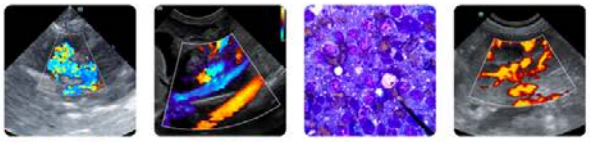


PATIENT

Cinders Diehl

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

7.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Katelyn Mazzochette, DVM

INVOICE

72595

DATE

1/29/26

PRESENTING CLINICAL SIGNS

History of chronic barbering and alopecia with suspected possible atopic dermatitis. Hx of intermittent vomiting/hairballs and slight weight loss with mild polyphagia. Started low dose anti-inflammatory pred for 2-3 weeks 1/8/26 due to severe barbering- p improved with this.

Started methimazole 1/13/26 2.5mg PO BID due to early hyperthyroidism, p seemed to improve after pred and starting methimazole, however bloodwork showed significantly worsened ALT and LOW total T4, discontinued methimazole, then started vomiting the day after methimazole discontinued.

Seen today for acute vomiting and lethargy

Abnormal PE/Chem/CBC/UA Results: 1/9/26 - CBC: lymphocytosis = 6,863 (650-6,860)--chronic history since 2021 Chem: elevated ALT = 283 (27-158) elevated AST = 70 (16-67) elevated ALP = 61 (12-59) elevated T4: 4.7 elevated FT4: 3.3 proBNP: 57 UA: USG = >1.050 30 mg/dl protein >50 RBCs/hpf, 1-5 struvites 1/13/26 - low cTSH = < 0.03 (0.5-0.42) 1/28/26 - CBC: WNL Chem: elevated ALT = 1,264 (27-158) was 283 ALP = 48 (12-59) low T4: <0.4 (0.8-4.7) UA 1/29/26: USG 1.050, pH 7.0, 500mg/dL proteinuria, 1mg/dL UBG, significant pyuria (WBCs 19/HPF) and hematuria (RBCs >50/HPF), cocci present.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots, as well as dependent mineral “sand” (crystals) debris. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or discrete definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.49 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

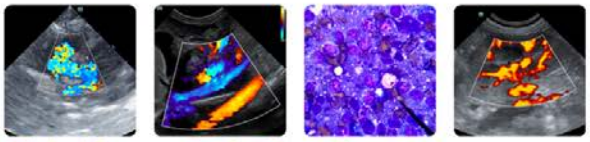
Adrenal Glands

The right adrenal gland is normal in size (0.60 cm at cranial pole and 0.28 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.51 cm at cranial pole and 0.44 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.



PATIENT

Cinders Diehl

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

7.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Katelyn Mazzochette, DVM

INVOICE

72595

DATE

1/29/26

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out.

If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Very mild reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Mild to moderate amount of echogenic mineral/sand debris within the urinary bladder.

PATIENT

Cinders Diehl

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

7.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

Katelyn Mazzochette, DVM

INVOICE

72595

DATE

1/29/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a urine culture is recommended. Patients reported acute jump in liver enzymes fit the timing of starting Methimazole and could be a reaction to the Methimazole, which has reportedly been discontinued. If patient is hyperthyroid and warrants therapy, alternative therapies such as I-131 versus other could be considered.

