



| PATIENT | PRESENTING CLINICAL SIGNS |
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| McKinley Palazzo | History: 13 yo FS DSH history of hyperthyroidism-treated with I131 7/20/2022. Heart murmur on PE. Elevated ALT, ALP. T4: 13.0 Presented for profuse chronic diarrhea Maldigestion panel shows normal folate and decreased B12 |
| SPECIES | |
| Feline | |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| Domestic Shorthair | Urinary System |
| | 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. |
| SEX | |
| Spayed female | Left kidney is normal is size (3.77 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 | |
| 13 years | Right kidney is normal is size (4.0 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. |
| WEIGHT | |
| 7.36 lbs | Adrenal Glands |
| | The adrenal glands are not fully visualized in these images. |
| INTERPRETED BY | |
| Beth Johnson, DVM DACVIM | Spleen |
| | 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. |
| IMAGING PERFORMED BY | |
| Dr. Petrone | Liver |
| | 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. |
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| Dr. Petrone | 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. |
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| | 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. |
| DATE | |
| 8/22/22 | |



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| 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 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. |
| McKinley Palazzo | |
| SPECIES | The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas. |
| Feline | |
| BREED | <i>Pancreas</i> |
| Domestic Shorthair | The observed pancreas 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. |
| SEX | <i>Free Abdomen</i> |
| Spayed female | There is no evidence of free peritoneal effusion noted in these images. |
| AGE | There is no apparent lymphadenopathy noted in these images. |
| 13 years | |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 7.36 lbs | Primary Findings |
| INTERPRETED BY | Unremarkable/normal abdominal ultrasound. |
| Beth Johnson, DVM DACVIM | <u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u> |
| IMAGING PERFORMED BY | This patient's reportedly high liver enzymes, heart murmur, etc. are likely still related to the only very recently managed hyperthyroidism. Therefore, continued monitoring of those is recommended. |
| Dr. Petrone | Given the patient's reportedly low cobalamin a malabsorptive gastrointestinal disease is most likely the cause of the newly developed diarrhea. Biopsies can be considered to definitively diagnose any infiltrative disease; however, given the lack of ultrasonographic thickening/changes, etc., empirical therapy prior to more invasive diagnostics including empirical deworming with a 5 day course of Panacur, diet transition to a novel or hydrolyzed protein diet as well as the necessary cobalamin supplementation is a reasonable approach first. |
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| 8/22/22 | |



PATIENT

McKinley Palazzo

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed female

AGE

13 years

WEIGHT

7.36 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Petrone

HOSPITAL NAME

Long Branch AH

REFERRING VET

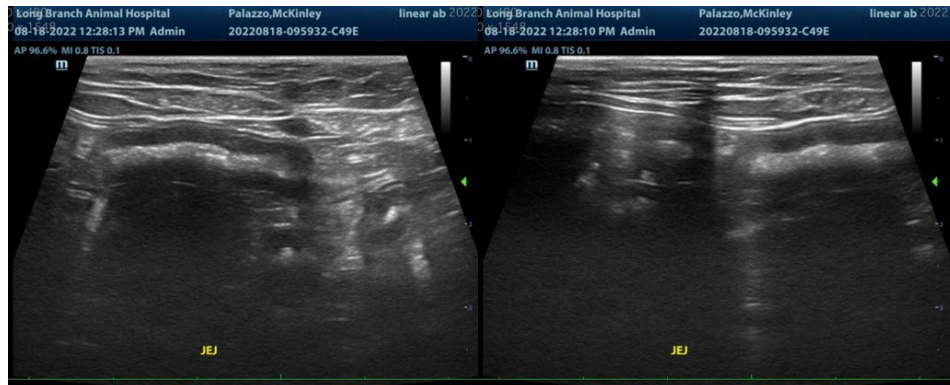
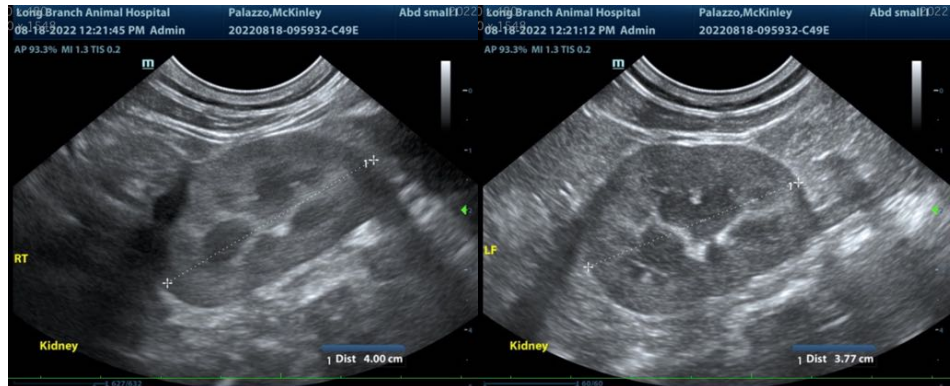
Dr. Petrone

INVOICE

32450

DATE

8/22/22



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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