



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Daisy Byer	Diagnosed hyperthyroid 3 weeks ago. Started methimazole without issue. Vomiting several times in past 24 hours. Possible mass seen on radiographs, explored with ultrasound.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC/ Chem/T4 on 12/03 ALT 117 T4 7.7
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DLH	The urinary bladder is moderately 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.
<b>SEX</b>	The right kidney is normal in size (3.8 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.
Spayed Female	The left kidney is normal in size (3.7 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.
<b>AGE</b>	<b>Adrenal Glands</b>
12 Years	The adrenal glands were unable to be well visualized in these images.
<b>WEIGHT</b>	<b>Spleen</b>
12.1 Pounds	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.
<b>INTERPRETED BY</b>	<b>Liver</b>
Beth Johnson, DVM DACVIM	Liver is subjectively enlarged (swollen contour). The hepatomegaly is most prominent in the mid caudal liver, where it wraps caudally to the stomach and appears almost mass-like in appearance due to the rounded images. Mild parenchymal remodeling with diffusely mildly coarse architecture and increased portal markings is present. No focal nodules or masses are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
<b>IMAGING PERFORMED BY</b>	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.
Dr. Tiffany Brady	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
Shiloh Vet Hospital	The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.
<b>REFERRING VET</b>	
Dr. Deb Bangs	
<b>INVOICE</b>	
43644	
<b>DATE</b>	
12/21/22	



**PATIENT**

Daisy Byer

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

**Pancreas**

**SPECIES**

Feline

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**BREED**

DLH

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- **Hypoechoic hepatomegaly** – This appearance is consistent with an acute hepatopathy or acute cholangiohepatitis. Infiltrative neoplasia (round cell neoplasia) should also be considered. \*\*The change is most appreciated in the mid caudal liver and appears almost mass-like.

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A fine needle aspirate of the liver could be considered if patient's coagulation status is appropriate. Alternatively, a more conservative approach is elected, given this patient's very recent prescription of Methimazole prior to the vomiting, Methimazole could be discontinued while symptoms are treated supportively, and once vomiting has resolved, reintroduction of transdermal Methimazole could be tried to see if vomiting is potentially secondary to Methimazole.

**WEIGHT**

12.1 Pounds

Additionally, if the vomiting becomes a chronic problem, 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.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Tiffany Brady

**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

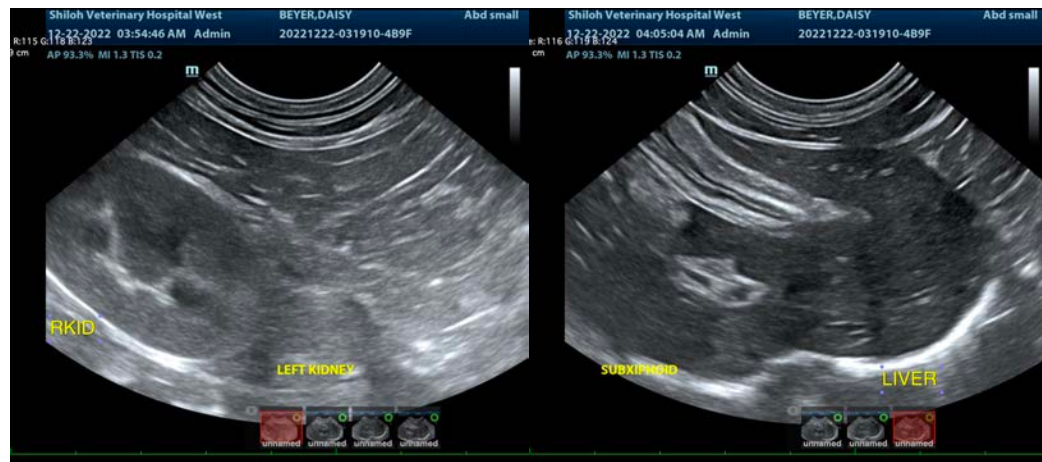
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**PATIENT**

Daisy Byer

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

12.1 Pounds

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

Shiloh Vet Hospital

**REFERRING VET**

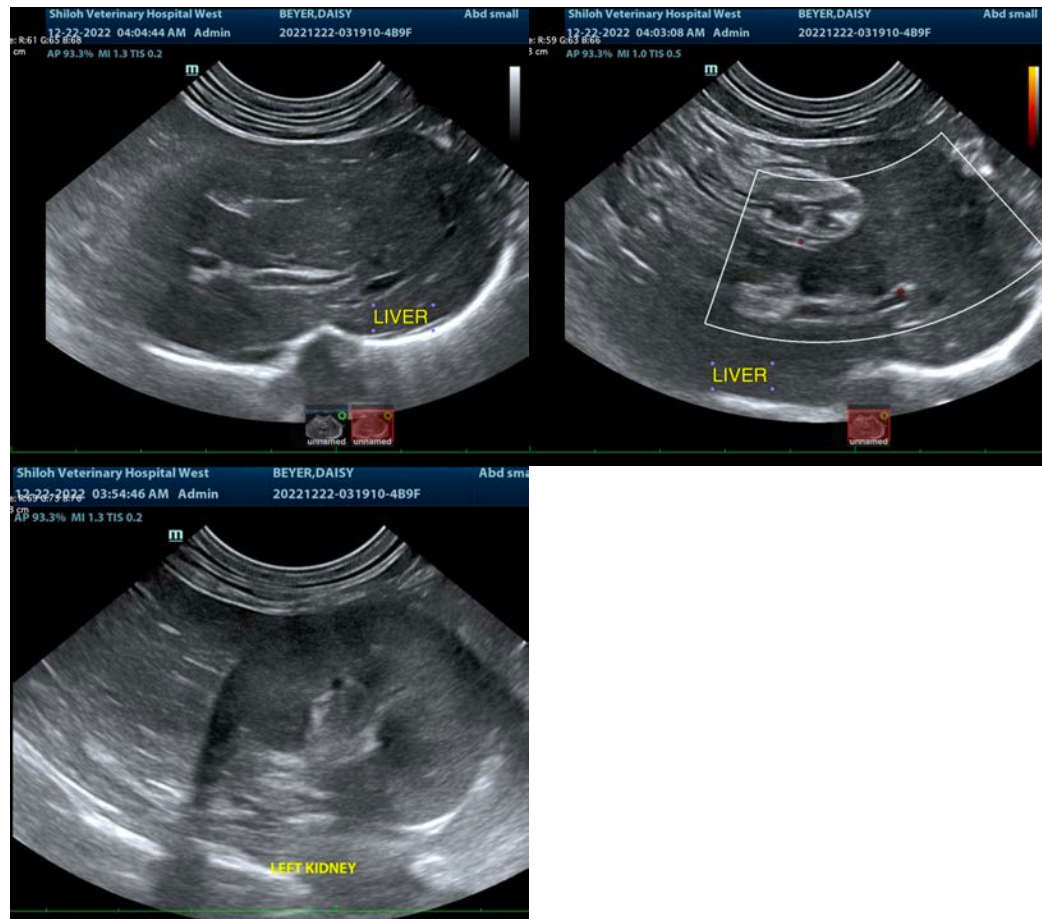
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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