



PATIENT	PRESENTING CLINICAL SIGNS
Pee-A-Boo-Kolwitz	History of hyperthyroidism well controlled on methimazole (2.5 mg PO q12h). Chronic vomiting before diagnosed that improved once controlled. Vomiting is getting worse again. Ultrasound to assess for a cause of vomiting.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: cbc/chem/T4/BP, 12/5/2022 Chem-nsf CBC-platelet 172 but adequate, neutrophils 11832, lymphocytes 1088 T4 2.2 BP 152 - not hypertensive
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Spayed Female	Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. The left kidney measures 3.25 cm. The right kidney measures 3.69 cm.
AGE	
12 Years	
WEIGHT	Adrenal Glands
7.8 Pounds	Left adrenal gland is normal in size (0.37 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
INTERPRETED BY	Right adrenal gland is normal in size (0.38 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	Spleen is generally normal in size. The shape is slightly distorted by a homogenous isoechoic, approximately 1.0 cm x 0.6 cm bulge. Additionally, the parenchyma is diffusely nodular in appearance characterized by small discrete hypoechoic nodules. Splenic vasculature appears normal.
Lucas Budden	Liver
HOSPITAL NAME	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.
Frontier VH	
REFERRING VET	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.
Lucas Budden	Gastrointestinal
INVOICE	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
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DATE	
1/9/23	



PATIENT	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Pee-A-Boo-Kolwitz	
SPECIES	The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.
Feline	Pancreas
BREED	Pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and has a mildly irregular undulating contour. Parenchyma is coarse with mixed echogenic remodeling noted. Pancreatic duct dilation is noted.
DSH	Free Abdomen
SEX	There is no evidence of peritoneal effusion.
Spayed Female	A prominent, mildly heterogenous, hypoechoic gastric lymph node is noted, measuring 2.2 cm long x 0.56 cm thick.
AGE	The 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.
12 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
7.8 Pounds	Primary Findings
INTERPRETED BY	<ul style="list-style-type: none"> Chronic active pancreatitis Splenomegaly with a nodular bulge and micronodular hyperplasia. This could be a benign change associated with marked nodular hyperplasia, EMH, etc., especially given the concurrent generalized lymphadenopathy, infiltrative neoplasia, such as round cell neoplasia, cannot be ruled out without tissue sampling. Gastric and mesenteric lymphadenopathy may be reactive lymphadenopathy, however, infiltrative neoplasia cannot be ruled out without tissue sampling.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Secondary Findings
Lucas Budden	<ul style="list-style-type: none"> Age-related kidney changes
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Frontier VH	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.
REFERRING VET	A fine needle aspirates of the spleen, as well as any enlarged lymph nodes that can safely be reached, are recommended if patients coagulation status is appropriate.
Lucas Budden	In the meantime, a trial of topical vs oral methimazole could be tried to see if any of the gastrointestinal upset is related to a development of GI sensitivity to methimazole.
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PATIENT

