



PATIENT	PRESENTING CLINICAL SIGNS
Scarlet Schumacher	vomiting. Patient dx hyperthyroid 2/2023 and started on methimazole. Wasn't tolerating medication so stopped on 3/14, but vomiting hasn't resolved. On cerenia 16mg x 1/4 tablet sid.
SPECIES	Abnormal PE/Chem/CBC/UA Results: ALKP 103, thyroid wnl
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	The right kidney is normal in size (3.6 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 (3.25 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.
AGE	
8 Years	
WEIGHT	Adrenal Glands
N/A	The right adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
INTERPRETED BY	The left adrenal gland is normal in size (0.46 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.
Beth Johnson, DVM DACVIM	
IMAGING PERFORMED BY	Spleen
Diane McFadden	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.
HOSPITAL NAME	Liver
AH of Roxbury	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.
REFERRING VET	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. Elia	
INVOICE	Gastrointestinal
46301	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.
DATE	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.
3/30/23	



PATIENT
Scarlet Schumacher

The visible colon is normal in wall thickness (< 0.2 cm) and layering. It is subjectively mildly overdistended with formed stool. This finding should be interpreted in combination with history, physical findings, or radiographic evidence of constipation.

SPECIES

Pancreas

Feline

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.

BREED

DSH

Free Abdomen

SEX

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

Spayed Female

There is no apparent lymphadenopathy noted in these images.

AGE

8 Years

- Chronic active pancreatitis
- Subjectively mildly overdistended colon – This finding should be interpreted in combination with history, physical exam findings, or radiographic evidence of constipation.

WEIGHT

N/A

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Further evaluation for maldigestive/malabsorptive conditions and/or pancreatitis contributing to the vomiting is recommended, beginning with 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.

Further evaluation (if history of physical exam supports it) for possible constipation contributing to vomiting could also be considered.

IMAGING PERFORMED BY

Diane McFadden

In the meantime, empirical deworming with a 5-day course of Panacur is recommended, and if tolerated, transition in diet could be considered, potentially (based on whether constipation is believed to be playing a role) to a fiber response or colitis diet, or potentially a hydrolyzed protein diet based on trial and error response. Some patients respond better to one version or brand of hydrolyzed protein diet better than another, so several trials are sometimes necessary.

HOSPITAL NAME

AH of Roxbury

If hyperthyroidism returns, and treatment is necessary, topical Methimazole often has less GI side effects than oral.