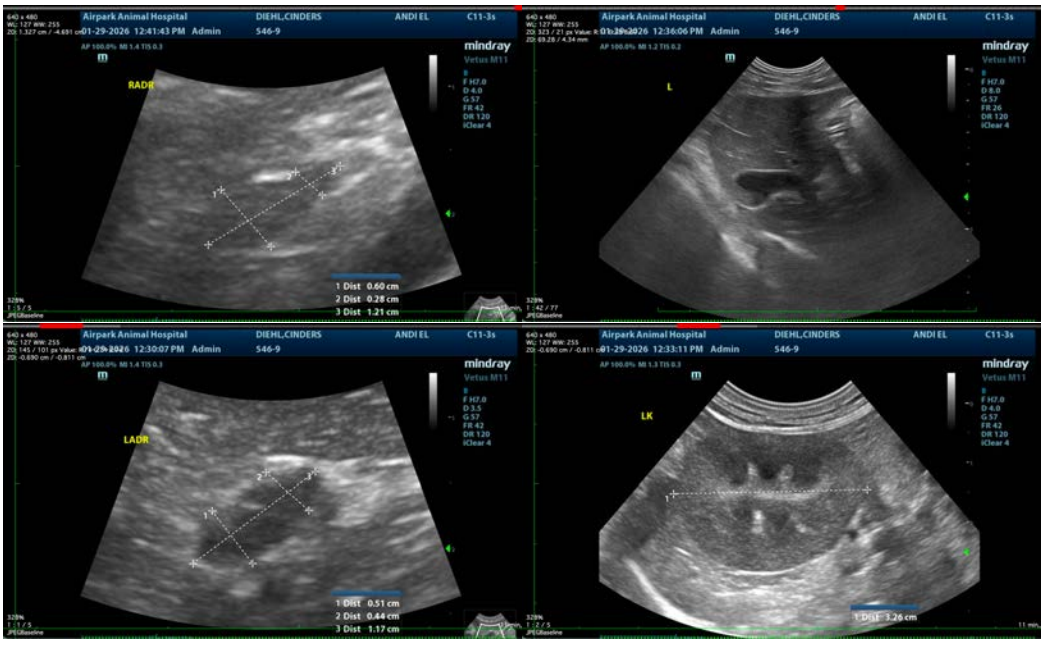
In the meantime, further weight loss workup and hepatopathy workup could also be considered, including fine needle aspirates of the liver if patient's coagulation status is appropriate.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

Having said, one possibility could be, if tolerated, a transition in diet is recommended, based on trial-and-error response.

Some options to consider include a gastrointestinal biome diet vs a hydrolyzed protein diet (sometimes several trials with different brands are necessary) vs a fiber response/colitis diet vs a bland, easy to digest or low-fat diet vs other.



PATIENT

Cinders Diehl

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years 5 Months

WEIGHT

7.7 lbs

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Katelyn Mazzochette, DVM

HOSPITAL NAME

Airpark Animal Hospital

REFERRING VET

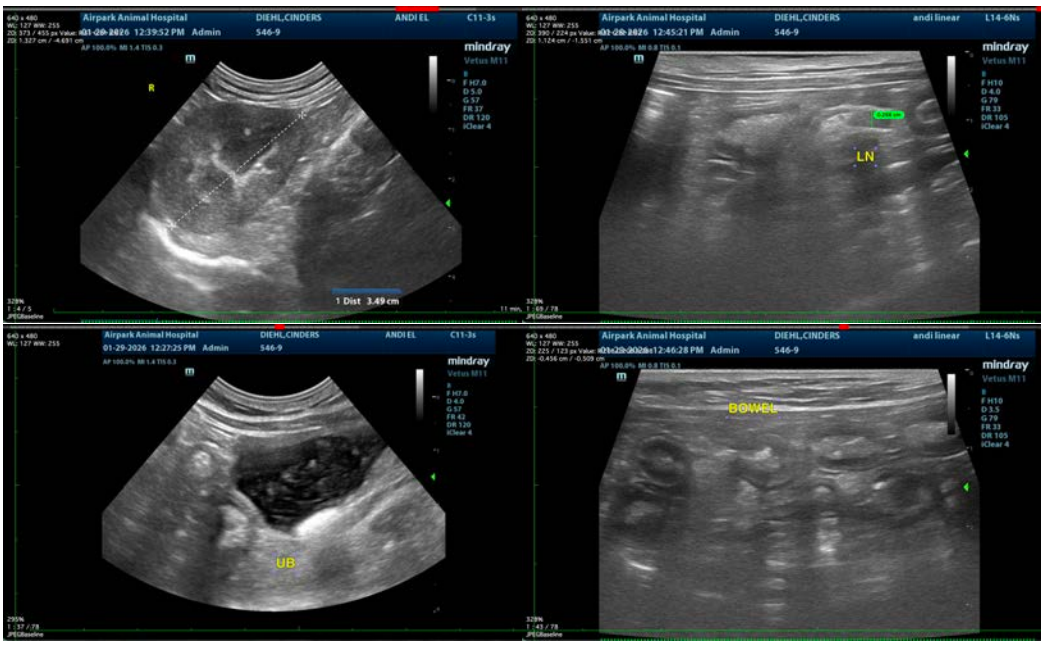
Katelyn Mazzochette, DVM

INVOICE

72595

DATE

1/29/26



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.

Beth Johnson, DVM, DACVIM
info@sonopath.com