Pee-A-Boo-Kolwitz

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

12 Years

WEIGHT

7.8 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier VH

REFERRING VET

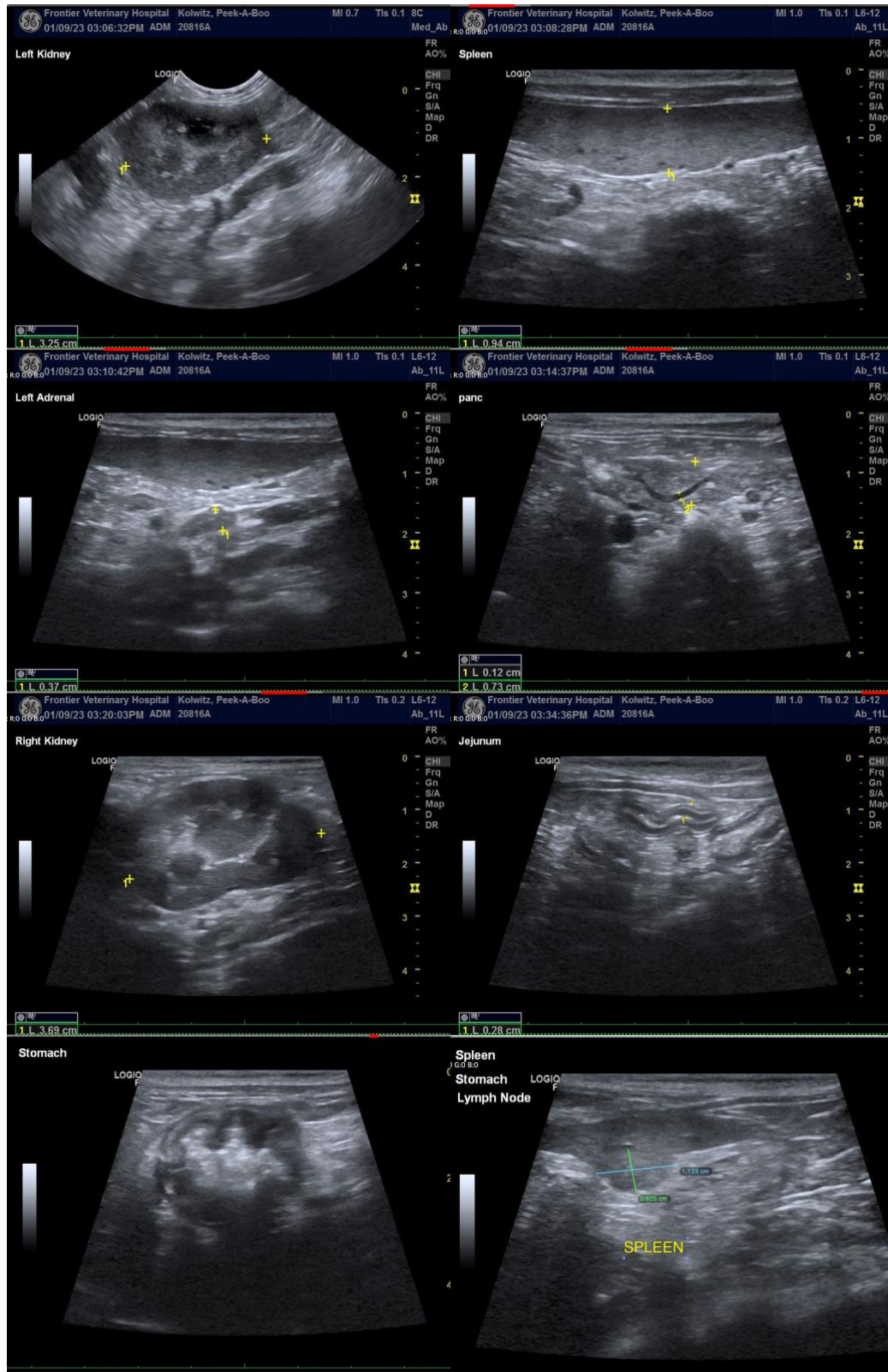
Lucas Budden

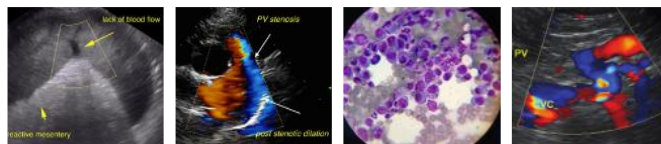
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PATIENT

Pee-A-Boo-Kolwitz

SPECIES

Feline

BREED

DSH

SEX

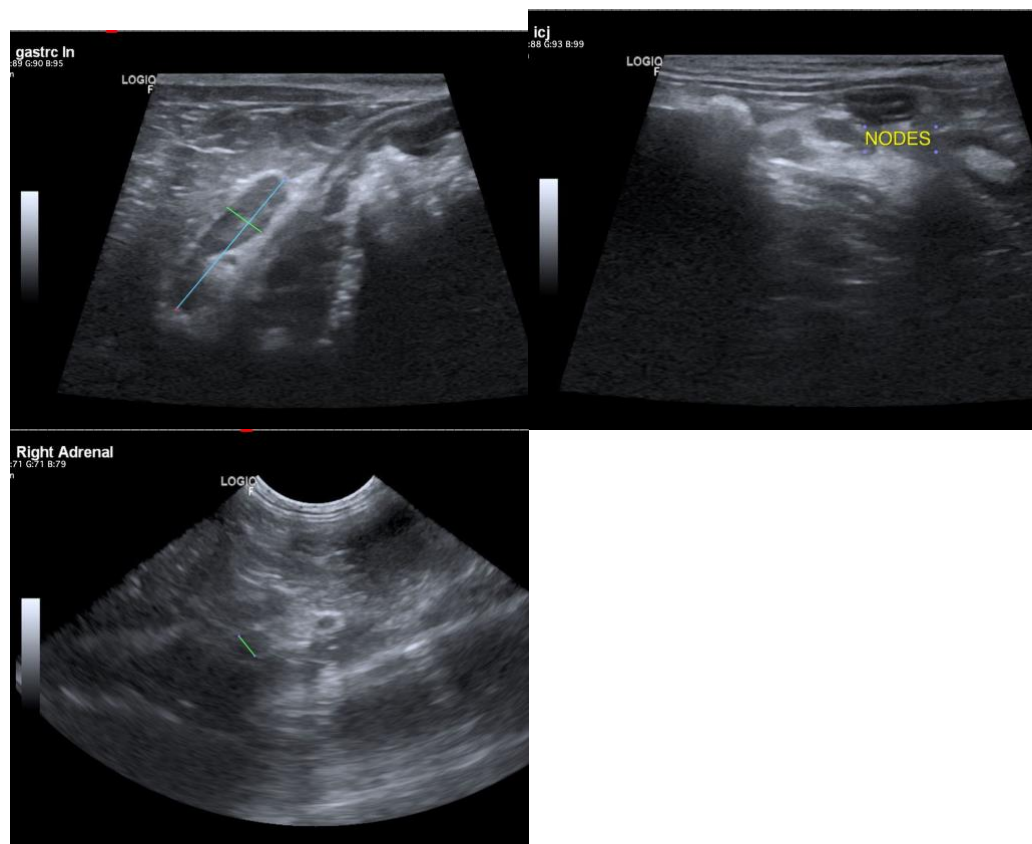
Spayed Female

AGE

12 Years

WEIGHT

7.8 Pounds



INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

IMAGING PERFORMED BY

Lucas Budden

Beth Johnson, DVM DACVIM

HOSPITAL NAME

Frontier VH

Beth.Johnson@SonoPath.com

REFERRING VET

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