REFERRING VET

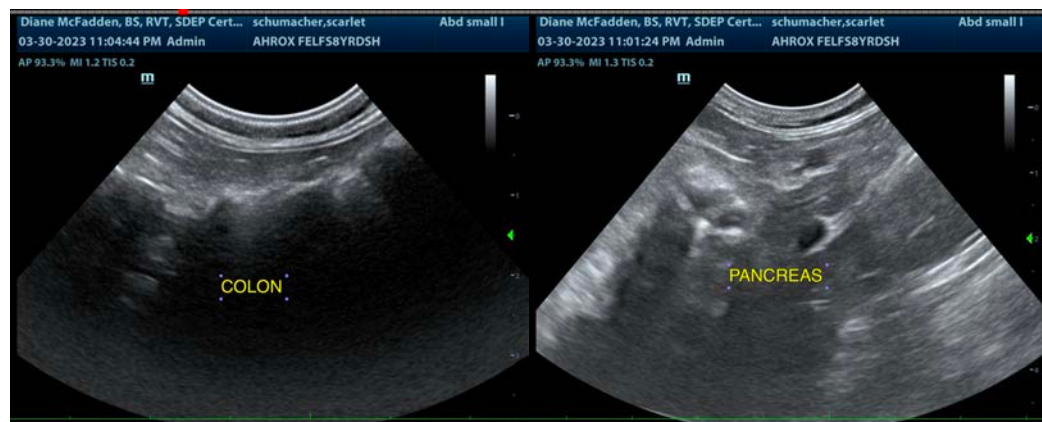
Dr. Elia

INVOICE

46301

DATE

3/30/23





PATIENT

Scarlet Schumacher

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

N/A

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

AH of Roxbury

REFERRING VET

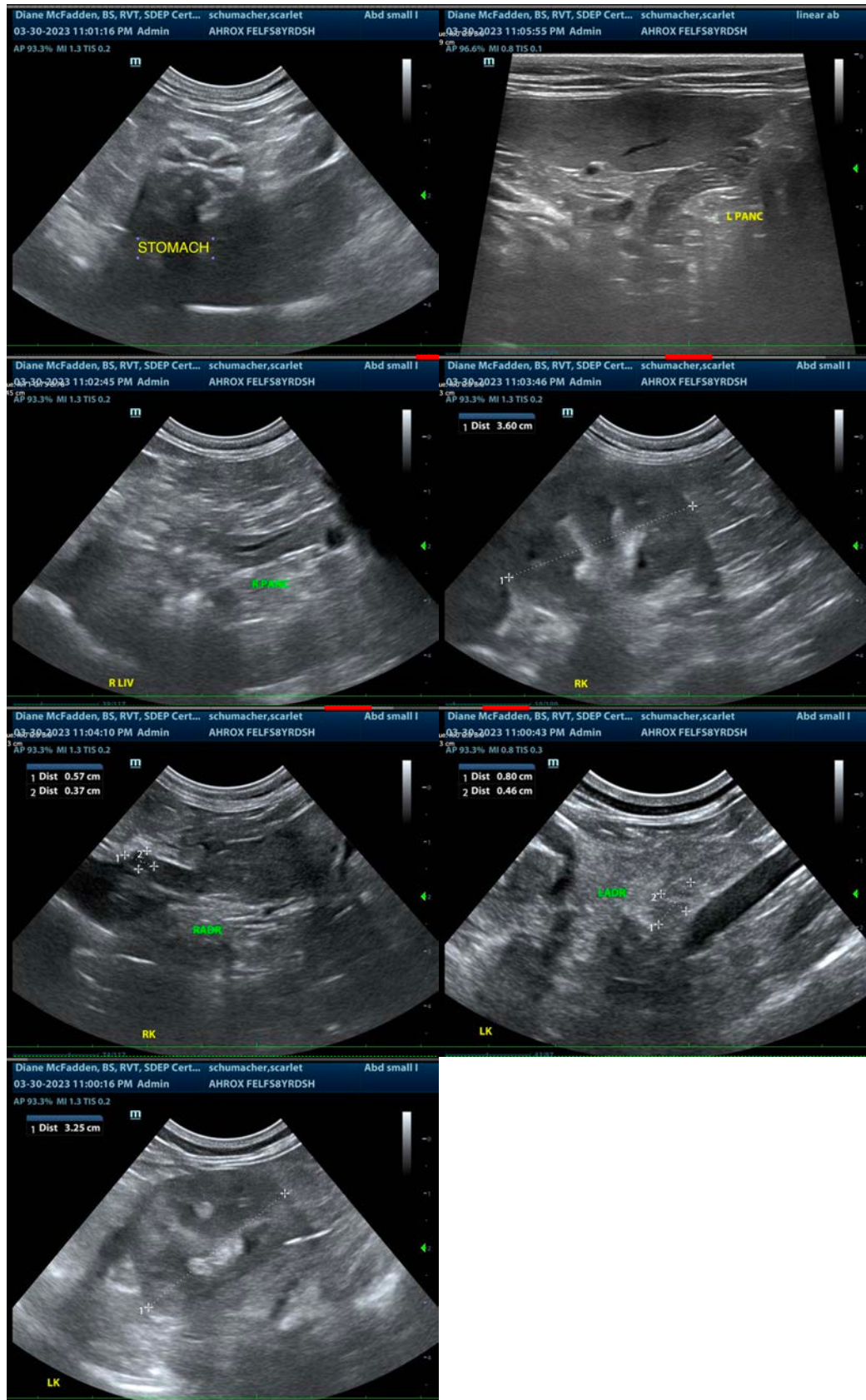
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DATE

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SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

N/A

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**IMAGING
PERFORMED BY**

Diane McFadden

HOSPITAL NAME

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REFERRING VET

Dr. Elia

INVOICE

46301

DATE

3/30/23

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
Beth.Johnson@sonopath.com