



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Blackie Suthard
SPECIES Feline
BREED DSH
SEX Spayed Female
AGE 8 Years

History: 3/22/22 EXAM Reason for Visit: VOMITING History: PET IS HERE FOR VOMITING; OWNER STATES PET HAS TO BE CONTROLLED WITH EATING TO FAST/ FED SMALL AMOUNTS MULTIPLE TIMES BECAUSE WILL EAT TO MUCH THEN VOMIT. OWNER STATES PETS HAIR BALLS ARE LONG AND THIN AND UNSURE IF NORMAL. OWNER STATES PET IS CONSTANTLY HUNGRY. PREVIOUS VET RECOMMENDED ROYAL CANIN BUT PET WILL NOT EAT IT AND PET WAS PUT ON METOCLOPRAMIDE 1ML EVERY 8-12 HOURS 3/25/22 RETURN FOR RADS--- Notes: O looking to pursue radioactive iodine thyroid tx, Leader recc chest x-rays per O so p presents otc today for rads. Called leader and they recc 2 views with consult. O gave gabapentin 100mg last night but not this AM because it was too difficult. FAS 4 today, hissing, growling, frozen

Abnormal PE/Chem/CBC/UA Results: boxed down and maintained on iso/ blood draw/ PE complete/ called owner got approval on nail trims. uneventful recovery Physical Examination Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AU: moderate amount of black waxy cerumen, no erythema or swelling present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR, aggressive 1) CBC: WNL 2) CHEM: WNL 3) TT4: 4.5 (0.8-4.7) 4) SDMA: WNL Discussed with O about doing FreeT4 (to confirm diagnosis) vs. starting low dose of methimazole. O would like to start meds. Also interested on doing I131 tx.

INTERPRETED BY RADIOGRAPHIC STUDY OF THE THORAX

Heike Rudolf, DVM,
 Dr. med. Vet.,
 DipECVDI DVR

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

Mild, smooth new bone formation is present on various thoracic vertebral endplates. The T9/10 disc space is reduced.

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The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the secondary branches.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T6.

REFERRING VET Dr. Rivera

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. No chamber or outflow tract enlargement is evident.

The stomach contains a moderate amount of food.

INVOICE RADIOGRAPHIC DIAGNOSIS

14504

- Spondylosis

DATE
 3/25/22



PATIENT

- Disc space reduction T9/10
- Obesity

Blackie Suthard

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Feline

BREED

DSH

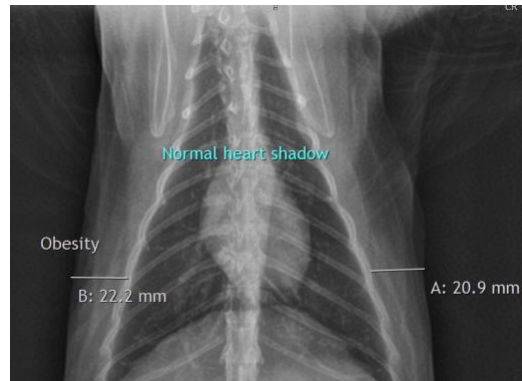
SEX

Spayed Female

AGE

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I can see no thoracic changes that would explain the vomiting or that would indicate HCM; echocardiography will be more accurate in the detection of localized myocardial hypertrophy. The food in stomach and feces in colon indicate food intake. I am unsure why the owner requested iodine treatment as this is only performed in case of confirmed hyperthyroidism. The body condition is high and the cat does not eat indiscriminately which is unusual for the disease. However, while most hyperthyroid cats have very high levels of thyroid hormone, some will have signs with normal or only slightly increased levels of thyroid hormone. Thyroid hormone levels can vary over time, so it may be necessary to check blood levels several times or perform a T3 suppression test.



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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.

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Hospital

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

REFERRING VET

Dr. Rivera

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