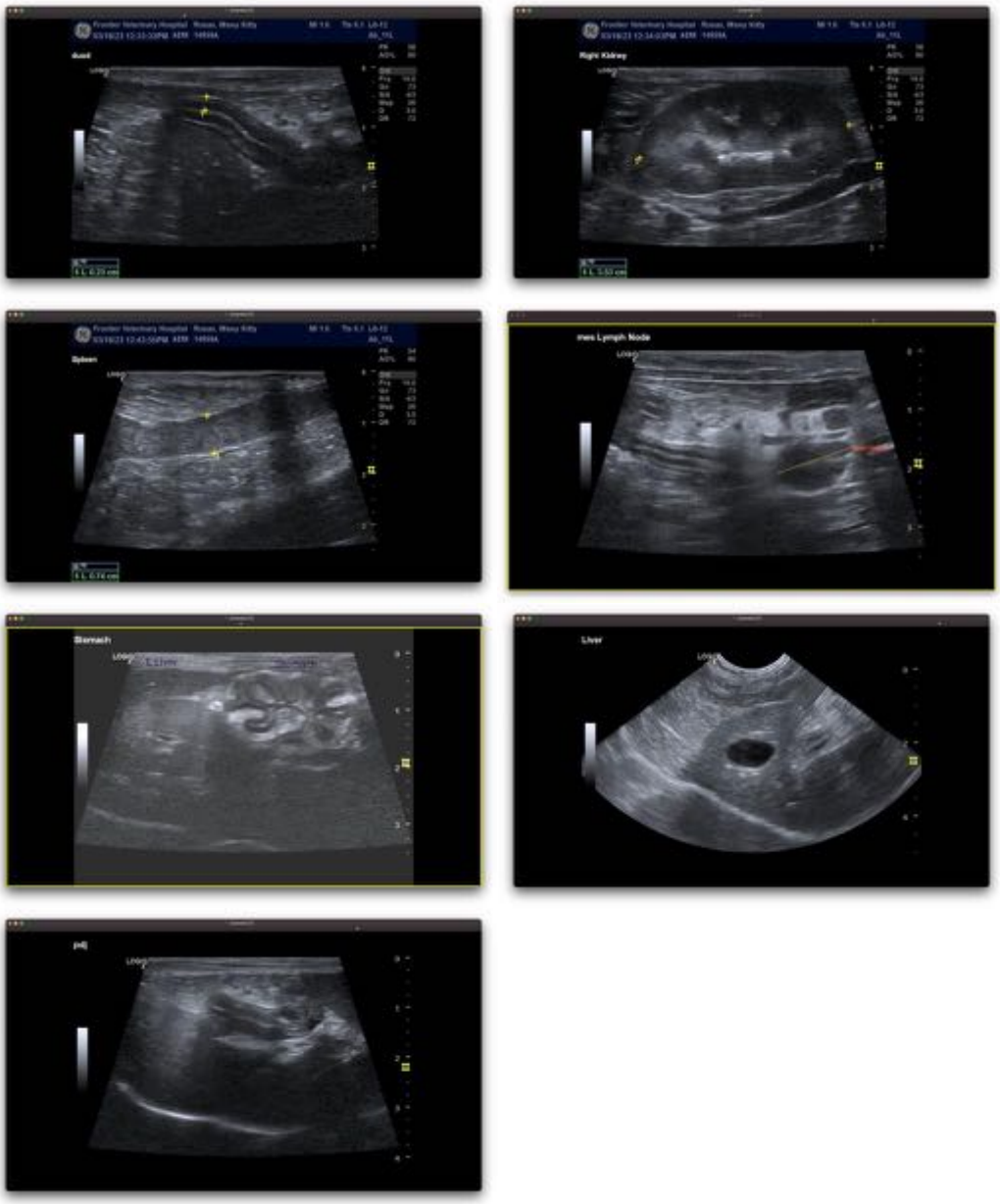

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.
Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com